

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 06/18/2020
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to properly prevent and / or contain Covid-19. The facility staff was observed with improper hand hygiene, and use of personal protection equipment (PPE) protocols for droplet isolation (used for infections, diseases, or germs that are spread by touching the resident or items in the resident room, healthcare workers are required to wear gloves, gown, and mask during care). These deficient practice had the potential to result in the spread of Covid-19 infection to residents and staff. Findings: During an observation and concurrent interview with housekeeper 1 (HK 1), on May 21, 2020 at 9:20 A.M., HK 1 was observed exiting droplet isolation precaution room A with PPE of latex gloves and proceeded to use hand sanitizer (a liquid, gel, or foam generally used to decrease infectious agents on the hands) to clean the latex gloves. HK 1 then proceeded to don (put on) new isolation gown without prior removal of the used gloves and about to enter another droplet isolation precaution room B. HK 1 stated he used the gloves in room A. He stated he used hand sanitizer to clean gloves and reuses the same gloves. HK 1 stated no one told him he was supposed to change gloves. During an observation and concurrent interview with Housekeeper 2 (HK 2) on May 21, 2020 at 9:35 A.M., HK 2 was observed exiting droplet isolation precaution room C with PPE of isolation gown, and latex gloves on, and did not perform hand hygiene. HK2 stated she had on gown and gloves when she exited room C. HK 2 stated she was supposed to take off the gown and gloves and that she did not use hand sanitizer prior to exiting the room. HK 2 stated she was supposed to wash hands or use hand sanitizer. During an interview with Licensed Vocational Nurse 1 (LVN 1) on May 21, 2020 at 9:49 A.M., LVN 1 stated HK 2 exited droplet isolation precaution room C with isolation gown and gloves on. She stated room C was droplet isolation precaution room and not allowed to have PPE outside of the room due to potential spread of infection. During an observation and concurrent interview with Sonographer 1 (SO 1) on May 21, 2020 at 11 A.M., SO 1 was observed exiting droplet isolation precaution room D with used gloves on and did not perform hand hygiene. SO 1 proceeded to throw the gloves in a trash bin out in the hallway. She was informed by LVN 1 that throwing used gloves out in the hallway was not appropriate infection control practice. SO 1 proceeded to pick up the used gloves from the trash bin and went back into room D without appropriate PPE of isolation gown, and gloves to throw away the used gloves. SO 1 stated she was provided training on infection control and proper PPE donning (put on) and doffing (take off), and that it was not allowed to exit room with PPE remaining on. SO 1 stated she did not wash hands after she came out of the room and threw away her gloves. During an interview with Licensed Vocational Nurse 1 (LVN 1) on May 21, 2020 at 11:36 A.M., LVN 1 stated she observed SO 1 throw used gloves from the droplet isolation precaution room D into her trash bin. She stated she observed SO 1 re-enter room D without isolation gown or gloves to throw away the used gloves from the trash bin. LVN 1 stated she informed SO 1 room D was contact and droplet isolation precaution and nothing can come out of the room. She stated SO 1 actions were not appropriate infection control practice and pose a risk of spreading contamination to the hallway and rest of the facility. During an interview with Director of Nursing (DON), on May 21, 2020 at 10:25 A.M., the DON stated staff were supposed to remove isolation gown and gloves before exiting an isolation room and perform hand hygiene for effective infection control to prevent spread of infection. During an interview with Infection Control Preventionist (ICP) on May 21, 2020 at 1:30 P.M., ICP stated entering isolation room without appropriate PPE was not good infection control. She stated bringing gloves out of the isolation room was not appropriate infection control practice. The ICP stated all equipment needs to be taken into the room and if supplies were required, staff are required to doff all PPE and get supplies, and don new PPE appropriately before entering to prevent cross contamination and spread of infection. The ICP stated SO 1 practice of entering an isolation room without appropriate PPE and bringing used gloves out of isolation room were high risk for contamination and inappropriate infection control. A review of the in-service records dated March 10, 2020 indicated HK 2 attended training which included coronavirus 2019 transmission, prevent spread of disease, and hand hygiene. A review of Documentation of Staff Education on the Programs of Prevention of Exposure to Blood Borne Pathogens, dated April 8, 2020 indicated HK 1 had training on hand hygiene. A review of May 18, 2020 in-service records indicated HK 1 and HK 2 attended training for donning and doffing PPE. A review of the facility's policy and procedure titled, Infection Control, revised on January 1, 2012 indicated the facility's infection control policies and procedures apply equally to all facility staff, consultants, contractors, residents, visitors, volunteer workers, and the general public alike. A review of facility's policy and procedure titled, Handwashing/Hand Hygiene, dated February 1, 2013 indicated facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, and visitors. Facility Staff, visitors, and volunteers must perform hand hygiene procedures. Alcohol-based hand hygiene products can and should be used to decontaminate hands: Immediately upon entering a resident occupied area (single or multiple bed room, procedure or treatment room) regardless of glove use; Immediately upon exiting a resident occupied area (e.g., before exiting into a common area such as a corridor) regardless of glove use; After removing personal protective equipment PPE and before moving to another resident in the same room or exiting the room. A review on June 3, 2020 of facility's policy and procedure titled, Personal Protective Equipment, revised on January 1, 2012 indicated when gowns are used, they are used only once and discarded into appropriate receptacles located in the room in which the procedure was performed; gloves are used only once and are discarded into the appropriate receptacle located in the room in which the procedure is being performed and hands are washed before and after the removing of gloves.</p>		

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