

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555917</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VETERANS HOME OF CALIFORNIA - WEST LOS ANGELES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11500 NIMITZ AVENUE LOS ANGELES, CA 90049</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and facility staff interview and Policy review, the facility failed to implement their Policy and Procedure for COVID - 19 Infection Control Precautions for the 57 Residents on the two Memory care units during communal dining. Findings: On 7/21/20 at 11: 05 AM during a COVID - 19 Focused Survey for Nursing Homes, it was observed that the dining room in Residence Unit E-4 for memory care patients had each table set for 4 Residents who would eat less than 6 feet apart. During an interview that same day with Unit Staff Member 1 at 11:08 AM, she stated that they had an exemption because they were a memory care unit. When asked who gave this exemption she stated administration. She added that when they had a Lookdown related to a staff member testing positive of COVID - 19, they fed the clients properly distanced from each other. On 7/21/20 at 11:15 AM during observation of the Memory Care Unit E3, it was noticed that again in the communal dining area the tables were set with place mats and utensils where the residents would eat four residents at a table much closer than six feet apart. During an interview with Unit Staff Member 2 she also stated that because they were a memory care unit they were not required by administration to have the residents eat at a distance of six feet apart. On 7/21/20 at 11:25 AM during interview with Administrative Staff Member 3, He stated that when a staff member working on the memory care units tested positive for COVID - 19, they did require the residents to eat at a distance of six feet or greater from each other. However, subsequent to that and related to extra staff assignments to implement this procedure, it was discontinued on the memory care units because it was difficult to implement. The facility policy, COVID - 19 Infection Control Precautions (Applicable Homes-wide for SNF, ICF & RCFE levels of care) specified, Residents will eat their meals in a non-communal manner until the public health department and /or the Governor of California permits communal dining and all established standards are met.		

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.