

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER CALIFORNIA POST-ACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 3615 E. IMPERIAL HIWY LYNWOOD, CA 90262	
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 eight of 8 residents (10, 20, 30, 40, 50, 60, 80, 90) by: A room with two (2) residents under observation or quarantine were placed in the yellow cohort (designated area for persons under investigation (PUI)) area The five (5) [MEDICAL TREATMENT] (removal of waste products and excess fluid from the body with the use of a [MEDICAL TREATMENT] machine) residents (Residents 10, 20, 30, 40, 50) were not cohorted in the yellow zone The staff breakroom located in the green zone (COVID negative/ COVID recovered unit) had 3 tables and 11 chairs. The nurse station had 5 chairs. The six feet distancing guidelines was not followed. The staff breakroom in the green zone had the following highly touched equipment: one vending machine, one microwave oven, and one double door refrigerator, but there were no disinfectant wipes to clean the equipments. There was highly touched equipment such as computers with keyboard in the hallways but there were no disinfectant wipes to clean the equipments. There was no transmission-based precautions signage posted immediately outside the yellow cohort areas/rooms These failures had the potential to cause cross contamination and spread coronavirus((COVID-19) [MEDICAL CONDITION] that causes respiratory illness that can spread from person to person), and other infections to the residents, staff, and the community. Findings: During an observation on 8/27/20 at 12:15 p.m., the following were observed: 1. The breakroom in the green zone had one vending machine, one microwave oven, and one double door refrigerator. There was three tables and a total of 11 chairs. There was three staff members in the breakroom and two were sitting beside each other. 2. The nurse's station had five chairs. 3. The hallways had computer monitors with keyboards. 4. The resident room [ROOM NUMBER] housed four residents (60, 70, 80, 90) that were not not designated as being under observation were placed in the yellow zone inbetween the two rooms with the residents that were under observations or were designated as persons under investigation. 5. There were [MEDICAL TREATMENT] residents (who received their treatments outside of the facility) were placed in rooms 14, 37, 39, and two of the residents in the rehabilitation room that were not cohorted in the yellow cohort designated zone. During an interview on 8/27/20 at 12:15 p.m., Activity Personnel (AP 1) acknowledged and stated the two staff were not six feet apart while they were eating. During an interview on 8/27/20 at 1:15 p.m., Registered Nurse (RN 1) stated It is not acceptable if there is no signage for transmission-based precaution area/rooms. There should have been a contact and droplet precaution signs to make the staff aware. When asked about the risk involved if not properly cohorting room [ROOM NUMBER] and other [MEDICAL TREATMENT] residents who are transferred out of the facility to receive their treatments RN 1 stated The risk involved is cross contamination of organisms to the resident's roommates, other residents, and staff in the facility. During a review of the clinical records for Resident 10 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. The physician order [REDACTED]. During a review of the clinical records for Resident 20 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. The physician order [REDACTED]. During a review of the clinical records for Resident 30 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. The physician order [REDACTED]. During a review of the clinical records for Resident 40 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. The physician order [REDACTED]. During a review of the clinical records for Resident 50 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. The physician order [REDACTED]. During a review of the clinical records for Residents 60 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. During a review of the clinical records for Residents 60 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 70 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. During a review of the clinical record for Resident 80 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 90 the face sheet indicated an admission date of [DATE] and [DIAGNOSES REDACTED]. During an interview 8/27/20 at 2 p.m., the Administrator stated the facility will attempt to provide disinfectant wipes or sprays for the high touched equipment that was in the breakroom and in-services would be provided due to the risk of possible contamination. A review of the facility's Mitigation Plan dated 5/19/20 indicated for resident with no exposure to COVID-19 and with negative COVID-19 PCR test, the resident should be placed in the designated green zone. A review of the facility's policy titled Isolation-Notices of Transmission Based precautions, dated [DATE] indicated when transmission-based precautions are implemented, an appropriate sign will be placed at the entrance/ doorway of the resident's room. A review of the Los Angeles County Department of Public Health guidelines for The Coronavirus Disease 2019 Guidelines for Preventing and managing COVID-19 in Skilled Nursing Facilities, updated 8/4/20, indicated the residents who undergo regular [MEDICAL TREATMENT] treatments outside of the facility should be housed in the quarantine (YELLOW) cohort together, enhanced environmental disinfection with EPA-approved healthcare disinfectants should be performed on high touch surfaces, and to ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations. The guidelines indicated that all staff in the facility should adhere to physical distancing of at least 6 feet while in break rooms and should wear masks while in the facility. The guideline indicated that in the Yellow Cohort, contact and droplet precautions, to post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPEs.</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.