STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555747	A. Building B. Wing	05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murrieta Health and Rehabilitation Center	24100 Monroe Avenue Murrieta, CA 92562

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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43396 Based on observation, interview, and record review, the facility failed to ensure proper infection control measures were implemented to prevent the spread of COVID-19 (coronavirus-an illness caused by a virus that can spread from person to person), when: 1. A Certified Nursing Assistant (CNA) did not wear face shield during care of resident who tested positive for COVID-19 and was under isolation/droplet precaution room (a room where patient is placed after being confirmed or suspected with infection with germs that can be spread to others by speaking, sneezing, or coughing). In addition, this CNA did not discard N95 (NIOSH approved respirator mask) mask after caring and/or exiting resident's room in isolation/droplet precaution room, and used the same N95 mask when caring to a non-COVID positive residents; 2. Multiple nursing staff was not able to verbalize proper use and disposal of PPEs (Personal Protective Equipments) when caring for residents in the isolation/droplet precautions room. These failures have the potential to result in the transmission of COVID-19 infection to the vulnerable population of residents in the facility. Findings: On May 16, 2024, at 9:45 a.m., an announced visit to the facility was conducted to investigate a facility reported incident of an outbreak of COVID-19 in the facility. On May 16, 2024, at 9:50 a.m., an interview with the Director of Nursing (DON) was conducted. The DON stated there were 13 residents who were confirmed positive for COVID-19 since May 13, 2024. The DON stated the COVID positive residents were placed on isolation/droplet precautions. The DON stated there were signs posted at the door for each isolation/droplet precaution rooms which indicated instructions to wear the appropriate PPEs to use. The DON stated all staff were in-serviced and trained on how to don (put on) and doff (take off) PPEs when entering/exiting or caring for residents in the isolation/droplet precaution rooms. The DON stated staff must wear N95 mask, face shield, gloves and gowns when entering or caring for residents in the isolation/dropet precaution rooms. She stated the staff must dispose all PPEs after exiting/caring for these residents. The DON further stated all PPEs were to be used one time after caring for COVID positive residents, including N95 mask and face shield, and should weat a new N95 and face shield before caring for residents in non-isolation room. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On May 16, 2024, at 10:46 a.m., rooms [ROOM NUMBERS] (isolation rooms) in Station 2 was observed with a sign posted at the door indicating, Droplet Precautions .Make sure their eyes, nose and mouth are fully covered before entry .Remove face protection before room exit . PPE cart was observed supplied with gown and gloves. There was no supply of N95 mask or face shield observed in the PPE cart. On May 16, 2024, at 10:52 a.m., an observation and concurrent interview with CNA 1 was conducted. CNA 1 was observed in the doorway of room [ROOM NUMBER] (isolation room) wearing N95 mask, gown, and gloves. CNA 1 was observed with no face shield. CNA 1 was observed to have disposed his gown and gloves in the trashcan located in the resident's room. CNA 1 was observed to have exited the room and walked in the hallway still wearing the same N95 mask he was wearing when he exited room [ROOM NUMBER]. In a concurrent interview with CNA 1, he stated he just finished changing the bed linens and diaper for a resident in room [ROOM NUMBER]B. CNA 1 stated the resident in 219B was under isolation because she was tested positive for COVID-19. CNA 1 stated he was not wearing a face shield when he provided care for the resident in 219B. He further stated he was not aware that he needed to wear a face shield when caring for this resident and or other residents in the isolation room. CNA 1 also stated he did not discard his N95 mask after caring for the resident in 219B and was wearing the same N95 mask that he wore at the beginning of his shift. He stated he wore the same N95 mask when he provided care for other residents who were not in isolation rooms. CNA 1 stated he was not aware that he needed to change his N95 mask and put on a new one after caring for residents in the isolation rooms. On May 16, 2024, at 11:07 a.m., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated the staff should wear all PPEs (N95 mask, gown, gloves, and face shield) when entering or caring for the residents on isolation precautions. The ADON stated all PPEs should be discarded after care and should wear all new PPEs including face shield and N95 in between task, especially working between COVID positive and non-COVID residents. On May 16, 2024, at 11:12 a.m., room [ROOM NUMBER] was noted with a sign posted at the door indicating, Droplet Precautions .Make sure their eyes, nose and mouth are fully covered before entry . Remove face protection before room exit . PPE cart was observed supplied with gloves and gowns but no N95 and face shield. On May 16, 2024, at 11:15 a.m., an interview with CNA 2 in Station 3 was conducted. He stated he was assigned to a resident in room [ROOM NUMBER]. CNA 2 stated the resident in room [ROOM NUMBER] was positive for COVID-19 and under isolation/droplet precautions. He stated he changed the adult brief for the resident in room [ROOM NUMBER] this morning. CNA 2 stated he made sure he wore the proper PPEs such as N95 mask, gown and gloves when he provided care for this resident. He stated he did not change or dispose the N95 mask that he was wearing after caring for the resident. He stated he was wearing the same N95 mask since the start of his shift. He stated he had provided care for other resident, not in isolation, wearing the same N95 mask. CNA 2 also stated he did not wear a face shield when he provided care for the resident on isolation precautions. CNA 2 stated that he was not aware he needed to wear face shield. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On May 16, 2024, at 11:22 a.m., an interview with CNA 3 in Station 3 was conducted. CNA 3 stated she was not assigned to any resident who were in isolation rooms due to COVID. She was aware there was an outbreak of COVID in the facility. CNA 3 stated she was trained and in-serviced on what type of PPEs to use when providing care for resident in isolation/droplet precaution room. CNA 3 stated she should wear an N95 mask, gown, and gloves. CNA 3 stated she should dispose all PPEs, except her N95 mask, after caring for resident in the isolation room. CNA 3 stated she was not aware she needs to change her N95 mask and put on a new one after caring for a resident in the isolation/droplet precaution room. CNA 3 further stated that she was not aware she needed to wear a face shield during and after providing care for resident in the isolation room. On May 16, 2024, at 11:35 a.m., an interview with Licensed Vocational Nurse (LVN) 1 in Station 3 was conducted. LVN 1 stated resident in room [ROOM NUMBER] is COVID positive and under isolation/ droplet precaution. She stated she provided care for resident in room [ROOM NUMBER] on May 14th and 15th of 2024. She stated when entering and during care of resident in room [ROOM NUMBER], she wore her N95 mask, gown, and gloves. LVN 1 stated she should dispose all PPEs after exiting resident's room. LVN 1 stated she did not dispose her N95 mask after caring for resident in room [ROOM NUMBER] and or before she cared for another resident in a non-isolation room, as she wore the same N95 mask throughout shift. She stated she was not aware she needed to wear a new N95 mask in between task. She further stated she did not wear a face shield when she provided care for resident in room [ROOM NUMBER]. On May 16, 2024, at 3:08 p.m., an interview with the Infection Preventionist (IP) was conducted. The IP stated the staff must wear proper PPEs (N95 mask, face shield, gloves, and gown) when entering and/or providing care for resident in the isolation rooms. She stated the staff should discard all PPEs after exiting the isolation room, including the N95 mask and face shield. The IP stated the staff who was observed and interviewed should have followed the facility's policy in respect to the use of PPEs when caring for resident in isolation rooms. IP stated these practices had the potential to spread further infection in the facility. According to the web article published by CDC (Center of Disease Control and Prevention) titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated May 3, 2020, indicated, .Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must: Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE . Preferred PPE use .Face Shield or goggles N95 or higher respirator .one pair of clean gloves .Isolation gown . A review of the facility's policy and procedure titled Isolation - Categories of Transmission-Based Precautions, dated September 2022, indicated, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is tat risk of transmitting the infection to other residents .Standard precautions are used when caring for residents at all times regardless of their suspected or confirmed infection status .When resident is placed on transmission-based precautions, appropriate notified is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and type of precaution .The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the web article piblished by CDC titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated March 18, 2024, indicated, This guidance is applicable to all U.S. setting where healthcare is delivered .including nursing homes .Source Control options for HCP include .A NIOSH Approved particulate respirator with N95 filters or higher .A barrier face covering If they are used during care of patients for which a NIOSH Approved respirator or mask is indicated for personal protective equipment (PPE) (e.g., NIOSH Approved particulate respirator with N95 filters or higher during care of a patient with SARS-CoV2 infection, facemask during .care of a patient on Droplet Precautions), they should be removed and discarded after the patient care encounter and a new one should be donned