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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055036 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/21/2020 |
| NAME OF PROVIDER OF SUPPLIER MAPLE HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 2625 MAPLE AVE. LOS ANGELES, CA 90011 | |
| 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 interview and record review, the facility failed to screen 28 out of 30 facility staff for COVID-19 (a mild to severe respiratory illness that is caused by a coronavirus that can spread from person to person) signs and symptoms on 7/1/2020 morning shift (7 AM to 3 PM). This deficient practice had the potential to result in the spread of COVID-19 that could lead to serious harm and/or death to all residents and staff. Findings: During an interview on 7/1/2020 at 7:25 AM, and concurrent review of the temperature log book, Licensed Vocational Nurse 1 (LVN 1) stated no morning staff was screened for COVID-19 sign and symptoms. She stated the last check and sign in for COVID-19 screening was on 6/30/2020. She stated there was no sign in sheet for COVID-19 on 7/1/2020. LVN 1 stated the facility protocol was for staff to get checked in before starting work to prevent the spread of COVID-19 disease. During an interview on 7/1/2020 at 7:35 AM, the Medical Records (MR) staff stated she did not have her temperature or signs and symptoms for COVID-19 checked this morning before starting work. She stated she was supposed to get checked this morning. During an interview on 7/1/2020 at 7:40 AM, Certified Nursing Assistant 1 (CNA 1) stated she did not have her temperature or signs and symptoms for COVID-19 checked this morning before starting work. She stated she was supposed to get checked in this morning to prevent the spread of COVID-19 disease. During an interview on 7/1/2020 at 7:45 AM, CNA 2 stated he did not have his temperature or signs and symptoms for COVID-19 checked this morning before starting work. He stated he was supposed to get checked in this morning to prevent the spread of COVID-19 disease. During an interview on 7/1/2020 at 7:50 AM, the Minimum Data Set Nurse (MDSN) stated she did not have her temperature or signs and symptoms for COVID-19 checked this morning before starting work. She stated that except for LVN 1, no other staff got COVID-19 screened for temperature and signs and symptoms. She stated there was no COVID-19 check-in log for 7/1/2020. MDSN stated the potential outcome of not checking staff prior to work was the spread of COVID-19 disease to all staff and residents. During an interview on 7/1/2020 at 8:41 AM, and concurrent record review, the Director of Nursing (DON) stated that on 7/1/2020 no morning shift staff received COVID-19 screening prior to starting work. He stated there was no sign-in sheet for the COVID-19 screening for 7/1/2020. DON stated staff were supposed to have their temperatures checked and COVID-19 signs and symptoms screened every shift before staff start their work to prevent spread of COVID-19 and as part of infection control. He stated not screening staff was poor infection control and the potential outcome is the spread of COVID-19 disease to all residents and staff. He stated COVID-19 screening was mandated by Centers for Disease Control and Prevention (CDC) and Local Public Health. During an on 7/1/2020 at 11:57 PM, the Administrator stated the facility's policy and procedure was for all staff and visitors to perform COVID-19 screening prior to entering facility. He stated the screening was to ensure no person with COVID-19 signs and symptoms enter the facility. He stated potential outcome of not screening staff and visitors was the spread of the COVID-19 virus to all residents and staff. He stated not screening staff and visitors was poor infection control practice. A review of the facility's undated policy and procedure titled, COVID-19 Care Of, indicated the facility will have a process of taking staff temperature and documenting absence of illness (signs and symptoms of COVID-19 as new information becomes readily available). The facility shall follow established Federal, State, and/or Local guidance. A review of the Centers for Disease Control and Prevention (CDC), updated 6/25/2020 indicated to screen all healthcare personnel (HCP) at the beginning of their shift for fever (temperature > 100 Fahrenheit) and symptoms of COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html).</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.