

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055906	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER RINALDI CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 16553 RINALDI ST GRANADA HILLS, CA 91344	
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 - Some	<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 measures to prevent the spread of COVID-19 by not ensuring: 1. The yellow zone exit door was kept closed at all times. 2. A Certified Nursing Assistant 1 (CNA 1) removed the gown inside a resident's room. 3. Having unlabeled bin in the hallway. 4. All Health Care Personnel (HCP) completed self-screening per facility's policy. 5. HCP's face shields (a clear plastic shield covering the entire front of the face) were stored at a designated location. These deficient practices had the potential to result in increasing number of COVID-19 cases among residents and HCP. Findings: On 9/15/2020 at 9:30 a.m., the yellow zone exit door was propped open with a yellow triangle caution sign. One staff entered through the propped door. On 9/15/2020 at 9:33 a.m., during an interview, the Infection Control Nurse (ICN) stated she provided updates and in-services to staff on a weekly basis. The last in-service was 9/11/2020 and the topics discussed included reinforcing hand hygiene, proper use of N95 masks, and symptom-based testing in the Red zone. During an interview on 9/15/2020 at 10:09 a.m., ICN stated there is only one main entrance and exit for the green and yellow zones. The yellow zone exit should be closed at all times. During a concurrent observation of the Yellow Zone and interview on 9/15/2020 at 10:54 a.m. with ICN, CNA 1 removed the gown outside the room, on the hallway, and discarded into a bin labeled For dirty white gowns only outside corridor of room [ROOM NUMBER]. ICN stated CNA 1 should remove the gown inside the resident's room and not outside. ICN stated the discard bin for reusable gowns should be inside the resident's room for 116. ICN stated facility uses reusable gowns and discarded per patient care. ICN stated Public Health provided guidance that each bin should be inside the resident's rooms. A blue and white bin was also observed outside the corridor and unable to verbalize what the bin is for. On 9/15/2020 at 11:13 a.m., during an interview with ICN and concurrent review of the Staff Self-Screening log for staff had missing temperatures. At the time, there was a face shield was observed hanging on door handrail and another face shield placed on top of a PPE cart. ICN stated the face shield should be worn by staff at all times and if not use have to be stored inside paper bag. ICN stated red zone staff symptom screening done twice a shift before and after shift. A review of the facility's procedure titled Personal Protective Equipment - Using Gowns revised 9/2010 indicated after completing treatment or procedure, gowns must be discarded in the appropriate container located in the room. Soiled gowns must not be worn in break rooms, lobbies, or into any area in which contamination of equipment is likely to occur. A review of the facility's procedure titled Personal Protective Equipment - Using Protective Eyewear revised 9/2010 indicated to dispose of, or clean, eyewear as applicable and disposed of masks in designated container. A review of the facility's Mitigation Plan approved date 6/19/2020 indicated that it was the facility's policy to protect its residents, staff, and others who may in their facility from harm during emergency events. The guidance the Infection preventionist will follow will be influenced from the local health department (LHD), California Department of Public Health (CDPH), and the Centers for Disease Control (CDC).</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.