

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055862	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER ROSE GARDEN HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1899 N RAYMOND AVE PASADENA, CA 91103	
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>Based on observation, interview, and record review the facility failed to ensure that the facility staff and essential visitors followed COVID-19 screening policy and procedure by failing to: 1. Respond and complete COVID-19 screening questionnaires before entering the facility. 2. Logging temperature readings before leaving the facility. These deficient practices had the potential to cause and/or increase the risk of the spread of COVID-19 to others. Findings: During an observation and interview on 4/1/2020 at 1 p.m., a Desk Clerk/Receptionist (RCP) 1 checked temperatures of two Emergency Medical Technicians (EMTs) and instructed them to log the temperature readings and answer COVID-19 screening questionnaire on the Healthcare Employee Screening Log COVID-19 sheet located on the facility's front door entrance. RCP 2 stated anyone (staff or visitors) came into the facility, the receptionist/desk clerk needed to check the person's temperature, then the staff/visitor would log it on the screening log sheet, and answer COVID-19 screening questionnaires themselves. A review of facility's record titled, Employee Health Screening Logs COVID -19, dated March 2020, indicated that all employees, staff, and/or visitors needed to complete the following questions: 1. Date; 2. Name; 3. Shift; 4. Department; 5. Travelled outside the country in the past 14 days (Y=Yes N=No); 6. Body temperature; 7. Is the employee experiencing cough/sore throat? (Y=Yes N=No); and 8. Is the employee experiencing shortness of breath? (Y=Yes, N=No). During an interview and record review on 4/1/2020 at 1:29 p.m., a Registered Nurse Infection Control Preventionist (IC-RN) stated the Employee Health Screening Logs COVID -19 forms were incomplete. The IC-RN stated that some screening questionnaires were not answered, left blank, and/or temperature readings upon leaving were not done. The IC-RN stated that employees, staff, and all visitors needed to input the temperature reading and answer the questions upon entering the facility. The IC-RN stated that temperatures also needed to be checked for all staff and visitors upon leaving the facility and log it on the screening sheet, which was implemented in the middle of March. During an interview on 4/1/2020 at 1:35 p.m., the Director of Nursing (DON) stated screening started on 3/12/2020 as directed by Pasadena Public Health. The DON stated the receptionist or desk clerk were responsible for checking the temperatures and making sure all who came into the facility answered the questionnaire. During a phone interview on 4/7/2020 at 12:23 p.m., the RCP 2 stated after his shift another receptionist will take over checking temperatures and logging it. The RCP 2 stated that the sheets will stay in the binder at the front office will take it after by the Admission Coordinator (AC). During a phone interview on 4/7/2020 at 12:36 p.m., the AC stated that the binder with the COVID-19 screening logs would stay in the front entrance. The AC stated they do not give the binder to the DON unless requested. The AC stated she was not aware the logs were collected at the end of each day or that the logs were checked. During a phone interview on 4/7/2020 at 2:41 p.m., the RCP 1 stated the sign in sheet will stay in the binder for a few days and then give it to the AC. The RCP 1 also stated that he and the other RCP were responsible for checking if all the COVID-19 screening questions were answered before anyone entered the facility. The RCP1 stated if anyone had a fever, the staff/visitor could not enter the facility, and then he would notify the DON. A review of the facility's undated policy and procedure titled, Infection Control and Visitation During COVID-19, indicated the facility will actively screen individuals entering the building and restrict entry to those with respiratory symptoms or possible exposure to COVID-19, including employees, government officials, and other essential healthcare professionals. Screening guidelines include the following: 1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath or sore throat. 2. In the last 14 days, has had contact with someone who has a suspected or confirmed case of COVID-19. 3. International travel within the last 14 days. 4. Temperature greater than 100.0 degrees Fahrenheit (F). If a temperature reading is above 100 degrees F, a nurse from the nursing station will re-check the temperature. If fever is confirmed, the individual will be restricted from entering the facility.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.