

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVOCADO POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>510 E. WASHINGTON AVENUE EL CAJON, CA 92020</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	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, during a COVID- 19 (respiratory illness caused by coronavirus) survey, the facility failed to ensure: 1. A resident (Resident 1) on the Transition Unit (unit designated for newly admitted residents with possible COVID-19 exposure or unknown exposure risk) wore a mask while ambulating with physical therapy staff in the common area. 2. Two staff members wore appropriate PPE (personal protective equipment such as masks, gown, or gloves) while on the COVID-19 Unit (unit designated for residents with confirmed positive COVID infections). In addition, two staff members entered the COVID-19 Unit through non-designated entries. These deficient practices had the potential to spread COVID -19 amongst residents and staff. Findings: 1. Resident 1 was admitted to the facility on [DATE], per the facility's Resident Face Sheet. On 7/7/20 at 12:44 P.M., an observation was conducted on the facility's Transition Unit. Resident 1 was observed ambulating in the main hallway with two therapists (TH 1 and 2). Resident 1 was speaking loudly to nursing staff in the main hallway. Resident 1's mouth and nose were exposed, as he was not wearing a mask or facial covering. On 7/7/20 at 12:47 P.M., a joint observation and interview was conducted with the director of nursing (DON). The DON observed Resident 1 in the main hallway. The DON stated the facility's universal masking policy applied to residents when in a common area. The DON stated Resident 1 should have been wearing a mask while out of his room. On 7/7/20 at 1 P.M., a joint interview was conducted with TH 1 and 2. TH 1 and 2 stated residents had to wear a mask when out of their rooms. TH 1 and 2 stated if a resident refused to wear a mask, therapy had to be provided inside the resident's room. TH 1 and 2 stated they did not follow the facility's universal masking policy when ambulating Resident 1 in the common area without a mask. On 7/7/20 at 2:43 P.M., an interview was conducted with the infection preventionist (IP). The IP stated the facility had a universal masking policy that included residents while they were in the common areas. The IP stated Resident 1 should have been wearing a mask while ambulating with therapists in the main hallway to prevent any potential spread of COVID-19. Per the facility's undated policy titled, COVID-19 Testing and Masking, . Residents in common areas and hallways will comply with the facilities (sic) masking policy and will be required to wear a cloth or surgical mask while out of bedroom . 2a. On 7/7/20 at 1:50 P.M., a joint observation and interview was conducted with Staff 1 and licensed nurse (LN) 1 on the facility's COVID-19 Unit. Staff 1 entered the COVID-19 Unit through the closed double doors (COVID negative area was on the other side of the doors). Staff 1 was wearing a surgical mask. LN 1 observed Staff 1 and stated Staff 1 was not wearing appropriated PPE while on the COVID-19 Unit. LN 1 stated all staff were required to wear an N95 (respirator with a close facial fit used for filtration of very small particles, and provided more protection than a surgical mask) and a face shield (protected facial area from droplets) while on the COVID-19 Unit. Staff 1 stated he should have worn his N95 and face shield while on the COVID-19 Unit. Staff 1 stated he should not have entered the COVID-19 Unit through the closed double doors. Staff 1 stated he was taking a short cut to the activity department. Staff 1 acknowledged he put himself and others at risk for COVID-19 when not wearing appropriate PPE and when passing through the closed double doors of the COVID-19 Unit. On 7/7/20 at 2:10 P.M., and interview was conducted with certified nursing assistant (CNA) 1. CNA 1 stated all staff were required to wear an N95 with goggles or a face shield while on the COVID-19 Unit. CNA 1 stated not wearing appropriate PPE on the COVID-19 Unit could expose the person to COVID-19. CNA 1 further stated no one was allowed to access the closed double doors as it was forbidden to do so. CNA 1 stated entering or exiting the closed double doors could spread COVID -19 particles through the facility. On 7/7/20 at 2:43 P.M., an interview was conducted with the facility's IP. The IP stated it was her expectation all staff wore either a surgical mask with a face shield, or an N95 with goggles while on the COVID-19 Unit. The IP stated Staff 1 had not worn appropriate PPE while on the COVID-19 Unit. The IP further stated there should not be anyone entering or exiting the COVID-19 Unit through the closed double doors. The IP stated the double doors had to remain closed. The IP stated not wearing appropriate PPE and accessing the double doors of the COVID-19 Unit could potentially spread COVID -19 to other parts of the facility. On 7/7/20 at 3:15 P.M., a joint interview was conducted with the facility's administrator (ADM) and DON. The DON stated Staff 1 had not worn appropriate PPE while on the COVID-19 Unit, and should not have entered the unit through the closed double doors. The ADM acknowledged Staff 1 had not had not worn appropriate PPE while on the COVID-19 Unit, and should not have entered the unit through the closed double doors.</p> <p>2b. On 7/7/20 at 2:04 P.M., an observation was conducted on the COVID-19 Unit. Staff 2 was observed entering the COVID-19 Unit through the glass door located across from the activity department. Staff 2 was not wearing any mask or eye protection. On 7/7/20 at 2:05 P.M., an interview was conducted with Staff 2. Staff 2 stated, I forgot my mask in my car . Staff 2 further stated he entered the COVID-19 Unit without being appropriately screened at the designated screening zone. On 7/7/20 at 2:43 P.M., an interview was conducted with the IP. The IP stated Staff 2 should not have entered the COVID-19 Unit without wearing appropriate PPE. The IP stated Staff 2 should have worn an N95 and goggles or a surgical mask and face shield. The IP further stated Staff 2 should not have entered the building without being screened first at the designated screening zone. On 7/7/20 at 3:15 P.M., a joint interview was conducted with the DON and ADM. The DON stated Staff 2 should have been wearing an N95 and face shield when on the COVID-19 Unit. The DON stated Staff 2 should have received employee screening prior to entering the building. Per the facility's undated policy titled List of Instructions on How to Don and Doff Reusable Isolation Gown and Other PPE for COVID/PUI (persons under investigation) Unit, .For COVID-19 CDC (Centers for Disease Control) recommends the use of an N95 mask and eye protection . 13. Your N95 mask is considered extended use as well as your face shield so leave it on while you are in the COVID Unit</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.