

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER ALEXANDRIA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1515 N ALEXANDRIA AVE. LOS ANGELES, CA 90027	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to adhere to the infection precautions for the prevention of the spread of coronavirus (COVID-19, a respiratory illness caused by [MEDICAL CONDITION] that can spread from person to person) in the facility. The facility failed to: 1. Certified Nursing Assistants (CNA 1 and CNA 2) did not wear protective gowns while feeding residents who were under observation for possible exposure to COVID-19. 2. Post signage indicating appropriate precautions outside residents' rooms in the quarantine area 3. Discard a protective gown that was hanging by the entrance of the quarantine zone. These deficient practices had the potential to transmit COVID-19 to residents and staff. Findings: During an environmental tour with the infection preventionist (IP 1) and IP 2 in the quarantine zone of the facility, on 9/22/20, at 12:40 p.m., CNA 1 and CNA 2 were observed feeding Residents 1 and Resident 2. CNA 1 and CNA 2 were not wearing gowns and gloves. IP 1 stated the CNA 1 and CNA 2 should be wearing gowns and gloves. On 9/22/20, at 1:02 p.m., during an interview, CNA 1 stated she should have been wearing a protective gown and gloves when in close contact with the resident. On 9/22/20 at 1:07 p.m., during an interview, CNA 2 stated she should be wearing a protective gown and gloves when in close contact with the residents. During an environmental tour with IP 1 and IP 2 in the quarantine zone, on 9/22/20, at 12:45 p.m., there were no signage posted about the proper protective equipment and precautions outside resident rooms. During an environmental tour with IP 1 and IP 2, on 9/22/20 at 12:47 p.m., a protective gown with a name was hanging on the hook near the entrance to the quarantine zone. IP 1 stated the protective gown belongs to a housekeeping employee who has not worked for over a week. IP stated the protective gown should be discarded. Review of the local health department Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities dated 9/18/20 indicated signage indicating appropriate precautions should be placed outside of these resident rooms. The Guidelines indicated in the quarantine area, contact and droplet precautions with gown and glove changes between each resident care is required.</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.