

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555881	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER CLEAR VIEW SANITARIUM		STREET ADDRESS, CITY, STATE, ZIP 15823 SO. WESTERN AVE. GARDENA, CA 90247	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to cohort (a resident who is exposed to COVID-19 (a highly contagious [MEDICAL CONDITION] respiratory disease that spreads from person to person) virus, or who is admitted or readmitted to the facility, and should be tested on admission and should be retested prior to leaving the quarantine cohort area), and quarantine (separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick) 21 of 21 residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21) to a designated quarantine unit, after the residents were potentially exposed to two health care workers that tested positive for COVID-19. There were 21 residents, who were potentially exposed to two Certified Nursing Assistant (CNA 1 and CNA 2) which had tested positive for COVID-19, but the residents were not cohorted in the designated guaranteed rooms. This deficient practice had the potential to result in wide-spread infection of COVID-19 in the facility and the community. Findings: During an interview with Infection Care Preventionist (ICP 1) on 7/1/20 at 10:25 a.m., stated the facility had designated a quarantine area, called yellow zone, specifically for the residents who needed to be quarantined. During an interview and concurrent record review with ICP 1 on 7/1/20 at 12:30 p.m., stated even though the residents came in contact with CNA 1 and CNA 2, those 21 residents were not moved to the quarantine area for further observation during isolation. The ICP 1 confirmed CNA 1 last day of work was 6/19/20. The ICP 1 stated CNA 1 had a pink eye, was suspected, and tested for COVID-19 on 6/19/20. The ICP 1 confirmed CNA 2's last day of work was 6/24/20. The ICP 1 stated CNA 2 had symptoms of losing taste of food and was tested on [DATE]. The ICP 1 stated the black dots on the Infection Control Surveillance floor sheet were the 21 residents who came in contact with CNA 1 and CNA 2. During a review the Infection Control Surveillance floor sheet indicated CNA 1 was in contact with Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14. The surveillance floor sheet indicated CNA 2 was in contact with Resident 15, Resident 16, Resident 17, resident 18, Resident 19, Resident 20, and Resident 21. During an interview with the Director of Nursing (DON) on 7/1/20 at 12:49 p.m., stated the facility had a yellow zone to transfer the residents who were admitted and under investigation for COVID-19 such as having a cough, including the residents who were in contact with a confirmed COVID-19 cases. DON stated CNA 1 and CNA 2 had potentially exposed the 21 residents and those residents should have been in the yellow zone, but the facility kept them in their rooms because they were tested. The Los Angeles, Acute Communicable Disease manual (B-73) updated on 6/24/20, indicated all skilled nursing facilities should have a three separate zones, a green, yellow, and red zone. The manual indicated the yellow zone was composed of residents who were exposed to COVID or admitted and readmitted to the facility. The facility policy titled COVID-19 Policy dated 6/11/20, indicated the facility was going to cohort residents who required quarantine.</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.