

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>UNIVERSITY PARK HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>230 E ADAMS BLVD LOS ANGELES, CA 90011</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement its' infection control policy and procedures regarding actively screening staff and visitors before entering the facility. This deficient practice had the potential to increase the spread of the coronavirus (COVID-19-disease caused by a coronavirus called [DIAGNOSES REDACTED]-CoV-2) to staff members and residents in the facility. Findings: During an observation on July 1, 2020 at 7:45 AM, the Health Facilities Evaluator Nurses (HFENs) entered the facility through the side doors adjacent to the parking lot. The HFENs were taken to nursing station 1 where one Licensed Vocational Nurse (LVN) was sitting at the station. LVN 1 had to be prompted by the HFENs to take our temperatures and symptoms. No hand sanitizer was observed at the nurses' station. LVN 1 did not encourage the HFENs to perform hand hygiene. During an observation on July 1, 2020 at 8:34 AM, the Medical Records Staff (MR) was observed entering the facility through the side doors adjacent to the parking lot. MR was noted to clock in and start her shift without getting her temperature taken or her symptoms monitored. There was no available staff at the nurses' station to check her in. During an interview with Resident 1 on July 1, 2020 at 8:47 AM, Resident 1 stated that she has observed staff clocking in for their shift before having their temperatures and symptoms checked at the front desk. A review of Resident 1's admission record indicated the resident was admitted to the facility on [DATE]. Resident 1 has a [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated June 9, 2020, indicated the resident was cognitively intact. During an interview with MR on July 1, 2020 at 9:00 AM, the (MR) stated that a nurse in Station 1 usually checks the temperatures of staff who are coming for their shift. MR further stated there was no one at the station at the time she clocked in for her shift. MR further stated they are sometimes short-staffed, and there is no designated staff member to check-in other staff at the start of their shift. During an interview with the Administrator (ADM), on July 1, 2020 at 9:16 AM, the ADM stated we will in-service the staff about the importance of self-reporting symptoms to us and the importance of checking their temperature at the front desk before starting their shift. ADM further stated he was not aware they had educational gaps in that area. ADM further stated they have been short-staffed, and it's hard to find a designated staff member to take staff temperatures. The visitor screening policy was requested on July 8, 2020 at 2:30 PM, from the Administrator. A review of the facility's undated policy and procedures titled, Visitation - Infection Control During COVID-19, indicated, The facility will actively screen individuals entering the building and restrict entry to those with respiratory symptoms or possible exposure to COVID-19, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. The facility will require all individuals entering the building to wash their hands at entry and/or use alcohol-based hand rub (ABHR).</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.