

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055697	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER BUENA VENTURA POST ACUTE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1016 S. RECORD ST. LOS ANGELES, CA 90023	
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.</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 implements an ongoing infection prevention and control program to prevent, recognize, and control the onset and spread of infection for seven of 58 residents' (1, 2, 3, 4, 5, 6, and 7), and their personal belongings, that was stored with potentially contaminated COVID-19 ([MEDICAL CONDITION] commonly cause mild upper-respiratory tract illnesses, but COVID-19 is a new disease, caused by a or new coronavirus that has not previously been seen in humans, which may lead to death) protective clothing. Resident 1, 2, 3, 4, 5, 6, and 7's bagged and unbagged personal belongings, hospital beds, linens, loose papers, and cleaning solutions were stored in a designated doffing room (room used for staff to remove COVID-19 contaminated or potentially contaminated protective clothing), located in the positive COVID-19 unit. The deficient practice had the potential to spread COVID-19 to Residents' 1, 2, 3, 4, 5, 6, and 7, their family members/responsible parties, and staff members, who came in contact with the contaminated items. Findings: During an observation and interview on 6/23/20 at 11:40 a.m., the Infection Control Preventionist (IP) responsible for the prevention, investigation, observation and reporting of infectious diseases across a wide range of environments) opened the door to a positive COVID unit, designated as a doffing room (room [ROOM NUMBER]). The room was filled with multiple plastic bags that contained clothes, personal items, hospital beds, linens, loose papers, and cleaning solutions. When asked what items were in the plastic bags, IP stated clothing and personal items belonging to the residents but facility was storing them until a family member picked them up. When asked if the residents' belongings, and other items should be stored in the doffing room designated for COVID, IP stated, No. When asked what could happen, IP stated it was possible there could be cross contamination from the items, to the persons who came in contact with those items. During an interview on 6/23/20 at 11:57 am, with the social services director (SSD), IP, and the administrator, SSD stated normally if a resident had excess belongings needing storage, or if the facility was awaiting family member to pick up their belongings, the belongings were stored in a storage unit. SSD stated the storage area was full and that was why room [ROOM NUMBER] was being used. When asked if it was appropriate to store residents' belongings, and other items in the positive COVID unit, in a room that was used to remove contaminated clothing, SSD shook her head no and stated, No, they should not be kept there. During interview IP stated it was not a good area to store the resident belongings, and other items the way the facility was storing them. IP stated storing the resident's belongings, and other items in a room with potentially contaminated clothing could expose family members to COVID-19 without them knowing. The administrator stated the facility had another storage area in the back of the building which will be used from now on when they were waiting for families to pick up the residents' belongings.</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.