

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055525	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER CRENSHAW NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1900 S LONGWOOD AVE LOS ANGELES, CA 90016	
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 for two of 2 residents (1, 2) by: a. To ensure staff used the right personal protective equipment (PPEs) is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) such as goggles or face shield to care for the residents who were under investigation for COVID-19 (a [MEDICAL CONDITION] respiratory disease that spreads from person to person) and were housed in quarantine (separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick) while caring for the resident in the designated rooms. b. To follow the facility's own Mitigation Plan (mitigation activities are actions that people and communities can take to slow the spread of a new virus with pandemic potential) on cohorting (refers to the grouping of individuals with the same condition in the same location, room, wing or building) Resident 1 and 2, who were confirmed positive for COVID-19, without having a designated space for COVID-19 residents. c. To ensure residents who were quarantine for COVID-19 did not share a bathroom with residents who were not confirmed or suspected with COVID-19. 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 Nursing (DON) and the Infection preventionist (IP) are professionals who make sure healthcare workers and patients are doing all the things they should to prevent infections) on 8/14/20 at 12:24 p.m., both stated the staff who worked with the residents confirmed with or quarantine for COVID-19 had to wear PPEs such as gown, gloves, cloth mask, respirator mask, hair, and shoe covers prior to entering the rooms, and before caring for the residents. During an observation on 8/14/20 at 12:40 p.m., in the annex building, certified nursing attendant (CNA) 1 only had a surgical mask on when she entered room [ROOM NUMBER]. room [ROOM NUMBER] had a yellow sign by the door indicating that it was designated space for the resident who was quarantined for COVID-19. CNA 1 did not don (put on) other PPEs before entering the room and prior to caring for the residents. The annex building had some rooms designated for quarantine and some rooms that were designated for non- COVID-19 residents. However, the staff were observed not wearing a face shield or goggles in the building. During observation in the house building, which housed all suspected COVID-19 residents, the staff were not wearing goggles or face shields while caring for the residents. During an interview with CNA 2 on 8/14/20 at 1:17 pm, stated the staff did not wear goggles to care for COVID-19 residents who were tested positive or were suspected of having COVID-19. CNA 2 stated she wore a gown, gloves, and surgical mask to care for the residents. CNA 2 stated the facility provided the staff with surgical masks but not respirator masks. During an interview with the DON on 8/14/20 at 2:10 p.m., stated the residents in house building were on quarantine for observation and they did not have any signs and symptoms of COVID-19. The DON stated the staff only wear a surgical mask to care for the residents in the house building. During an interview with the DON on 8/14/20, at 2:20 p.m., she stated the staff who worked in the quarantine should wear the respirator and the goggles or a faceshield. During an interview with the IP and the DON on 8/14/20 at 2:27 p.m., the DON stated the staff was aware of how to wear PPE in the quarantine room because they were given don and doffing (taking off) training handouts. During a record review of the inventory for PPEs indicated on 8/10/20 the facility had 2,730 respirator masks. On 7/31/20 the inventory indicated the facility had 683 pairs of face shield and 35 goggles. The County of Los Angeles COVID-19 Outbreak Notification indicated the facility should initiate standard (are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered), contact (as direct or indirect contact with a patient and/or his or her environment including person's room or objects in contact with the person, that has infection with an organism transmitted fecal-orally), and droplet precautions (are necessary when a patient infected with a pathogen, such as influenza, is within three to six feet of the patient), plus eye protection for all suspected or confirmed residents with fever and/or respiratory symptoms. The County of Los Angeles Acute Communicable Disease Manual dated 8/11/20, indicated the skilled nurse facility (SNF) staff could use respirator or surgical mask plus eye protection throughout the day between all patients unless visibly soiled. The manual indicated the facility should immediately implement standard, contact, and droplet precaution, plus eye protection for all suspected or confirmed residents. The Center for Disease Control and Prevention (the nation's health protection agency that saves lives and protects people from health, safety, and security threats) guidelines, dated 7/15/20, indicated staff working in facilities located in areas with moderate to substantial community transmission should also wear eye protection in addition to their face mask to ensure the eyes, nose, and mouth were all protected from exposure to respiratory secretions during patient encounters. b. During an interview with CNA 2 in the annex building, on 8/14/20 at 1:17 pm, stated she had to come to the annex building to use the bathroom and use the sink to wash the hands. CNA 2 stated the facility only have 1 bathroom for all the healthcare workers. During an interview with the DON on 8/14/20 at 2:41 pm, stated the house building did not have a bathroom for the staff to use. The DON stated when the facility had a confirmed case of COVID-19 they have to transfer the resident to a sister COVID-19 facility for the duration of observation. The DON stated the facility did not have a designated room to house COVID-19 residents. The DON stated the facility did not have a designated COVID-19 positive wing as indicated in the mitigation plan. The County of Los Angeles COVID-19 Outbreak Notification indicated the facility should be approved by the Department of Public Health to transfer residents with COVID-19. A review of the facility's policy titled COVID-19 Preparedness dated 4/15/20, indicated the facility would limit the movement of COVID-19 and suspected patients and would designate an area of the facility that would limit contact with other residents and staff. The policy indicated a room would be identified for possible suspected or confirmed COVID-19 cases. The Center for Disease Control and Prevention (CDC) the nation's health protection agency that saves lives and protects people from health, safety, and security threats) guidelines dated 7/15/20, indicated patients who were suspected or confirmed for COVID-19 infection should consider designating entire units within the facility, with dedicated staff. c. During an interview and observation with CNA 3 on 8/14/20 at 1:52 p.m., in the annex building stated room [ROOM NUMBER] had three non-COVID-19 residents and their bathroom was shared with residents in room [ROOM NUMBER] who were in quarantine for COVID-19. room [ROOM NUMBER] had two non-COVID-19 who shared the bathroom with the residents in room [ROOM NUMBER], who were quarantined for COVID-19. room [ROOM NUMBER] had non-COVID-19 residents who shared a bathroom with room [ROOM NUMBER], who were quarantined for COVID-19. During an interview with the DON on 8/14/20 at 2:20 p.m., stated she did not identify that the residents in the quarantine room were actually sharing the bathrooms with the non-Covid-19 residents. A review of the facility's policy titled COVID-19 Preparedness dated 4/15/20, indicated the facility would take steps to prevent known or suspected COVID-19 patients from exposing other patients. The facility would use PPEs based on center for disease control and prevention (CDC) and public health guidance. The Center for Disease Control and Prevention (CDC) guidelines dated 7/15/20, indicated patients who were suspected or confirmed for COVID-19 infection should have a dedicated bathroom.</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.