

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARK REGENCY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1770 W. LA HABRA BLVD. LA HABRA, CA 90631</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on interview and facility document review, the facility failed to ensure the appropriate infection control practices designed to provide a safe environment and help prevent the development and transmission of infections were implemented. The facility failed to ensure the staff were screened prior to entering the facility to prevent the spread of COVID-19 as per the CDC's guidelines. The facility was screening people at the nursing station, which meant they had already been inside the facility and walked past at least three residents' rooms before being screened for COVID-19. This failure created the risk of transmission of COVID-19 and spread of the infection in the facility. Findings: Review of the CDC's guidelines titled Key Strategies to prepare for COVID-19 in Long Term Care Facilities showed the facilities must act immediately to protect residents, families and staff from serious illness, complications and death. Section 1 showed to keep COVID-19 from entering the facility, facilities are to actively screen anyone entering the building (healthcare personnel, ancillary staff, vendors, consultants, etc.) for fever and symptoms of COVID-19. Review of the facility's P&P titled Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus, under the section for employees, showed the facility will actively verify absence of fever and respiratory symptoms when employees report to work at the beginning of their shift. The screener is to document temperature, absence of shortness of breath, new or change in cough and sore throat of individuals being screened. On 6/9/20 at 1100 hours, an interview with LVN 1 was conducted. LVN 1 was asked how facility staff were screened for signs and symptoms of COVID-19 prior to entering the facility. LVN 1 stated all staff entered the facility through a separate entrance and went directly to Nursing Station 1 to be screened by the RN supervisor. LVN 1 stated the staff had to pass by three residents' rooms before arriving at Nursing Station 1 to be screened. LVN 1 stated the staffs' temperatures were taken and recorded in the staffing sign-in sheet. When asked if the staff were screened for signs and symptoms of COVID-19, LVN 1 stated yes; however, the screening questions were done verbally and the answers were not documented. LVN 1 stated the facility only recorded the temperatures in the staffing sign-in sheet. Review of the facility's Nursing Staffing Assignment and Sign-in Sheet for June 2020 showed the recorded temperatures of the staff were next to their names. There was no documented evidence showing the staff were screened for symptoms of COVID-19. On 6/9/20 at 1114 hours, an interview was conducted with the DON. The DON verified the above findings.		
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.