

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER THE HILLS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 10158 SUNLAND BLVD SUNLAND, CA 91040	
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 infection control prevention measures by: 1. Failing to assign dedicated staff for COVID-19 (a [MEDICAL CONDITION] infection that affects the respiratory system and is easily transmitted from person to person) positive residents as stated in the facility's Coronavirus Disease 2019 Mitigation Plan and the guidelines provided by Los Angeles County Department of Public Health (LAC DPH). 2. Failing to indicate the proper visual sign for cohort area so staff and residents could be aware where the COVID-19 positive residents are placed. This deficient practice had the potential to result in spread of infection among residents and staff members. Findings: On 8/5/2020 at 8 a.m., during an observation tour of the Red Cohort area (Red Zone: a designated area for residents testing positive) accompanied by the Infection Preventionist (IP) Nurse stated there were three new residents that were recently identified as positive for COVID-19 and were added to the Red Zone. However, one of the rooms where the new positive resident was did not have signs indicating the room was part of the Red Zone. There were residents who walked the hallway right in front of the positive residents' rooms to access the Activity Room where they could go out for smoking. During the tour of the Res Zone, it was observed that Certified Nursing Assistants 1 and 2 (CNAs 1 and 2) were providing care to residents who had COVID-19 in and residents who were not positive for COVID-19 located in the Green Zone. On 8/5/2020 at 10:10 a.m., during an interview, CNA 1 confirmed that her assignment included both positive and negative residents. On 8/5/2020 at 11:10 a.m., CNA 2 confirmed she was assigned to residents in the Red and Green Zones. During an interview with the Administrator on 8/5/2020 at 11:25 a.m., he stated the staff assignment should be made with dedicated staff as to consider the cohort plan. The Dominions also stated the facility received the positive test results of the three residents on 8/3/2020 and were working on installing a plastic tart barrier. A review of the facility's Mitigation Plan indicated dedicated staff would be directly interacting with COVID-19 positive residents. Staff would be assigned permanent assignments when possible in order to limit staff contact with residents. On 8/7/2020, at 3:31 p.m., during an interview, CNA 3 stated that on 8/4/2020 3 to 11 p.m. shift, his assignment included Red and Green Zone residents. On 8/7/2020 at 3:35 p.m., during an interview, CNA 4 stated that on 8/4/2020 3 to 11 p.m. shift, her assignment included Red and Green Zone residents. A review of Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities provided by Los Angeles County Department of Public Health (LAC DPH) indicated that staff assigned to the Red Cohort should not care for patients in other cohorts if possible. If staff must care for residents in multiple cohorts, they should visit the Red Cohort last and should doff (remove) PPE (Personal Protective Equipment) and perform hand hygiene prior to moving between cohorts. Facilities should have three separate cohorting areas, red cohort (isolation), yellow cohort (mixed-quarantine & symptomatic) and green cohort (non COVID-19 patient care area). Acute Communicable Disease Control Manual (B-73) revised on 7/21/2020 indicated the red cohort area should be physically separated from the other areas of the facility by either a door or temporary physical barrier. It stated to restrict health care personnel to the red cohort area as much as possible and follow the guidance under infection control considerations if they have to move between cohorts.</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.