

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555763	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER BROOKDALE SAN JUAN CAPISTRANO		STREET ADDRESS, CITY, STATE, ZIP 31741 RANCHO VIEJO ROAD SAN JUAN CAPISTRANO, CA 92675	
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 facility P&P review, the facility failed to maintain the infection control practices to help prevent the transmission of diseases and infections for one of two sampled Residents (Resident 1). * The facility failed to ensure the staff practiced the infection control practices to prevent the potential spread of COVID-19 when entering the room of a resident. This failure posed the risk of infection and the transmission of disease-causing microorganisms. Findings: Review of the Centers for Disease Control and Prevention (CDC) guideline titled Preparing for COVID-19 in Nursing Homes updated 6/25/2020 showed nursing homes should implement source control measures and all health care providers should wear a facemask at all times while they are in the facility. Review of the facility's P&P titled COVID-19 Mask Guidance revised on 8/12/2020, showed the Centers for Disease Control and Prevention (CDC) recommends facemasks or face coverings for everyone to slow the spread of the COVID-19. The facility requires all associates to wear masks and it is strongly encouraged that all residents wear masks. On 8/26/2020 at 0800 hours, an interview was conducted with the Family Member A. Family Member A stated the Activity Director was observed to not wear his facemask properly while he was inside Resident 1's room assisting the resident with a video chat call between Resident 1 and his family. Family Member A stated the Activity Director's mask was pulled down to his chin and not covering his nose or his mouth. Family Member A stated she took a photograph of the Activity Director during the video call and reported this to the facility. On 8/26/2020 at 1200 hours, an interview was conducted with Resident 1. Resident 1 stated he has video calls with his family and the Activity Director assists him. Resident 1 could not recall if the Activity Director was wearing a facemask. On 8/26/2020 at 1400 hours, an interview was conducted with the Activity Director. The Activity Director stated the purpose of the mask was to protect the resident and staff members from spreading COVID-19 infection. The Activity Director acknowledged assisting Resident 1 with video calls with the resident's family inside the resident's room. The Activity Director stated the call was initiated in the office with the family to have a better internet connection before going into the resident's room. The Activity Director recalled briefly pulling down his mask so the family could see his face but pulled up the mask to cover his nose and mouth before leaving the office and entering the resident's room. On 9/21/2020 at 1212 hours, Resident 1's family provided photograph of the Activity Director with the facemask pulled down around the chin exposing the mouth and nose. The photograph shows the Activity Director holding the hand held tablet close to Resident 1's face while inside the resident's room. On 9/22/2020 at 1245 hours, a telephone interview was conducted with the DON. The DON was informed of the above findings. The DON verified not wearing a facemask properly is not consistent with the facility's policy and CDC guidelines.</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.