

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA SOUTH CONV CTR		STREET ADDRESS, CITY, STATE, ZIP 3515 OVERLAND AVENUE LOS ANGELES, CA 90034	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to confirm and report two of four sampled residents (Resident 3 and Resident 4) regarding the following: 1. The Dermatology Consultant (DC, a doctor who specializes in the treatment of [REDACTED]. 2. The DC ordered [MEDICATION NAME] cream (medication used to treat scabies) for Resident 4 on 8/13/2020. The facility failed to confirm the presence of scabies on Residents 3 and 4 and to report to the local health department a scabies outbreak (two or more clinically suspect or confirmed cases of scabies identified in residents during a six week time period). These deficient practices had the potential of spreading scabies to other residents and staff in the facility. Findings: 1. A review of Resident 3's Face Sheet (Admission Record) indicated the facility admitted Resident 3 on 8/11/2020 with [DIAGNOSES REDACTED]. A review of the physician's orders [REDACTED]. 2. A review of Resident 4's Face Sheet indicated the facility admitted Resident 4 on 8/12/2020 with [DIAGNOSES REDACTED]. A review of the physician's orders [REDACTED]. During an interview on 8/2/2020 at 4:05 PM, Licensed Vocational Nurse (LVN) 1 stated that for any suspected case of scabies, there is an in-service for staff in treating the residents with possible infection, and the facility makes [MEDICATION NAME] available for the staff who were exposed to use. LVN 1 stated that with the case of these 2 residents the facility did have in-service and did provide [MEDICATION NAME] for any staff in contact with residents due to the suspicion of scabies. During an interview on 8/18/2020 at 9:53 AM, the Dermatologist Consultant (DC) stated that the anti-parasitic medications prescribed for both Resident 3 and 4 were precautionary due to the residents coming from the same long term care facility where there were a high number of scabies cases amongst residents. During an interview on 8/24/2020 at 11:37 AM, and concurrent record review, the Director of Nursing (DON) stated Resident 3 had the [DIAGNOSES REDACTED]. The IP stated and confirmed that she and the Administrator did not report this incident to the local health department. During an interview on 8/24/2020 1:55 PM, and concurrent record review, the IP stated and confirmed that based on the facility's policies titled, Scabies, revised on 1/1/2014, and Management of Scabies Outbreak in California Long-Term Care Facilities, dated 3/2008, indicated that two or more residents with suspected scabies indicates an outbreak. The IP stated and confirmed based on the policies, that any outbreak should be reported to CDPH as well as any local health officer. During an interview on 8/24/2020 at 4:24 PM, the DON stated that Resident 3 and Resident 4 were identified with possible scabies upon admission, and there was no skin sweeping done on the other residents. DON stated that both Residents 3 and 4 were put in private rooms upon admission. DON stated that the facility did not confirm the [DIAGNOSES REDACTED]. DON stated the facility did not confirm the [DIAGNOSES REDACTED]. During an interview on 8/25/2020 at 11:14 AM, and concurrent record review, the DON stated that based on facility's policies titled, Scabies, revised on 1/1/2014, and Management of Scabies Outbreak in California Long-Term Care Facilities, dated 3/2008, indicated the definition of an outbreak is at least two clinically suspect cases identified in patients during a two week period of time. DON stated that this guideline most closely matches the current guideline titled, Scabies Prevention and Control Guidelines, dated 7/2019. The DON stated the definition of an outbreak was clear and that the facility should have reported this to CDPH, as well as local public health department due to Residents 3 and 4 both being identified as suspected scabies cases by DON, LVN 1, IP, and the doctor who assessed these residents. During an interview on 8/25/2020 at 11:30 AM, and concurrent record review, the DON stated and confirmed that based on the Scabies Case/Contact List Form: Patients form, dated 8/12/2020, the data collected on the suspected residents (Resident 3 and Resident 4) did not include nursing unit transfers, diagnostic and therapeutic services, date of skin scraping, classification of scabies, date of onset of symptoms, date of first treat and any subsequent treatments, and follow-up treatment and/or evaluation dates. During an interview on 8/25/2020 at 11:37 AM, the DON stated that without following the guidelines for management and treatment of [REDACTED]. The DON stated the facility should update its policies because they are not updated to reflect the most current guidelines in managing and preventing the spread of scabies in the healthcare facility. A review of the Acute Communicable Disease Control Program Scabies Prevention and Control Guidelines for Healthcare Settings, revised on 7/2019, indicated the definition of scabies outbreak as Two (2) or more clinically suspect or confirmed cases of scabies identified in patients/residents, healthcare workers, volunteers and/or visitors during a six (6) week time period. The guidelines indicated the following summary of action steps: 1. Evaluate patients/residents on affected units and immediately place patients/residents with suspected scabies in contact precautions. 2. Immediately remove from work any HCW with signs and symptoms of scabies and refer to employee health, other healthcare consultant or clinician experienced in the [DIAGNOSES REDACTED]. Meet with key staff to coordinate control measures and give adequate resources to accomplish the objective in a timely manner. Representatives from the following departments should be included: administration, employee health, environmental services, infection prevention, pharmacy, medicine and nursing. 4. Search for a possible source case. If two or more employees working in the same unit/area are diagnosed with [REDACTED]. 5. Confirm the presence of scabies by microscopic identification of the mite or its products (skin scraping) in one or more symptomatic patients/residents or HCW. The absence of mites does not rule out scabies infestation. 6. Report healthcare-associated scabies outbreaks (two or more cases) to LAC Department of Public Health. 7. Prepare a line listing of symptomatic patients/residents and HCW with a separate line list of their contacts. Evaluate contacts for scabies. 8. Treat symptomatic patients/residents and HCW with an approved scabicide, provide [MEDICATION NAME] scabicide to all contacts of symptomatic cases, and perform environmental cleaning of affected units. Ideally, these steps (treatment, [MEDICATION NAME], and environmental cleaning) should all be accomplished within the same 24-hour period to prevent re-infestation of treated or [MEDICATION NAME] individuals. 9. Provide training to all staff on scabies signs and symptoms. Emphasize that people can be infested and contagious for up to 6 weeks before symptoms begin. 10. Perform environmental cleaning of affected units. 11. Arrange for follow-up evaluation and [MEDICATION NAME] treatment of [REDACTED].</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.