

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555686	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OF SUPPLIER STUDIO CITY REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 11429 VENTURA BLVD STUDIO CITY, CA 91604	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 1. Facility failed to ensure signs are indicating appropriate infection control and prevention precautions are posted immediately outside of resident rooms in the yellow zone. 2. Facility failed to ensure that vendor was putting on appropriate PPE when caring for resident in the yellow zone. 1. Based on observation, interview, and record review, the facility failed to implement infection control practices for Coronavirus disease-19 (COVID-19, a highly contagious [MEDICAL CONDITION] infection that can trigger respiratory tract infection) prevention by failing to ensure that signs indicating appropriate infection control and prevention precautions are posted immediately outside of resident rooms in the yellow zone cohort (area that is dedicated for symptomatic residents or residents who need quarantine period due to new admission or re-admission) and that required PPE (Personal Protective Equipment- protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) are available outside resident room. This deficient practice increases the risk of spreading COVID-19 to residents and staff members Finding: During observation and with Infection Preventionist Nurse (IP Nurse), on 10/26/20 at 12:24 p.m., observed no sign indicating appropriate PPE at entrance to resident room in the yellow zone, cart by the door used for storage of PPE was found to be empty, 2 boxes of glove on top of cart, resident door wide open, resident was admitted on [DATE]. During observation and interview with IP Nurse, he stated they were supposed to move residents to the back where the yellow rooms are but have not done that yet, he would have the charge nurse restock the cart. During observation and concurrent interview with DON, on 10/26/20 at 12:00 p.m., DON stated they are supposed to put appropriate PPE sign at the entrance as a reminder for staff, if cart is empty staff usually come to her office for refill. A review of the facility Mitigation Plan Manual titled, Covid-19 Mitigation Plan, dated 10/10/2020 state signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance. 2. Based on observation, interview, and record review, the facility failed to practice infection control measures for Coronavirus disease-19 (a disease that can cause respiratory tract infection by [MEDICAL CONDITION] infection) by failing to wear proper PPEs (Personal Protective Equipment- protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection)) in the yellow zone (area that is dedicated for symptomatic residents or residents who need quarantine period due to new admission or re-admission) by vendor. This deficient practice increased the potential for the development and/or spread of infections among residents and staff members. Finding: During observation and concurrent interview with Licensed Vocational Nurse 1 (LVN 1) on 10/26/20 at 12:50 p.m., Phlebotomy (health worker trained in drawing blood from the vein for the purpose of testing or donation) was observed coming out of a room in the yellow zone wearing double surgical face mask and white laboratory coat, no face shield or goggles. Phlebotomy stated she just came in and was about to rush out, she was there for only one resident. When asked if she was putting on the right PPE, she said no. During observation and concurrent interview with IP Nurse on 10/26/20 at 1:00 p.m., Infection Preventionist (IP Nurse) stated Phlebotomy was supposed to put on required PPE before entering residents' room in the yellow zone, it does not matter how many residents she came in for. During interview with Director of Nursing (DON) on 10/26/20 at 1:20 p.m., DON stated all vendors (any entity that provides services which include but not limited to physician, consultants, nurses, home health aides, therapists, phlebotomies) are screened (checked for temperature and Covid-19 symptoms) in the front lobby, they follow the same procedures as staff do, the nurse in front also reminds them about PPE use. Phlebotomy needs to put on required PPE for yellow zone which are N-95 mask, gowns, face shield or goggles and gloves before entering the room. During an concurrent interview with Administrator on 10/26/20 at 2:39 p.m., Administrator said that was not acceptable, Phlebotomy should have full PPE before entering yellow room and that they will require disciplinary action from Phlebotomy employer. A review of the facility policy titled Vendor Visitation, dated 4/13/2020 indicated the facility will ensure the health and safety of residents and staff. Appropriate precautions will be initiated to help control and prevent the spread of virus through visitation management of vendors. Vendors may include but not limited to physicians, consultants, hospice, nurses, home health aides, therapist and other mental health professionals, dentists, pharmacists, laboratories and any other person or entity that provides health care.</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.