

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555731	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER DEPT OF STATE HOSPITALS - METROPOLITAN SNF		STREET ADDRESS, CITY, STATE, ZIP 11401 SOUTH BLOOMFIELD AVENUE NORWALK, CA 90650	
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 - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure residents were socially distanced while conducting resident activity in Unit 419. This failure had the potential for the spread of COVID 19 infection. Findings: During observation conducted on 10/21/20 at 11 AM, six residents were observed attending morning activities with staff. The residents sat next to each other around the table without six feet of distance from one another. The residents were observed not wearing protective masks. An interview was conducted with the Infection Preventionist (IP) on 10/21/20 at 11:45 AM. The IP stated staff conducting the activity should have provided social distancing of six feet during the activity. A review of the facility policy, titled, Skilled Nursing Facility Mitigation Plan, indicated, .Group events are to be conducted in home units and have been reduced to under 10 participants and include physical distancing of 6 feet or more.		

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.