STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. BUILDING _____ B. WING _____	**08/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VERMONT HEALTHCARE CENTER	**22035 S. VERMONT AVENUE TORRANCE, CA 90502**

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	**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 for one of 1 residents (1) by: Ensuring the staff don (wear) required Personal Protective Equipment ((PPE) designed to provide protection from serious injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other hazards) according to the facility's policy. Ensuring the facility provided and utilized a screening log for the assessment of temperature and symptoms related to COVID-19 (highly infectious respiratory infection) prior to entry to the facility. Ensuring the facility screens designated staff and ancillary services upon entry to the facility for temperature and symptoms related to COVID-19. These deficient practices had the potential for increase the risk of transmission of COVID-19 within the facility and the community. Findings: a. During an interview on 8/13/20 at 10:33 a.m., there was no designated green area (this area is reserved for residents who do not have COVID-19) within the facility, but only yellow (this area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; [MEDICAL TREATMENT] patients; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests) and red zones (this area is only for patients who have laboratory-confirmed COVID-19) to separate the residents according to COVID-19 cohorting guidelines. During an interview with the Infection Preventionist (IP) stated all employees enter through the back door of the facility into the yellow unit (individuals under observations). The IP stated all staff are screened prior to entry with a temperature checks and assessment of COVID-19 symptoms that are logged in a book. The IP stated that all staff are provided a disposable gown, but during the care of the residents, a washable gown was used over the disposable gown. During an interview on 8/13/20 at 10:50 a.m., the Certified Nurse Assistant (CNA 1) stated she was usually assigned to screen the staff upon arrival to work. CNA 1 stated she took the temperature of the staff, logged the results before giving them a surgical mask and a gown. When asked about the face shield, CNA 1 stated the staff walked down the hall to the Hollywood room to grab their face shield and N95 masks. During interview CNA 1 stated PPE was important to avoid bringing [MEDICAL CONDITION] from outside and to protect themselves and the residents. During an interview on 8/13/20 at 11:05 a.m., the Restorative Nurse Assistant (RNA 2) stated everyone was given a base line gown to wear in the facility and when carrying for the resident a new gown was placed over the base line gown. During interview RNA 2 stated the facility provided four N95 masks in a paper bag, one to be used per week. RNA 2 stated the name and dates were written on the bag and it was stored in the room. RNA 2 stated, I wear PPE to protect myself and the residents. During an observation on 8/13/20 at 11:43 a.m., while in the COVID-19 unit no screening was offered upon entrance to the unit. During a concurrent interview, Licensed Vocational Nurse (LVN 1) stated a total of eight residents were housed in the COVID-19 unit and four were symptomatic. When asked who was supposed to screen staff or visitors prior to entering the unit and why no one was screened, LVN 1 had no response. During a concurrent observation and while LVN 1 was obtaining a thermometer, the bedside table in front of the nursing station contained a nurse staffing assignment and sign-in sheet. However, the binder did not contain temperatures or screening questionnaires. There was no screening log that documented the temperatures and signs and symptoms related to COVID-19 for staff or visitors prior to entering the unit. LVN 1 stated Resident 1 was housed in the unit who regularly visited the [MEDICAL TREATMENT] (machine that purifies the blood of toxins) center. LVN 1 stated ambulance drivers were provided with PPEs upon entering the unit for the resident pickup. However, LVN 1 could not provide documented proof the ambulance drivers were screened for COVID-19 prior to transporting Resident 1 to [MEDICAL TREATMENT] center. LVN 1 stated Resident 1's [MEDICAL TREATMENT] orders had been changed and she did not go out on 8/11/20. LVN 1 was unable to provide screening of ambulance drivers on 8/10/20. LVN 1 stated it was important to screen everyone prior to entering the unit to prevent transmission and spread of [MEDICAL CONDITION]. A concurrent interview, the IP stated, That is not the log I had provided to them to use. A review of admission face sheet indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the History and Physical (H&P) indicated Resident 1 had fluctuating mental capacity, hypertension (high blood pressure), and diabetes (abnormal blood sugar levels). A review of the Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 8/19/19 indicated Resident 1 required extensive assistance and was totally dependent on staff for care. During an observation the housekeeper was without a baseline gown in the unit. A concurrent interview with the IP stated, Yes, I see, I don't know why she is not wearing a gown. The IP was observed educating the housekeeper on proper use of PPEs. A review of the facility's undated policy titled, Personal Protective Equipment, indicated it is the policy of the facility to protect residents, staff and others who may be in the facility from harm during emergency events. The policy indicated all staff will wear recommended PPE while in the building per current CDPH PPE guidance. A review of the facility's undated policy titled, Infection Control ICP Manual-Risk Reduction of COVID-19, indicated the purpose of the policy was to maximize health and safety of residents, staff and visitors during known risk for community outbreak of novel infectious disease COVID-19. The policy indicated the facility would take necessary steps of precaution in-effort to reduce the risks for community outbreak of know infectious disease per CDC, CMS, Public Health and CDPH recommendation. The policy indicated all staff and visitors entering the facility will be questioned for risk factors, symptoms of COVID-19 and their temperatures will be taken and recorded. A review of the Acute Communicable Disease Control Manual dated 8/11/20, titled, Coronavirus Disease 2019 (COVID19) Skilled Nursing Facilities, indicated every individual, regardless of reason entering a long-term care facility (including residents, staff, visitors, outside health care workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. The guidance indicated an exception to Emergency Medical Service (EMS) responding to an urgent or emergent medical need. The guidance indicated records are to be kept of staff and resident temperature checks.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE