

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER GLENOAKS CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 409 W. GLENOAKS BLVD. GLENDAL, CA 91202	
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 follow COVID-19 infection control and prevention by failing to: 1. Follow guidelines in using Protective Personal Equipment (PPE-protective clothing) for Bunny suits. 2. Correctly store the N95 masks (use to protect the wearer from airborne particles). 3. Utilize screening questionnaires to screen staff and essential visitors for fever, sign/symptoms of illness and possible carrier of COVID-19 virus before entering the facility. These deficient practices placed the residents at high risk of COVID-19 transmission. Findings: a. During an announced QSO visit on 5/19/2020 at 9:25 am, The Administrator (ADM) was observed screening staff and essential visitors entering the facility by checking temperature but no COVID- 19 screening questionnaire were being asked that including the signs/symptoms of illness like shortness of breath (SOB), cough, traveled to other countries, exposed to COVID-19 person. On 5/19/2020 at 9:40 am, a log in sheet was observed at Nursing Station 1, there was the staff's name and temperature, without COVID-19 screening questionnaires. A review of facility's employees temperature sheet from 5/13/20 to 5/19,20, indicated COVID 19 screening was done only for temperature but no other signs/symptoms of illness or COVID-19 screening questionnaires. During an interview on 5/19/2020 at 12 pm, the DON stated screening was done by receptionist or by the administrator (ADM). She stated they would screen staff and essential visitors by checking temperature, but no COVID-19 questionnaires. A review of the facility's policy and procedure, undated, on limiting the possible transmission of COVID 19 indicates to triage on all in-coming visitors who wish to enter the facility premises by: A. Checking all visitors for any signs or symptoms of respiratory infection such as cough, shortness of breath or sore throat. B. Obtaining body temperature. C. Interviewing whether they have had contact with someone with confirmed [DIAGNOSES REDACTED]. D. Interviewing whether they traveled internationally with the past 14 days to countries with sustained community transmission or if they are residing in a community where community based spread of COVID-19 is occurring During an interview on 5/9/2020 at 1:45 pm, the DON acknowledged the deficient findings and stated they will correct them as soon as possible. b. During an interview on 5/19/2020 at 11:20 am, Licensed Vocational Nurse (LVN) 1 stated they were using PPE, Bunny suit (one-piece coverall), in COVID-19 positive area, and the Bunny suit was being reused. LVN 1 stated, after she used the Bunny suit, she would hang it outside the patio, spray it with either alcohol or Lysol (disinfectant brand) spray, and let it dry. She stated she would then used it again. During a concurrent observation and interview on 5/19/2020 at 11:45 am, several Bunny suits were seen hanging outside the facility's patio. One Bunny suit was observed on the floor. The Director of Nursing (DON) stated, each staff had their own Bunny suit, and it is being reused by the staff. A review of Public Health and Health Facilities Investigation Division teleconference minutes and discussion notes on 5/21/2020 at 10 :38, it was indicated that Public Health Area Physician (PH-AP) stated the use of non-cloth gowns/Bunny suit are not meant to be reused. PH-AP also stated there are issues of contamination when reusing non-cloth gowns, which are not meant to be used more than once. c. During an interview on 5/19/2020 at 11:20 am, LVN 1 stated the staff were using N95 masks, and the mask is being replaced every 72 hours. LVN 1 stated after work, she puts her N95 mask in a plastic bag, take it to her car, leave it inside the car, bring it to the facility the next day, and use it again. During an interview with DON on 5/19/2020 at 12 pm, the DON verified that staff were replacing N95 masks every 72 hours and as needed. The DON also stated no designated locker room for N95 masks to be stored. The DON was uncertain on how staff would store their N95 masks after the masks being used.</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.