

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER KEI-AI SOUTH BAY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 15115 S VERMONT AVE GARDENA, CA 90247	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by: A phone was used by staff without it being wiped after use with a disinfectant wipe A plumber crossed the red zone designated area (designated space for residents with COVID-19) to the yellow zone (designated space for residents on observation of COVID-19 related symptoms), to work in the yellow zone. The plumber was in the yellow zone, on his knees, without wearing personal protective equipment (PPE) protective equipment to protect the resident and the staff from infections) There was no physical barriers between the green (area for residents with no COVID or had recovered from COVID) and red zone; and between yellow, and red zone. The staff were crossing between designated spaces Yellow zone and red zone staff were sharing the same nursing station Breakroom in the yellow zone had 4 connected tables and 9 chairs. The six feet distancing guidelines was not met Breakroom in the yellow zone had the following highly touched equipment: 2 microwave ovens, one double door refrigerator, two (2) toaster ovens, and 2 vending machines, but there were no disinfectant wipes to clean the equipments Computer charting area across the yellow zone breakroom, there were 2 staff charting but the six feet distancing was not met These failures had the potential to cause cross contaminations and spread coronavirus ((COVID-19) [MEDICAL CONDITION] that causes respiratory illness that can spread from person to person), and other infections to the residents, staff, and the community. Findings: During an observation on 7/31/20 at 2:20 p.m., Staff 2 was observed in the red zone wearing a gown, N95 (respirator) mask, and a pair of gloves. Staff 2 used the black phone by the hallway to page another staff member. After the paging was done, Staff 2 entered a resident's room. When asked what could have been done to the phone right after using it, Staff 2 stated nothing. During an interview on 7/31/20 at 2:30 p.m., Licensed Vocational Nurse (LVN 1) stated We sanitize the phone after each use. During an observation on 7/31/20 at 2:22 p.m., plumber 3 crossed the red zone, a designated area (designated space for residents with COVID-19), to the yellow zone (designated space for residents on observation of COVID-19 related symptoms), to work in the hallway designated as a yellow zone. Plumber 3 was on his knees on the floor without wearing any personal protective equipment. During an interview on 7/31/20 at 2:22 p.m., Staff 3 stated I'm not sure if the plumbers were screened when they entered the facility. They could bring in the facility COVID-19 or whatever they have from outside. During a concurrent interview with plumber 3 stated We did not check in at the front. At the back entrance, in the COVID-19 unit, no one checked our temperatures. During an interview on 7/31/20 at 3:25 p.m., the Administrator stated, crossing over red and yellow zone is not acceptable. During a concurrent interview with Registered Nurse (RN 1) stated everyone who enters the facility should be screened about COVID-19 for safety issues. RN 1 stated All high touched equipment should have been disinfected after each use to avoid cross contamination, staff should observe a six feet distancing, and we will remove the other chairs in the charting station as well as the breakrooms. During an interview 7/31/20 at 3:30 p.m., LVN 2 stated Staff should be disinfecting the phone after each use to prevent cross contamination of organisms. LVN 2 also stated Staff can not cross over from yellow to the red zone. A review of the facility's undated policy titled Infection Prevention and Control: Novel Coronavirus (COVID -19), stated routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to high-touch surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. A review of the facility's policy titled Acute Communicable Disease Control Manual (B-73), revised July 24, 2020, for visitors and vendors, indicated the facility will restrict visitation of all visitors and non-essential healthcare personnel, facility will actively verify absence of fever and respiratory symptoms of visitors upon entering the facility with the use of Visitor Screening Tool For COVID-19. The policy indicated the visitors will only enter the facility through the front reception area. The Infection Preventionist or designee may provide instruction and education to the visitors to: hand hygiene, limiting surfaces touched, visits in the activity room, family room, hallways will not be permitted. The policy indicated Red (COVID positive) cohort should be physically separated from the other areas of the SNF by either a door or temporary physical barrier. Gowns should be changed when soiled in all cohorts and should be changed between residents within YELLOW quarantine areas. The disinfectant wipes can be used to disinfect non-porous plastic gowns between residents if consistent with the gown manufacturer instructions for use. The policy indicated staff may eat together in staff breakrooms or a separate designated area, but physical distancing of six feet or more between persons must be enforced at all times while eating. Every individual, regardless of reason, entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Increase environmental cleaning throughout the facility to 3 times a day (if possible) with emphasis on high touch surfaces.</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.