

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR GARDENS HEALTHCARE OF THE VALLEY		STREET ADDRESS, CITY, STATE, ZIP 13000 VICTORY BLVD, NORTH HOLLYWOOD, CA 91606	
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 implement infection control measures for the use of PPE (Personal Protective Equipment - such as gown, mask, gloves, face shield and goggles) to prevent cross-contamination of Coronavirus Disease 2019 (COVID-19 - a [MEDICAL CONDITION] highly contagious respiratory infection, transmitted from person to person, severe enough that may cause death). The facility failed to ensure a used and potentially contaminated gown was not hung outside a resident's room and change disposable gowns between residents in the Yellow Cohort area (area for residents symptomatic and quarantined for potential COVID-19) as indicated in current guidelines from Public Health (PH). These deficient practices had the potential to result in spread of COVID-19 to residents and staff members. Findings: a. A review of Resident 1's Admission Record (Face Sheet) indicated the facility admitted the resident on 01/23/2020 with the last readmitted d on 08/11/2020. Resident 1's [DIAGNOSES REDACTED]. On 08/17/2020 at 1:05 p.m., a yellow isolation gown was hung outside the door, facing the hallway. At the time of the observation, during an interview, Registered Nurse 1 (RN 1) stated there was nothing wrong hanging a use gown outside the room but agreed there was a risk of cross contamination. On 08/17/2020 at 1:59 p.m., during an interview, the Director of Nursing (DON) explained the facility implemented reuse of the isolation gowns for the entire shift to conserve PPE and installed plastic hooks inside the rooms (not outside) to keep the isolation gowns for reuse. b. On 08/17/2020 at 1:10 p.m., during an observation of Residents 2, 3, and 4 (a three-bed room), there were two disposable gowns hung on the wall. Outside the room, there were two posted signs indicating Droplet and Contact Precautions and Sequence for putting on PPE. The residents' room was located in the Yellow Cohort because all three residents had to go out of the facility to receive [MEDICAL TREATMENT] (a process of purifying the blood of a person whose kidneys are not functioning) at centers outside the facility. A the time of the observation, Certified Nursing Assistant 1 (CNA 1) stated she used the gown located on the left when caring for Resident 2 and to re-use throughout the shift. CNA 1 stated the other gown was for CNA 2 who cared for Residents 3 and 4. CNA 2, present at the time of the observation, stated he was not instructed the gowns were to be used with only on resident. A review of Resident 2's Admission Record indicated the facility admitted the resident on 11/30/2018 with [DIAGNOSES REDACTED]. A review of Resident 3's Admission Record indicated the facility re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 4's Admission Record indicated the facility admitted the resident on 02/24/2020 with [DIAGNOSES REDACTED]. During an interview on 08/17/2020 at 1:59 p.m., the DON stated gowns should be changed between each resident care. During an interview on 08/18/2020 at 4:09 p.m., the Infection Preventionist (IP) Nurse stated she had just returned from a leave and was not familiar with the current Los Angeles County Public Health guidelines. A review of the facility's COVID-19 Mitigation Plan policy, indicated in Page 12 that the facility including the IP Nurse will review guidance and recommendations provided by Centers of Disease Control (CDC), California Department of Public Health (CDPH) and/or LHD (Local Health Department) to maintain consistent situational awareness with high evolving nature of COVID-19. A review of Strategies for Optimizing the Supply of Isolation Gowns provided by CDC in Mitigation Plan indicated the following: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. A review of Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities dated August 4, 2020 provided by Los Angeles County Department of Public health (LAC DPH) indicated the following in Cohorting: Yellow Cohort (Mixed Quarantine and Symptomatic). This area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; [MEDICAL TREATMENT] patients; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible. If private rooms are not available for all residents in the Yellow Cohort, they should be prioritized for symptomatic patients, close contacts, and those with indeterminate test results as they have a higher probability of infection. If single rooms are not available, use strategies to reduce exposures between residents such as placement of curtains between residents; put residents with similar risk profiles in the same room (e.g., group low risk admissions in the same room); and change gowns and gloves and perform hand hygiene between each patient contact in this area.</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.