

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055710	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA WILSHIRE CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP 855 NORTH FAIRFAX AVENUE LOS ANGELES, CA 90046	
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 implement infection control practices for one of four residents (Resident 3) when the Certified Nursing Assistant (CNA) 1 entered Resident 3's room without wearing gown as part of Protective Personal Equipment (PPE). Resident 3 was under transmission-based precaution, requiring staff to wear PPE such as gloves, face mask, and gown prior to entering Resident 3's room. This failure had the potential to result in transmission of infection and potential for disease exposure between the resident, the staff, and visitors. Findings: A review of Resident 3's Admission Record indicated, Resident 3 was admitted on [DATE]. A review of Resident 3's Physician's Telephone Order dated 8/14/2020 indicated, Transmission Based Precaution x 14 days per facility protocol (New Admit). Stop date 8/28/2020. During an observation and a concurrent interview with Director of Staff Development and Infection Preventionist (DSD/IP), on 8/26/2020 at 11:20 am, CNA 1 was observed in Resident 3's room without wearing the required PPE, such as a gown prior to entering Resident 3's room. Transmission-based precaution sign was observed posted outside of Resident 3's room. The DSD/IP stated, Resident 3 was under observation as new admission from the hospital. DSD/IP further stated, CNA 1 should have been wearing a gown for infection prevention. During an interview with CNA 1, on 8/26/2020 at 11:22 am, CNA 1 confirmed the finding and stated, staff can get sick or infected if they are not wearing gowns inside the room. CNA 1 further stated, she should have worn a gown prior to entering Resident 3's room. During an interview with the Registered Nurse Supervisor (RNS), on 8/26/2020, at 3:10 pm, RNS stated, Resident 3 was under observation for coronavirus (COVID-19- a deadly respiratory illness that can be transmitted from person to person), for 14 days from admission. RNS further stated, staff entering Resident 3's room should be wearing face mask, face shield, gown, and gloves. During an interview and a concurrent record review with RNS, on 8/26/2020 at 3:10 pm, the Infection Control policy and procedures with revised date of 1/1/2012 was reviewed. The facility's policy and procedures titled, Infection Control with revised date of 1/1/2012 indicated, Infection Control policy and procedures are intended to help prevent and manage transmission of disease and infections. Objective, to establish guidelines for implementing isolation precautions, including standard and transmission-based precautions. A review of the facility's in-service education on Infection Control, Things to Remember, dated 8/20/2020, indicated, All staff entering a resident room must follow the proper PPE sequence and discard the gown and gloves before exiting the room. A review of the facility's policy and procedures titled, Resident Isolation - Categories of Transmission-Based Precautions, with revised date of 1/1/2012, indicated, transmission based precautions are used when caring for residents who are documented or are suspected of having communicable disease or infections that can be transmitted to others. Policy indicated, Gown is worn for interactions that may involve contact with the resident or potentially contaminated items in the resident environment. A review of the facility's policy and procedures titled, Resident Isolation-Initiating Transmission-Based Precautions, with revised date of 4/22/2016, indicated, Transmission-Based Precautions are initiated when there is reason to believe that a resident has a communicable infectious disease. Precautions remain in effect until the Attending Physician or Medical Director discontinues them, which occurs after requirements for discontinuation are met.</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.