

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2020
NAME OF PROVIDER OF SUPPLIER LAKEVIEW TERRACE		STREET ADDRESS, CITY, STATE, ZIP 831 S LAKE STREET LOS ANGELES, CA 90057	
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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection prevention and control measures were taken when staff assigned to the observation unit (section of the facility where residents readmitted from the hospital can be monitored for evidence of COVID-19 (disease caused by Coronavirus)) failed to limit their going into and coming out of the COVID-designated unit (section of the facility dedicated for residents who have been confirmed positive for COVID-19). This deficient practice had the potential to spread the coronavirus to uninfected staff and residents.</p> <p>Findings: On June 22, 2020 at 12:39 PM, during an observation, Certified Nursing Assistant 1 (CNA 1) was observed coming into the facility's COVID-designated unit from the outside through the emergency exit doors. CNA 1 walked through the COVID unit, then unzipped and walked through the plastic barrier separating the COVID unit from the observation unit. CNA 1 stated she was coming back from her break outside. On June 22, 2020 at 12:45 PM, during an observation, Certified Nursing Assistant 2 (CNA 2) was seen coming out of the COVID unit and into the observation unit to pick up residents' lunch to bring back into the COVID unit. On June 23, 2020 at 3:45 PM, during an interview, the Infection Preventionist (IP) stated that staff should limit going back and forth between the COVID and observation units. One way to do this is to have the observation unit staff have a separate break area from the staff working in the COVID unit. IP stated it is also unnecessary for staff to go in and out of the COVID unit to provide the COVID-positive residents with their lunches. The residents' lunch could have been handed from one staff to another. IP stated that the purpose of limiting staff from going back and forth between the units is to prevent the staff from spreading the coronavirus between the COVID+ residents and the residents who have tested negative. IP stated that the plastic barriers should have had signs on them indicating which area was the COVID unit and which was the observation unit so that all staff were aware of when to don/doff the appropriate personal protective equipment (PPE - equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses). A review of the facility's section of the mitigation plan titled, COVID-19 Designation of Space, indicated that, ideally, the (COVID) unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Depending on facility capacity (e.g. staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms. Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, breakroom, and work area that are separate from HCP working in other areas of the facility.</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.