

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555519 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/01/2020 |
| NAME OF PROVIDER OF SUPPLIER THE CARE CENTER ON HAZELTINE, LLC | | STREET ADDRESS, CITY, STATE, ZIP 6835 HAZELTINE AVE. VAN NUYS, CA 91405 | |
| 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 to prevent the spread of Coronavirus Disease 2019 (COVID-19, a highly [MEDICAL CONDITION] infection, transmitted from person to person, that affects the respiratory system and may cause death). Certified Nursing Assistant 1 (CNA 1) was not wearing eye protection and facemask. This deficient practice increases the risk of spreading infection to residents and staff. Findings On 8/12/2020 at 7:47 a.m., during a tour of the facility, CNA 1 was observed in the hallway wearing a loose fabric mask exposing the nose. CNA 1 was not wearing protective eyewear. On 8/12/2020 at 8:24 a.m., during interview, the Assistant Administrator (AA) stated staff must wear a face shield, gown, and a surgical mask. A review of a training titled, In-Service Education - Attendance Record/Sign-in Sheet with topic PPEs/COVID-19 Updates, proper use of PPEs/COVID-19 dated 7/7/2020 indicated CNA 1 was in attendance. On 8/12/2020 at 8:50 a.m., during an interview, CNA 1 stated, When we enter the unit, we need to wash our hands, wear eye protection, wear a mask and a gown. My mask was falling off my nose because the strap was loose. We have to wear surgical mask only. We are not to wear fabric masks. Review of the facility policy titled Infection Prevention and Control Program last revised 1/1/2017 states, The facility establishes and maintains an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State requirements.</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.