

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER ALVARADO CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1154 S.ALVARADO ST LOS ANGELES, CA 90006	
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 maintain proper personal protection equipment protocols for droplet isolation (used for infections, diseases, or germs that are spread by touching the resident or items in the resident room, healthcare workers are required to wear gloves, gown, and mask during care) for 2 of 5 facility staff (Certified Nursing Assistant 3 and Business Office Manager). This deficient practice had the potential to result in the spread of infection to all residents and staff. Findings: During an observation and concurrent interview with Certified Nursing Assistant 3 (CNA 3) on 8/12/2020 at 1:30 PM, CNA 3 was observed inside a droplet isolation precaution room with personal protective equipment (PPE) of surgical mask, but no N95 mask, no isolation gown, and no gloves. He stated the room was in the yellow zone (area in the facility for residents suspected of having Coronavirus or COVID-19, an illness caused by [MEDICAL CONDITION] that can spread from person to person) and was in droplet isolation precaution. He stated for droplet isolation one must use PPE of gown, gloves, and N95. He stated he was not wearing a gown, N95 mask, or gloves. During an observation on 8/12/2020 at 1:35 PM, the Business Office Manager (BOM) was observed speaking with a resident in one of the rooms in the yellow zone with no N95 mask, isolation gown, gloves, and face shield. During an interview with Business Office Manager (BOM) on 8/12/2020 at 1:42 PM, BOM stated she was in the room with a surgical mask, but no other PPE for droplet isolation precaution. She stated she was not wearing an N95 mask, isolation gown, face shield, or gloves. She stated the room was in a quarantine zone for possible COVID-19. BOM stated she was required to wear a N95, isolation gown, gloves, and face shield. She stated the potential outcome was the spread of infection to all staff and residents. During an interview with Infection Control Preventionist (ICP) on 8/12/2020 at 1:53 PM, ICP stated BOM was wearing a surgical mask, but she was not wearing a N95, isolation gown, gloves, or face shield PPE for droplet isolation precaution. She stated staff were required to wear a N95, gown, gloves, and face shield when entering a droplet isolation precaution room. She stated PPE was for infection control and prevention of spread of COVID-19. ICP stated the potential outcome of not using appropriate PPE for droplet isolation was the spread of COVID-19 to all staff and residents. During an interview with Director of Nursing (DON) on 8/21/2020 at 2:03 PM, DON stated all staff were required to wear PPE for droplet isolation for isolation rooms. She stated the use of PPE was for infection control and prevention of spread of diseases like COVID-19. She stated the potential outcome for not using appropriate PPE was the spread of COVID-19 to all residents and staff. A record review of the facility's policy and procedure titled, COVID-19 Care Cohorting Guidelines, released May 2020, indicated the facility's healthcare personnel should wear an N95 or higher level respirator, eye protection (such as goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for residents.</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.