

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055899	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER ROYAL PALMS POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 630 W. BROADWAY GLENDALE, CA 91204	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure safe infection control practices was provided one of one resident (Resident 1). Certified Nurse Assistant 1 (CNA 1) was observed wiping Resident 1's face, without wearing the required personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses). This deficient practice had the potential to worsen or spread infection to an already compromised resident. Findings: A review of an Admission Record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's History of Physical, dated 3/21/20, indicated the resident does not have the capacity to understand and make decisions due to dementia (a decline in mental ability severe enough to interfere with daily life). A review of a physician's orders [REDACTED].{PUI} zone)) due to possible compromised respiratory status due to confirmed positive COVID-19 exposure. On 7/15/20 at 4:50 pm, during an observation of the YELLOW ZONE, with the Director of Nursing (DON), CNA 1 was observed wiping Resident 1's face with face cloth with an ungloved hand and not wearing a PPE. On 7/15/20 at 4:51 pm, during an interview, the DON stated staff working in the yellow zone must wear the correct PPEs. CNA 1 should have worn a gown, glove, mask and face shield. The DON was observed telling CNA 1 every time you do direct patient care, you must wear PPEs. On 7/15/29 at 4:55 pm, during an interview, CNA 1 stated she had to wear proper PPE's and should have worn gloves and gown while giving care to Resident 1. CNA 1 also stated it was important to wear gloves and gown to avoid the spread of infection. On 7/15/20 at 4:56 pm, during an interview, the DON stated every time staff members render patient care, they need to wear proper PPEs to avoid the spread of infection. DON stated this was important to wear proper PPE's in the YELLOW (suspected/quarantined/exposed) and RED (+Covid) zone. A record review of Resident 1's nursing progress notes, dated 7/15/20, indicated Resident 1 was under contact and droplet precaution for exposure to COVID-19 positive case. A review of the facility's undated policy, titled Infection Prevention/IP Nurse Guidance on Residents COVID-19, indicated resident with suspected COVID-19, should be moved to PUI designated, single person isolation room if available. A review of the facility's Mitigation Plan (MP, a plan for identifying and implementing actions to reduce or eliminate loss of life, due to any type of hazards), dated 7/2/20, indicated residents in the yellow zone will be treated with contact (infections, diseases, or germs spread by touching the patient or items in the room) and droplet (infections spread by respiratory droplets) precautions .		
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.