Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054547	01/20/2021
Name of Provider or Supplier	**Street Address, City, State**	
Rapid Therapy Inc.	14901 Rinaldi Street Suite 335, Mission Hills, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
I0000	The following reflects the findings of the Department of Public Health during a Complaint Investigation. Complaint Intake Number: CA00720532 - Unsubstantiated with other regulatory violations. Representing the Department of Public Health: Evaluator ID #36943, Occupational Therapy Consultant The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.
I0579	SANITARY ENVIRONMENT CFR(s): 485.62(b) The facility must maintain a sanitary environment and establish a program to identify, investigate, prevent, and control the cause of patient infections. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to establish safeguards and develop policies/procedures to manage the spread of infection. This deficient practice had the potential to promote infectious disease, including coronavirus (COVID-19 -new contagious virus that can affect lungs and airways). Findings: a. During an observation and interview on 1/13/21 at 9:40 a.m., the Administrator stated that temperatures of staff and patients are taken upon entrance to the facility. A

	touchless thermometer was present on a table immediately upon entrance to the main gym. During an interview on 1/13/21 at 10:09 a.m., Staff 1 stated that the staff take their temperature once per day upon initial entrance to the facility. Staff 1 stated that there is no log to monitor staff temperature or symptoms. During an interview on 1/31/21 at 11:22 a.m., Administrator stated there is no log to reference and check for all symptoms of COVID-19 for staff, including maintaining records for temperature check since it is "too much paperwork." In a review of the facility's Infection Control Meeting minutes dated 6/22/20, there was no indication that staff should be screened for temperature or symptoms upon entrance to the facility. A review of the Los Angeles County Department of Public Health website entitled, "Coronavirus Disease 2019 Guidance for Monitoring Healthcare Personnel" updated on 12/21/20, indicated healthcare facilities should screen all healthcare personnel for symptoms of COVID-19 including temperature checks. It further indicated healthcare personnel should self-monitor twice daily for possible symptoms of COVID-19. The facility failed to develop and implement infection control policies/procedures for the screening of all staff for symptoms of COVID-19 and the self-monitoring of symptoms.
I0581	SANITARY ENVIRONMENT CFR(s): 485.62(b)(2) The facility must monitor the infection control program to ensure that the staff implement the policies and procedures and that the policies and procedures are consistent with current practices in the field. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facilities failed to develop and implement infection control policies and procedures consistent with current guidance for coronavirus (COVID-19 -new contagious virus that can affect lungs and airways). This had the potential to spread COVID-19 among patients and staff. Findings: a. During an observation on 1/13/21 at 9:40 a.m., a touchless thermometer, a blood pressure machine, and a pulse oximeter (device that measures oxygen levels) was present on a table immediately upon entrance to the main gym. The Administrator took this surveyor's temperature using the touchless thermometer but did not disinfect it after use. During an observation on 1/13/21 at 9:41 a.m., Staff 3 used the same touchless thermometer to check a patient's temperature. No disinfection was observed prior or after Staff 3's use. During an observation on 1/13/21 at 10:18 a.m., Administrator placed a package of individually packaged alcohol wipes at the table upon entrance to the main gym. The

blood pressure cuff, thermometer, and pulse oximeter were located on the same table.

During an observation on 1/13/21 at 10:25 a.m., Staff 2 checked another patient's blood pressure prior to an evaluation. Staff 2 did not disinfect blood pressure cuff after use.

During an observation on 1/13/21 at 10:31 a.m., Staff 4 used the blood pressure cuff, thermometer, and pulse oximeter with another patient without disinfecting any of the equipment prior to or after use.

During an observation on 1/13/21 at 11:14 a.m., Staff 3 handled the touchless thermometer to scan another patient's temperature. No disinfection occurred prior to and after Staff 3's use.

A review of the facility's Infection Control Meeting minutes, dated 6/22/20 indicated that the staff were educated regarding "proper disinfection of all equipment throughout clinic/gym/included pulse oximeters."

During an interview on 1/13/21 at 11:22 a.m., Administrator stated that the blood pressure cuff, pulse oximeter, and thermometer should be cleaned after every patient. Administrator stated that the blood pressure cuff and thermometer should be cleaned with Kaboom disinfectant after every patient and pulse oximeter should be cleaned with alcohol wipes. Administrator stated facility staff will be re-educated regarding proper equipment disinfection.

b. During an observation on 1/13/21 at 9:40 a.m. upon entrance to facility's waiting room, Staff 1 wore a cloth mask at the front desk.

During an observation on 1/13/21 at 9:41 a.m., Administrator wore a N95 respirator (nationally approved face mask that filters at least 95% of airborne particles).

During an observation on 1/13/21 at 9:48 a.m., in the main gym, Staff 2, Staff 3 and Staff 4 wore cloth face masks. Staff 2 and Staff 3 were observed wearing face shields in addition to their cloth face masks.

During an interview on 1/13/21 at 11:22 a.m., Staff 2 verified the material of the face mask was cloth.

During an interview on 1/13/21 at 11:22 a.m., Administrator stated that staff were required to wear a surgical mask with face shield in the facility or just a N95 respirator if not wearing a face shield. Administrator acknowledged and observed that staff members were not wearing face shields or surgical masks.

During an observation on 1/13/21 at 12:10 p.m., Staff 5 wore a surgical face masks but no face shield. Staff 5 was observed working with a patient on a wheel attached to the main gym's wall. In a concurrent interview, Staff 1 acknowledged Staff 5 was not wearing a face shield and immediately provided Staff 5 with a face shield.

A review of the facility's Infection Control Meeting minutes, dated 6/22/20 indicated that the staff were educated in "wearing masks and shield at all time(s) during operating hours."

A review of the Los Angeles County Department of Public Health website entitled,

"Coronavirus Disease 2019 Guidance for Monitoring Healthcare Personnel" updated on 12/21/20, indicated the healthcare professionals "should wear a medical-grade surgical/procedure mask or respirator for universal source control at all times while they are in the healthcare facility."

The facility failed to develop and implement infection control policies/procedures regarding the proper disinfection of patient care equipment and the wearing /appropriateness of medical-grade, surgical/procedure face masks.

c. During an observation on 1/13/21 at 9:51 a.m., Staff 2 cleaned plastic balls using a Kaboom (name brand of cleaning agent) spray bottle. During a concurrent interview, Staff 2 stated the balls required cleaning since the patient had contact with the equipment. Staff 2 stated the facility provided education approximately 5 months ago regarding infection control, including sanitizing equipment patients used. Staff 2 stated staff were not educated regarding the cleaning agent's contact time (also known as wet time, is the time that the disinfectant needs to stay wet on a surface in order to ensure efficacy). Staff 2 stated there were two spray bottles used to clean equipment in the clinic, Kaboom and Spic and Span (name brand of cleaning agent). Staff 2 examined the directions on both spray bottles. Staff 2 stated Kaboom had a 10-second contact time and Spic and Span had a 10-minute contact time.

During an observation on 1/13/21 at 10:23 a.m., Staff 4 sprayed the Kaboom cleaning agent into a towel and immediately wiped the treadmill.

During an observation on 1/13/21 at 10:36 a.m., Administrator sprayed the exercise equipment with the Kaboom cleaning agent and immediately wiped it down with a towel.

During an observation on 1/13/21 at 11:07 a.m., Staff 4 sprayed Kaboom cleaning agent onto equipment after a patient's use and immediately wiped cleaner off with the towel.

A review of the facility's Infection Control Meeting minutes, dated 6/22/20 indicated that the staff reviewed "general sanitization and proper disinfection of all equipment throughout clinic/gym/included pulse oximeters."

A review of the sanitizing directions for Kaboom indicated to spray non-porous surfaces until thoroughly wet and let it stand for 10 seconds. No EPA number was observed on the bottle. A review of the Spic and Span disinfection directions indicated to spray nonporous surfaces until thoroughly wet for 10 minutes. An EPA number was observed on the bottle.

During an interview on 1/13/21 at 11:22 a.m., Administrator stated that the facility staff were educated regarding wiping/cleaning/disinfecting equipment in-between patients. Administrator demonstrated cleaning the equipment using the Spic and Span cleaning agent. Administrator sprayed Spic and Span onto equipment, waited for 10 seconds, and then wiped the cleaning agent. Administrator stated that the facility was following the Centers for Disease Control and Prevention (CDC) regulations for guidance regarding infection control.

A review of the CDC's guideline for COVID-19, entitled "How to Protect Yourself and Others" updated 12/31/20, which the facility provided as their guidance for infection control, indicated to clean and disinfect frequently touched surfaces daily

	using products from the Environmental Protection Agency's (EPA's) list of disinfectants approved for COVID-19. During an interview on 1/13/21 at 11:22 p.m., Administrator stated that the cleaning agents were not checked for EPA certification. The facility failed to develop and implement infection control policies/procedures regarding the use of EPA approved disinfectants in the facility. Three was no evidence provided that the disinfectants being used at the facility had been approved in the infection control meetings and that there was guidance provided to staff as to their proper use. d. During an observation on 1/13/21 at 11:18 a.m. in the facility's lunch room, the facility's "Hand Washing" policy was posted directly in front of the sink. A review of the stipulated "Hand Washing" policy revised 8/4/04 indicated that once hands are completely wet, "apply soap or antiseptic solution ...Bring hands together and create a lather." During an interview on 1/13/21 at 11:18 a.m., Administrator stated that the policy did not address hand washing for at least 20 seconds which is the Center for Disease Control's (CDC's) recommendation. Administrator stated that the policy should be changed. A review of the CDC's guideline for COVID-19, entitled "How to Protect Yourself and Others" updated 12/31/20, which the facility provided as their guidance for infection control, indicated to "Wash your hands often with soap and water for at least 20 seconds." The facility failed to develop infection control policies/procedures regarding guidance to staff regarding proper handwashing techniques.
I0582	SANITARY ENVIRONMENT CFR(s): 485.62(b)(3) The facility must make available at all times a quantity of laundered linen adequate for proper care and comfort of patients. Linens must be handled, stored, and processed in such a manner that prevents the spread of infection. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure linen was handled, stored, and processed in a manner that prevented the spread of infection. This deficient practice had the potential to promote the spread of infectious disease, including coronavirus (COVID-19 -new contagious virus that can affect lungs and airways). Findings: a. During an observation on 1/13/21 at 10:23 a.m., Staff 4 sprayed the Kaboom cleaning agent into a towel and immediately wiped the treadmill. Staff 4 placed the towel onto a table next to the treadmill.

	During an observation on 1/13/21 at 10:36 a.m., Administrator sprayed exercise equipment with a cleaning agent and immediately wiped it down with the same towel Staff 4 had just used to clean the treadmill. During an observation on 1/13/21 at 11:07 a.m., Staff 4 sprayed a cleaning agent onto equipment after a patient's use and immediately wiped cleaner off with the same towel used in previous observations. Staff 4 then placed the towel back on top of the table. During an observation on 1/13/21 at 11:22 a.m., the facility's private treatment room contained a covered soiled linen container. A review of the facility's Infection Control Meeting minutes, dated 6/22/20 indicated that the staff was educated to "wipe down all tables and equipment with disinfected (disinfectant) wipes." During an observation and interview on 1/13/21 at 11:22 a.m., Administrator stated that the facility staff were educated regarding wiping equipment in-between patients. Administrator stated that disinfectant wipes were not available. Administrator stated that staff was instructed to use cleaners from spray bottles. Administrator demonstrated cleaning the equipment using a spray bottle cleaning agent. Administrator sprayed cleaning agent onto the equipment and wiped it off with a towel. Administrator placed the towel on a table directly under the facility's television, which was mounted to the wall. Administrator stated that the towel was clean even after wiping down the equipment. Administrated stated, "if we use a new towel with every patient when we clean, then the cost of my laundry will go up." During an interview on 1/20/21 at 1:41 a.m., Administrator stated that the facility did not have a policy and procedure for handling soiled linen.