

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA WESTWOOD		STREET ADDRESS, CITY, STATE, ZIP 12121 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	
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 ensure there was approval from the local public health department before admitting 6 of 6 new residents on 5/15/20 (Residents 2, 3, and 4) and on 5/16/20 (Residents 5, 6, and 7) during the COVID-19 (an illness caused by [MEDICAL CONDITION] that can spread from one person to another with respiratory symptoms ranging from mild (or no symptoms) to severe illness) pandemic (worldwide spread of a new disease). This deficient practice had the potential for the facility not to be able to mitigate (lessen in force or intensity) the spread of COVID-19. Findings: A record review of Resident 2's Facesheet (Admission Record), dated 5/19/20, indicated facility admitted Resident 2 on 5/15/20 with [DIAGNOSES REDACTED]. A record review of Resident 3's Facesheet, dated 5/19/20, indicated facility admitted Resident 3 on 5/15/20 with [DIAGNOSES REDACTED]. A record review of Resident 4's Facesheet, dated 5/19/20, indicated facility admitted Resident 4 on 5/15/20 with [DIAGNOSES REDACTED]. A record review of Resident 5's Facesheet, dated 5/19/20, indicated facility admitted Resident 5 on 5/16/20 with [DIAGNOSES REDACTED]. A record review of Resident 6's Facesheet, dated 5/19/20, indicated facility admitted Resident 6 on 5/15/20 with [DIAGNOSES REDACTED]. A record review of Resident 7's Facesheet, dated 5/19/20, indicated facility admitted Resident 7 on 5/15/20 with [DIAGNOSES REDACTED]. During an observation of the West Nursing Station on 5/19/20 at 12:50 p.m., Residents 2, 3, 4, 5, 6, and 7 were observed in their respective rooms on contact isolation precautions (steps to follow before entering residents' rooms to help to stop germs from spreading so other people do not get sick). During an interview on 5/19/20 at 3:10 p.m., the Administrator stated he spoke with the public health nurse in April 2020, and was made aware that the facility's admissions and transfers will need to be discussed and approved with the Public Health Nurse (PHN) to prevent the spread of Covid-19. The Administrator stated he was following these guidelines until 5/15/20. The Administrator allowed, on 5/15/20, 3 new residents and, on 5/16/20, additional 3 new resident to transfer into the facility. The Administrator further stated he asked the PHN about accepting the 6 residents and was told by the PHN she would get more information from the physician specialist of the local public health department and will inform him. The Administrator was not able to provide documented evidence that the admissions of the 6 new residents was approved by the local public health department. The Administrator acknowledged there was a breakdown in communication with the PHN. During a telephone interview on 6/16/20 at 7:55 a.m., the PHN stated the Administrator was notified on 4/24/20 that no admissions, transfers, or discharges may occur without the approval of the local public health department. The PHN further stated she told the administrator on 5/14/20 she would communicate with the Public Health Medical Director (PHMD) and inform him of the PHMD's decision to accept the 6 new residents for admission. During a telephone interview on 6/17/20 at 10:50 a.m., the infection control preventionist stated she was aware that new admits and transferring residents had to be approved and cleared by the local public health department before admission to the facility. A record review of the facility's policy titled, Covid-19 (Coronavirus disease 2019), with revised date on 2/28/20, indicated the facility would Follow the Center for Disease Control guidelines and/or local Public Health Department in the recognition and management of Covid-19.</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.