

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER EISENBERG VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 18855 VICTORY BL RESEDA, CA 91335	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to practice infection control prevention measures by providing group activities and not keeping each resident 6 feet apart in the congregate space during novel coronavirus (an illness caused by [MEDICAL CONDITION] that can spread from person to person) outbreak. This deficient practice had the potential to result in spreading a novel coronavirus and to possibly infect residents by being in close contact. Findings: During a concurrent observation and interview, on 6/22/20 at 10:30 AM, observed a group of residents who were sitting in the dining room in the second floor of Factor Building. Observed 12 residents sitting on wheelchairs and placed in a large circular shape. None of the residents had a face mask on to cover their nose and mouth. Observed residents not maintaining 6 feet apart to keep social distancing. Certified Nursing Assistant 1 (CNA 1) was asked why the residents were gathered and she stated that they came to listen to music together. CNA 1 stated that health care personnel assisted them to come to the dining room so the residents could participate in the group activity together. CNA 1 was asked if she was aware of the restrictions from CMS (Centers for Medicare and Medicaid Services) that all group activities and communal dining should be canceled during coronavirus outbreak and stated she did not know for how long the facility had been doing it. CNA 1 validated the observation that 12 residents did not keep 6 feet apart from each other and that the 12 residents sitting next to each other were close enough to touch a person who sat next to them. The Activity Coordinator also validated that they should have kept the social distancing when they participate in any group activities. During a concurrent interview and record review with the Administrator (Admin) on 6/22/20 at 2:10 PM, the facility's mitigation plan indicated under section, Designation of Space, that all congregate spaces have been closed and all group events involving close proximity ceased. The Admin stated that all residents including health worker personnel should keep social distancing during the coronavirus period. A review of Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities revised 6/17/20, provided by County of Los Angeles Public Health, indicated, Skilled Nursing Facilities (SNF) may resume limited group activities and communal dining for residents who do not have COVID-19 if the facility has had no new SNF onset COVID-19 cases for 14 days and they can adhere to specific criteria. The facility's last confirmed resident case was on 6/19/20. The facility did not meet the criteria to begin opening their group activities.</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.