

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555917	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER VETERANS HOME OF CALIFORNIA - WEST LOS ANGELES		STREET ADDRESS, CITY, STATE, ZIP 11500 NIMITZ AVENUE LOS ANGELES, CA 90049	
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	Provide and implement an infection prevention and control program. Based on observation and facility staff interview, Policy review and current CDC (Centers for Disease Control and Prevention), the facility failed to implement their Policy and Procedure for COVID - 19 Infection Control Precautions and implement current CDC recommendations for the 57 Residents on the two Memory care units during communal dining. Findings: On 7/21/20 at 11: 05 AM during a COVID - 19 Focused Survey for Nursing Homes, it was observed that the dining room in Residence Unit E-4 for memory care patients had each table set for 4 Residents who would eat less than 6 feet apart. During an interview that same day with Unit Staff Member 1 at 11:08 AM, she stated that they had an exemption because they were a memory care unit. When asked who gave this exemption she stated administration. She added that when they had a Lookdown related to a staff member testing positive of COVID - 19, they fed the clients properly distanced from each other. On 7/21/20 at 11:15 AM during observation of the Memory Care Unit E3, it was noticed that again in the communal dining area the tables were set with place mats and utensils where the residents would eat four residents at a table much closer that six feet apart. During an interview with Unit Staff Member 2 she also stated that because they were a memory care unit they were not required by administration to have the residents eat at a distance of six feet apart. On 7/21/20 at 11:25 AM during interview with Administrative Staff Member 3, He stated that when a staff member working on the memory care units tested positive for COVID - 19, they did require the residents to eat at a distance of six feet or greater from each other. However, subsequent to that and related to extra staff assignments to implement this procedure, it was discontinued on the memory care units because it was difficult to implement. The facility policy, COVID - 19 Infection Control Precautions (Applicable Homes-wide for SNF, ICF & RCFE levels of care) specified, Residents will eat their meals in a non-communal manner until the public health department and /or the Governor of California permits communal dining and all established standards are met. Current CDC recommendations for Coronavirus Disease 2019 (COVID - 19) Considerations for Memory Care Units in Long-term Care Facilities Specified .Try to keep their environment and routines as consistent as possible while reminding and assisting with frequent hand hygiene, social distancing . On 8/6/20 at 11:35 AM during an additional COVID - 19 Focused Survey, It was again observed that in both the Unit E-4 and E-3 Dining Rooms, that the residents were again seated four at a table approximately three feet apart from each other. During interview that same day at 11:45 AM with the Dietary Supervisor, she stated that during the prior week they had tried to feed some residents in the common area and some in the dining room to facilitate infection control social distancing. She stated that it was difficult because a number of residents would not eat in the common area and others wouldn't leave after they ate. When she was asked why all the residents could not eat in the dining but at two different times, she stated that she did not have enough dietary staff to do that.		

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.