

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER CASITAS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 10626 BALBOA BLVD. GRANADA HILLS, CA 91344	
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 ensure that one of three staff, the Licensed Vocational Nurse (LVN), removed her gown before going out of the COVID (Coronavirus Disease- highly contagious respiratory disease spread from person to person through droplets released when an infected person coughs, sneezes or talks) unit. This deficient practice has the potential to result in the spread the coronavirus to all residents. During a complaint visit on 6/20/20 at 7:10 a.m., Licensed Vocational Nurse(LVN) was observed coming out of the COVID unit wearing a N95 (type of respiratory protective device designed to filter airborne particles), face shield (protective device to protect the eyes and face) and white cloth gown. The LVN was then observed sitting in the nursing station removing his face shield and then made telephone calls. The LVN performed hand hygiene using hand sanitizer (a substance or liquid that is applied to hands to make it free of bacteria or viruses), placed gloves on, face shield, and was observed wearing the same white cloth gown while entering the COVID unit. During an interview on 6/20/20, at 8:02 a.m., with Registered Nurse Supervisor (RN Sup), she stated that the nurses' gown and gloves should be removed before coming out of the COVID unit to prevent the spread of [MEDICAL CONDITION]. During an interview on 6/20/20, at 8:15 a.m., with Director of Nursing (DON), she stated the staff were instructed to remove their gown inside the COVID unit just before coming out and should use a new gown when going back in the COVID unit to prevent the spread of [MEDICAL CONDITION]. During an interview on 6/20/20 at 09:26 a.m., with the Infection Preventionist (IP), she stated that the staff should remove the gown when going out of the COVID unit and should use a new one to go back in to prevent the spread of [MEDICAL CONDITION]. During an interview on 7/6/2020 at 08:11 a.m., with the Licensed Vocational Nurse (LVN), he stated he forgot to remove his gown when he went out of the COVID unit. The LVN stated that it was important to remove it to prevent the spread of coronavirus infection in the facility. The policy was to remove gloves, gown, and wash hands when going out of the COVID unit. During a review of the facility's policy and procedure (P&P) titled, Personal Protective Equipment- Using Gown, dated 9/2010, indicated, Use gown only when instructed and soiled gowns may not be worn in break room, lobbies or any area in which contamination of the equipment is likely to occur.</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.