

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055664	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER YORK HEALTHCARE & WELLNESS CENTRE		STREET ADDRESS, CITY, STATE, ZIP 6071 YORK BLVD. LOS ANGELES, CA 90042	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</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 provide a safe and functional environment for the residents, staff and the public, regarding the unsecured barriers developed to minimize the risk of transmission of COVID-19 ([MEDICAL CONDITION] identified to cause illness ranging from symptoms resembling the common cold to more severe respiratory distress possibly causing death) between units. This deficient infection control practice placed the health, safety and welfare of the residents, staff and the public at a potentially high risk to become infected by the COVID-19 virus. Findings: On 7/5/2020, at 3:20 p.m., an onsite complaint investigation was initiated and the facility's RN (Registered Nurse) Supervisor was informed of the visit. On 7/5/2020, between 3:55 p.m. to 4:35 p.m., a general tour of the facility was conducted. a. During an observation at 4:20 p.m., while standing in the corridor (hallway) next to room [ROOM NUMBER], a plastic drape (used as a barrier) was hanging to prevent occupants from continuing down the corridor. This drape was held up by two (8-foot high and one-inch round) poles, and had a Yellow Zone sign posted on the drape. (Yellow Zone is the area where residents are housed who have been tested for COVID-19 and are waiting for the test results). The area designated as Green Zone was for the residents who did not have the COVID-19 virus. The Red Zone was for residents who tested COVID 19 positive. On closer observation, there was a 6-inch gap (space) between the pole and the closest corridor wall on the left side, and a 6-inch gap between the other pole and the closest corridor wall on the right side. The drape was also drooping (hanging downward) from the poles with a 14-inch gap from the corridor ceiling, allowing the non contaminated area to possibly become infected. There was no sign posted which indicated how to get to the emergency exit, in case of a situation resulting in an immediate risk to health, life, property, or environment. b. During an observation at 4:35 p.m., while standing in the corridor next to kitchen, there was a plastic drape hanging as a barrier to prevent occupants from continuing down the corridor. This drape was held up by two (8-foot high and one-inch round) poles, a Yellow Zone sign and a Stop sign were posted on this drape. On closer observation, there was an 4-inch gap between the pole and the closest corridor wall on the left side, and an 4-inch gap between the other pole and the closest corridor wall on the right side. The drape was also drooping from the poles with a 14-inch gap from the corridor ceiling allowing the non contaminated area to possibly become infected. There was no sign posted which indicated how to get to the emergency exit, in case of a situation resulting in an immediate risk to health, life, property, or environment. On 7/5/2020 at 4:45 p.m., the facility's COVID-19 Mitigation Plan was reviewed. The Mitigation Plan indicated the following: Residents are to be roomed together strictly by cohort (only COVID-19 negative residents with other COVID -19 negative residents, and COVID-19 positive with other COVID-19 positive residents.) a. COVID-19 positive and COVID-19 negative groups should not share common areas or bathrooms. b. The distinct areas (red, yellow and green) should be physically separate from the other patient care areas of the facility. If there is no way to separate the cohorts, then temporary physical barriers (screens, etc.) with clear signage should be used to separate the areas. On 7/5/2020 at 4:55 p.m., the facility's RN Supervisor was informed a revisit would be necessary to conduct interviews with the maintenance supervisor and the Administrator. On 7/6/2020, at 12:15 p.m., a revisit was conducted to the facility and the Administrator was informed. During a concurrent general observation and interview with the Administrator on 7/6/2020, at 12:25 p.m., the gaps (spaces) around the two plastic drapes, located by room [ROOM NUMBER] and the kitchen, were shown to the Administrator. This area did not ensure separation between the Yellow Zone and the Green Zone to minimize transmission of COVID-19. The Administrator stated, These drapes have been in place for two weeks.</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.