

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055581</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>JURUPA HILLS POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6401 33RD STREET. RIVERSIDE, CA 92509</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control measures to prevent the possible spread of COVID-19 were implemented when Licensed Vocational Nurse (LVN) 1 did not wear eye protection (goggles or a face shield) during care of Persons Under Investigation (PUI - a person with unknown COVID-19 status and therefore possibly infectious). This failure had the potential to cause the spread of COVID-19 in the facility, placing residents at risk for infection. Findings: On July 28, 2020, at 9:05 a.m., an interview was conducted with the Infection Preventionist (IP). The IP stated due to the recent outbreak of COVID-19 in the facility, everyone (residents and staff) in the building were considered PUIs. During a tour of the facility with the IP and the Administrator on July 28, 2020, at 10:20 a.m., LVN 1 was observed standing in front of a medication cart in front of an open door to a resident room. LVN 1 was observed to be wearing eyeglasses. LVN 1 stated he was passing medications and before he went into resident rooms, he put on PPE (Personal Protective Equipment- equipment worn (e.g. gloves, isolation gown, mask, respirators, goggles, and/or face shield) to minimize exposure to hazards such as viruses and bacteria that may cause illness). LVN 1 stated he did not wear goggles or a face shield because his eyeglasses protected his eyes (from splashes and sprays infected with COVID-19 virus). LVN 1 stated he did not know he was supposed to wear goggles or a face shield with his eye glasses when going into rooms of PUIs to administer medications. In a concurrent interview with the IP, she stated she did not know goggles or a faceshield were required for eye protection when staff wearing eyeglasses were going into the rooms of PUIs. The facility policy and procedure titled, Coronavirus Disease (COVID-19) Prevention and Control, revised March 2020, was reviewed. The policy indicated, "Current CDC (Center for Disease Control) guidelines will be followed for infection prevention and control of residents diagnosed with [REDACTED].(website addresses for CDC documents) . The facility policy and procedure titled, Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, revised April 2020, was reviewed. The policy indicated, "While in the building personnel are required to strictly adhere to established infection prevention and control policies, including "Appropriate use of PPE .For a resident with "suspected COVID-19 "staff wear "eye protection " . The facility document titled, Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities, submitted to the California Department of Public Health (CDPH) and approved on June 24, 2020, was reviewed. The document indicated, "If there are COVID-19 cases identified in the facility the staff are "wearing recommended PPE for care of all residents, in line with the most recent CDPH PPE guidance and in conjunction with CDC (Centers for Disease Control) recommended contingency plans . The CDC website document titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Infection Control Guidance, dated July 15, 2020, was reviewed. The document indicated, "HCP "should also "Wear eye protection "to ensure the eyes "are "protected from exposure to respiratory secretions during patient care encounters "Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents "is recommended when even a single case among residents or HCP is newly identified in the facility "The PPE recommended when caring for a patient with suspected "COVID-19 includes the following "Eye Protection "Put on eye protection (i.e. goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area "Protective eyewear (e.g. safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays .</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.