

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER STONEY POINT HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 21820 CRAGGY VIEW ST. CHATSWORTH, CA 91311	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement infection control practices for one of three sampled residents (Resident 1) by: 1. Failure to post isolation (separation and confinement of a resident known or suspected to be infected with a contagious disease agent to prevent further infection) precaution signage by Resident 1's door 2. Failure to wear personal protective equipment (PPE - protective clothing like gloves and gown designed to protect the wearer's body from infection) before entering Resident 1's isolation room and perform hand washing 3. Failure to clean Resident 1's call light on the floor before handing it to Resident 1. These deficient practices had the potential for the spread of infection and cross contamination among residents. Findings: A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- an assessment and care screening tool) dated 2/7/20, indicated Resident 1 has the ability to sometimes make self-understood and has the ability to sometimes understand others. During a concurrent observation and interview on 4/28/20 at 11:00 a.m., Licensed Vocation Nurse 1 (LVN 1) entered Resident 1's isolation room without wearing PPE (gloves and/or gown), picked up Resident 1's call light on the floor then placing it directly on to Resident 1's hand. LVN 1 came out of the room, did not perform hand hygiene, grabbed an isolation cart that was placed by the room next door to Resident 1 and stuck her hand inside the top drawer of the cart stating she was looking for gloves. LVN 1 confirmed that she did not perform hand hygiene after direct contact with Resident 1. LVN 1 stated she should have performed hand hygiene after direct contact with a resident, and items dropped on the floor should be cleaned before being handing back to the resident. During a concurrent observation and interview on 4/28/20 at 11:11 a.m., LVN 1 and LVN 2 stated Resident 1 is in contact isolation precaution. LVN 1 and LVN 2 verified there were no signs on or near the door of Resident 1's room to indicate any isolation precautions to be observed. LVN 1 and LVN 2 stated isolation precaution signs should be posted by the door to indicate a need to wear PPE before entering the room to prevent further spread of infection. A review of Resident 1's physician's orders [REDACTED]. a. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room. b. Signs and notifications comply with the resident's right to confidentiality or privacy. 2. Contact Precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. 3. Staff and visitors will wear gloves (clean, non-sterile) when entering the room. a. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage). b. Gloves will be removed, and hand hygiene performed before leaving the room. c. Staff will avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed. 4. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.