

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WOODLAND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7120 CORBIN AVE. RESEDA, CA 91335</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility fail to implement infection control practices to prevent the spread of Coronavirus Disease 2019 (COVID-19, a highly contagious [MEDICAL CONDITION] infection that affects the respiratory system severe enough that may cause death). One of eight sampled staff members was not wearing appropriate personal protective equipment (PPE) while on duty. A kitchen staff was observed working without the use of a facemask. These deficient practice increase the risk of spread of COVID-19. Findings On 8/11/2020 at 7:50 a.m., during an observation tour of the facility, a Kitchen Aide (KA) was observed returning a food cart back into the kitchen while not wearing a facemask. During concurrent interview, KA was unable to explain the purpose of wearing a mask during COVID-19 outbreak. On 8/11/2020 at 9:28 a.m., during interview, the Dietary Service Supervisor (DSS) stated that KA received training on the use of PPE and all kitchen staff must wear a surgical mask while on duty. A review of an In-Service titled Food and Nutrition Services In-Services Sign-In Sheet with topic Use of PPE's (face shield, mask, gloves) dated 6/5/2020 indicated KA was in attendance. On 8/11/2020 at 10:40 a.m., during an interview, the Assistant Director of Nursing (ADON) stated the importance of wearing facemask is to prevent spread of infection. A review of the facility's policy titled Infection Prevention and Control Program Description last revised 3/11/2019 indicated, The Infection Prevention and Control Program (IPCP) is a comprehensive process that addresses preventing, identifying, reporting, investigating and controlling of infections and communicable diseases for patients, staff, volunteers, visitors, and other individuals providing services under a contractual agreement. The policy also states, Implementation of Control Measures and Precautions which includes basics such as hand hygiene, Standard and Transmission Based Precautions (including use of personal protective equipment).</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.