

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER KEARNY MESA CONVALESCENT AND NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 7675 FAMILY CIRCLE DRIVE SAN DIEGO, CA 92111	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, during a COVID-19 (respiratory illness caused by coronavirus) survey, the facility failed to ensure two staff members wore appropriate PPE (personal protective equipment such as masks, gown, gloves) when entering two of 10 resident rooms on the Transition Unit (area designated for newly admitted residents with possible COVID-19 exposure or unknown exposure risk). These deficient practices had the potential to spread COVID-19 amongst residents and staff. Findings: An observation and interview was conducted with Licensed Nurse (LN 1) on 7/22/20 at 12:44 P.M., while in the transition unit. LN 1 entered a resident room without putting on disposable gloves or donning (to put on) a personal protective gown. Outside the room was signage, indicating Droplet Precautions requiring mask, eye protection, gloves, and gown. Supplies were in a plastic hanger, secured to the exterior door. LN 1 was observed moving around the first bed on the left side of the room. LN 1 exited the room and approached the medication cart. LN 1 stated he should have donned gloves and a gown when he crossed the threshold of the resident's room. LN 1 stated by not wearing the appropriate PPE he could transmit COVID-19 to other residents. An observation and interview was conducted with Housekeeper (HKP 5) on 7/22/20 at 1:57 P.M., while in the transition unit. HKP 5 was observed sweeping the floor in a resident room. HKP 5 was not wearing a gown and one resident was present in the room. HKP 5 exited the room and quickly donned a gown that was hanging from the exterior door. HKP stated she forgot to put on a protective gown. HKP stated PPE was required to stop the spread of the COVID-19 virus. During an interview with the Director of Nursing (DON) on 7/22/20 at 2:05 P.M., the DON stated she expected all staff to wear the required PPE when they crossed an isolation room threshold. During an interview with the Infection Control Nurse (ICN) on 7/22/20 at 2:37 P.M., the ICN stated all residents in the transition unit had the potential for COVID -19 exposure. The ICN stated staff were required to wear PPE while caring for those residents. The ICN stated when staff did not wear the PPE, they were risking the spread of COVID-19 to other residents and staff. According to the facility's policy, titled Isolation-Categories of Transmission-Based Precautions, dated December 2009, . Droplet Precautions .Implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets .		
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.