

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER SANTA TERESITA MANOR		STREET ADDRESS, CITY, STATE, ZIP 819 BUENA VISTA ST. DUARTE, CA 91010	
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 provide a safe, sanitary environment to help prevent the development and transmission of communicable disease and infections during the Coronavirus (COVID-19 - an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis as evidenced by failing to ensure five of five residents (Residents 1, 2, 3, 4 and 5) wore a facemask or face covering when they are outside their rooms with other residents. These deficient practices had the potential to result in the spread of COVID-19 that could cause respiratory illness that could lead to hospitalization and death to other residents and staff. Findings: On 9/22/20, at 1:21 p.m., during an observation, Residents 1, 2, 3, 4 and 5 in the second floor hallway were not wearing a mask. On 9/22/20 at 1:25 p.m., during a concurrent observation and interview, Resident 2 was sitting on a wheelchair in the hallway not wearing a mask. Resident 2 stated he was not provided a mask. Resident 2 stated that he had a mask a few days ago but disappeared. On 9/22/20 at 1:28 p.m., during a concurrent observation and interview, Resident 3 was sitting on a wheelchair facing the nurse's station. Resident 3 was not wearing a mask and stated nobody told him to wear a mask whenever he would leave his room. Resident 3 stated he would wear a mask if the staff would tell him to wear a mask. Resident 3 stated wearing a mask is important because of COVID. On 9/22/20 at 1:30 p.m., during a concurrent observation and interview with the Infection Prevention Nurse, the IP Nurse stated the residents should wear a mask when outside their rooms unless they refuse. On 9/22/20 at 1:42 p.m., during an observation and interview, Resident 4 was sitting in the hallway facing the nurse's station. Resident 4 stated she did not want to wear a mask, and surgical mask was available on the table in front of the resident. On 10/7/20 at 3:47 p.m., during an interview, the IP Nurse stated that the charge nurses were provided with a surgical mask to be stored in the medication carts so the nurses can offer the mask to the residents. A review of Resident 1's Admission Record indicated the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 1's Minimum Data Set (MDS - a care and assessment screening tool) indicated the resident had severe cognitive impairment. A review of Resident 2's Admission Record indicated the resident was readmitted on [DATE], with [DIAGNOSES REDACTED]. Resident 2's MDS indicated the resident had moderate cognitive impairment. A review of Resident 3's Admission Record indicated the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 3's MDS indicated the resident had no cognitive impairment. A review of Resident 4's Admission Record indicated the resident was readmitted on [DATE], with [DIAGNOSES REDACTED]. Resident 4's MDS indicated the resident had moderate cognitive impairment. A review of Resident 5's Admission Record indicated the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 5's MDS indicated the resident had no cognitive impairment. A review of the facility's Mitigation Plan, indicated residents are wearing a facemask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the building for essential medical appointments. A review of the Los Angeles County Department of Public Health Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities updated 8/4/20, indicated; 1. All patients/residents must be provided a clean non-medical face covering daily. 2. Surgical masks are required for any resident that is COVID-19-positive or assumed to be COVID-19-positive. 3. All residents must wear the cloth face covering/mask when outside their room, unless they have a contraindication. This includes patients who must regularly leave the facility for care (e.g. [MEDICAL TREATMENT] patients). 4. Residents who due to underlying cognitive or medical conditions cannot wear face coverings should not be forcibly required to wear face coverings (and should not be forcibly kept in their rooms). However, face coverings should be encouraged as much as possible. 5. A cloth face cover should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance. 6. Face shields with a drape may be offered to residents who are not able to wear face coverings.</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.