

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555368	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER CENTURY VILLA, INC		STREET ADDRESS, CITY, STATE, ZIP 301 CENTINELA AVE INGLEWOOD, CA 90302	
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	<p>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 maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by: Ensuring the residents in the quarantine (separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick) rooms had personal protective equipment (PPE) protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) signage and PPEs outside of their rooms for easy access, and Ensuring staff used environmental protective agency (EPA) an independent executive agency of the United States federal government tasked with environmental protection matters) registered disinfecting products to clean the environment. These deficient practices had the potential to result in wide-spread infection of COVID-19 in the facility and the community. Findings: a. During an interview with the Director of Staff Development on 7/28/20 at 11:28 a.m., stated patients who were in the yellow zone were considered to be persons under investigation for COVID-19. During an observation on 7/28/20 in the hallway, room [ROOM NUMBER] and room [ROOM NUMBER] were marked as yellow zone and were occupied with one resident in each room. The door to the room [ROOM NUMBER] and 31 rooms was left open. There was no signage to indicate the residents were under isolation. There was no PPE cart outside the doors for easy access. During an interview with certified nurse assistant (CNA 1) on 7/28/20 at 12:23 p.m., stated the residents who were in the yellow zone were quarantine for 14 days. During an interview with LVN 2 on 8/28/20 at 1:57 p.m., stated readmitted and [MEDICAL TREATMENT] (a process of purifying the blood of a person whose kidneys are not working normally) residents were cohorted and housed in the yellow zone. During an interview with the DON on 8/27/20 at 2:17 p.m., stated [MEDICAL TREATMENT] residents were cohorted and housed in the yellow zone. The DON stated the resident rooms located in the yellow zone should have PPE cart and signage by their doors. The DON stated the residents doors should be closed. A review of the facility's Mitigation Plan indicated the necessary PPE would be made available directly outside the resident's rooms in the red zone in accordance with current Center for Disease Control and Prevention (CDC) guidance. The plan indicated the facility would have an isolation set-up outside resident rooms when necessary to meet this requirement. The plan indicated signs were posted immediately outside the resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidelines. The plan indicated the facility designated space for safe care and treatment of [REDACTED]. A review of the facility's policy titled Novel Coronavirus, Plan, Prevention, and Response revised 2020, indicated interventions to prevent the spread of respiratory germs, residents with undiagnosed respiratory infection facility would use standard, contact, and droplet precaution with eye protection. The policy indicated the facility would use posting signs on the door or wall outside of the resident room that clearly described the type of precaution needed and required PPE. The policy indicate the PPE, including face mask, eye protection, gowns, and gloves, available immediately outside of the resident's room. The policy indicated resident's who were suspected of having COVID-19 were placed in a private room with the door closed. b. During an observation and concurrent interview with housekeeping (HK 1) on 8/28/20 at 2:30 p.m., there was a cleaning cart in the hallway. HK 1 stated he cleaned the floors, the resident's side table, nursing station, and any type of spills. HK 1 showed a bottle with a purple liquid labeled 'brilloso' and stated that was the product he used to clean the surfaces. HK 1 stated the liquid had a 20 seconds contact time. HK 1 stated the facility used a yellow liquid only when the bed was stripped of the sheets. HK 1 showed the bottle for 'brilloso' product and stated he could not find a label that indicated use for COVID-19 and that it was EPA registered. During an interview with supervisor of housekeeping on 8/28/20 3 p.m., stated the facility should not use the product called 'brilloso' to disinfect the facility because it was not EPA registered and effective to use against COVID-19. A review of the facility's policy titled Novel Coronavirus, Plan, Prevention, and Response revised 2020, indicated the facility would perform routine and terminal cleaning using disinfectants known to be effective against emerging [MEDICAL CONDITION] pathogens or novel coronavirus [DIAGNOSES REDACTED]-CoV02 (EPA list N agents).</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.