STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555139	A. BUILDING _____ B. WING _____	09/16/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MIRACLE MILE HEALTHCARE CENTER, LLC	1020 SOUTH FAIRFAX AVE LOS ANGELES, CA 90019

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 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure licensed nurses monitored one of six sampled residents (Resident 1) for signs and symptoms of Coronavirus Disease 2019 (COVID-19, a [MEDICAL CONDITION] highly contagious infection, transmitted from person to person and from contaminated surfaces. This infection affects the respiratory system and could cause death) every shift as per policy. The licensed nurses did not monitor Resident 1 on 5/19/2020 and 5/20/2020 during the 3 p.m. to 11 p.m. shift. This deficient practice had the potential for delay in identifying worsening of the infection. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated the facility initially admitted Resident 1 on 4/6/2018 with the last re-admitted d 4/11/2020. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 2/1/2020, indicated Resident 1 had short and long-term memory loss, was unable to communicate needs, and was totally dependent on staff for all activities of daily living (ADLs - such as dressing, personal hygiene, toilet use, and bathing). Resident 1 was dependent on gastrostomy tube (GT - soft tube surgically inserted into the stomach through the abdominal wall for the purpose of nutrition, hydration and medication administration). A review of Resident 1's physician's orders [REDACTED]. A review of the Resident Symptoms Checklist for 5/19/2020 and 5/20/2020, indicated Resident 1 was not monitored for fever, cough and shortness of breath during the 3 p.m. to 11 p.m. shifts. The form was not filled out the two shifts. A review of Resident 1's chest x-ray report dated 5/21/2020, indicated a clinical indication of pneumonia (lung inflammation caused by bacterial or [MEDICAL CONDITION] infection, the air sacs may be filled with fluid or pus). A review of the Licensed Progress Notes dated 5/26/2020, timed at 10:30 p.m., indicated Resident 1 was having difficulty breathing. Paramedics were called and Resident 1 was taken to a GACH where she was diagnosed to have COVID-19. On 8/21/2020, at 10 a.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated the Resident Symptom Checklist for the month of 5/2020 was to be completed every shift but for unknown reason, it was not done on 5/19 and 5/20/2020 during the 3 p.m. to 11 p.m. shifts. On 8/26/20, at 1:01 p.m., during a telephone interview, the Infection Preventionist (IP) Nurse stated monitoring residents, every shift, was necessary to promptly identify potential COVID-19 positive residents and develop immediate interventions including isolation precautions. A review of the facility's undated policy titled, Infection Control Manual - Coronavirus (COVID-19), indicated screening include ongoing, frequent, active screening of every resident for fever and respiratory symptoms by monitoring vital signs, oxygen saturation, and acute respiratory symptoms.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**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 provide a safe environment to prevent the development and spread infection by not ensuring one of six sampled residents (Resident 1), who manifested symptoms of possible Coronavirus Disease 2019 (COVID-19, a [MEDICAL CONDITION] highly contagious infection, transmitted from person to person and from contaminated surfaces. This infection affects the respiratory system and could cause death), was placed on quarantine (place of isolation in which people that have arrived from elsewhere or been exposed to infectious or contagious disease are placed for a period of time) as a precaution measure, pending laboratory test results for COVID-19. Resident 1 was tested on [DATE] for COVID-19, had respiratory congestion and was diagnosed with [REDACTED]. On [DATE], Resident 1 was transferred to a general acute care hospital (GACH) for shortness of breath and expired the following day, [DATE]. Resident 1's laboratory result dated [DATE] of COVID-19 test done on [DATE], indicated the resident was positive for COVID-19. This deficient practice placed other residents and staff at risk of getting infected with COVID- 19. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated the facility initially admitted Resident 1 on [DATE] with the last re-admitted d [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated [DATE], indicated Resident 1 had memory loss, was unable to communicate needs, and was totally dependent on staff for all activities of daily living (ADLs - such as dressing, personal hygiene, toilet use, and bathing). Resident 1 was dependent on gastrostomy tube (GT - soft tube surgically inserted into the stomach through the abdominal wall for the purpose of nutrition, hydration and medication administration) feeding. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's Change of Condition (COC) Interact Assessment form dated [DATE], indicated Resident 1 had congestion (nasal passages are swollen with excess fluid and mucus). The physician ordered chest x-rays for Resident 1. A review of Resident 1's chest x-ray report dated [DATE], indicated a clinical indication of pneumonia (lung inflammation caused by bacterial or [MEDICAL CONDITION] infection, the air sacs may be filled with fluid or pus). A review of a letter dated [DATE], sent by the Public Health Nurse (PHN), who opened an outbreak investigation for the facility [DATE], indicated several recommendations for the facility to implement and prevent the spread of COVID-19. The recommendations included to initiate standard, contact, and droplet (person known or suspected to be infected with germs transmitted by respiratory droplets generated when coughing, sneezing, or talking) precautions for all suspect or confirmed residents with fever and/or respiratory symptoms; notify Public Health immediately if residents or staff report fever or respiratory symptoms. A review of Resident 1's Nursing Notes from [DATE] to [DATE], indicated no documentation Resident 1 was placed on any type of isolation precautions despite having respiratory symptoms and [DIAGNOSES REDACTED]. A review of facility's COVID-19 Line List (a worksheet used for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home), indicated Resident 1 was tested for COVID 19 on [DATE]. On [DATE] at 10:45 a.m., during an interview, the Infection Preventionist (IP) Nurse confirmed Resident 1 was not placed on isolation pending COVID-19 test results. The IP Nurse explained Resident 1 had a mild congestion and did not have fever, coughing or shortness of breath. The IP Nurse acknowledged Resident 1 was identified with respiratory congestion and pneumonia, but the resident was not placed on isolation because she had [MEDICAL CONDITION] and was always congested, and had tested negative for COVID-19 when she was readmitted in ,[DATE]. A review of the Licensed Progress Notes dated [DATE], timed at 10:30 p.m., indicated Resident 1 was having difficulty breathing. Paramedics were called and Resident 1 was taken to a GACH. A review of Resident 1's GACH Discharge Summary dated [DATE], indicated Resident 1 expired on [DATE] at 10:20 p.m. Resident 1's final [DIAGNOSES REDACTED]. A review of the undated facility's policy and procedures on Infection Control Manual Coronavirus (COVID-19), indicated, It is the policy of this facility to minimize exposures to respiratory pathogens (microorganisms that cause disease) and promptly identify residents with clinical features and an epidemiological risk for COVID-19, and to adhere to federal and state/local recommendations; clinicians should use their judgment to determine if a resident has signs or symptoms consistent with COVID-19 and whether the resident should be COVID-19; most people with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness; some people may present with only mild symptoms or other symptoms as well. According

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) to Centers for Disease Control, last updated on [DATE], older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear ,[DATE] days after exposure [MEDICAL CONDITION]. People with these symptoms may have COVID-19: fever or chills, cough, congestion or runny nose, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting and diarrhea. The list does not include all possible symptoms.
F 0885 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to inform all residents and/or their representatives of suspected or confirmed cases of Coronavirus Disease 2019 (COVID-19, a [MEDICAL CONDITION] highly contagious infection, transmitted from person to person and from contaminated surfaces. This infection affects the respiratory system and could cause death) by 5 p.m., the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other as per facility's policy. This deficient practice resulted in residents, their representatives, and families not receiving timely notification regarding the status and impact of COVID-19 in the facility. Findings: A review of facility COVID-19 Line List (a worksheet used for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak), indicated that during the period months of 5/2020 to 7/2020, the facility had residents with positive COVID-19 laboratory test results. A review of the facility's report to the local Public Health Department, indicated the Public Health Nurse (DPH) opened an investigation of the facility's COVID 19 outbreak on 5/20/2020. The facility reported new COVID 19 and or symptomatic cases to the PHN and to the State Agency between 5/20 and 8/1/2020 a total of 22 days (5/21, 5/22, 5/26, 5/27, 5/28, 5/30, 6/1, 6/2, 6/3, 6/4, 6/5, 6/8, 6/9, 6/10, 6/11, 6/12, 6/17, 6/18, 6/21, 6/22, 6/24, and 8/1/2020). On 8/21/2020 at 1:06 p.m., during an interview with the Social Services Assistant (SSA) and a review the facility's COVID 19 Communication Log with updates on 5/21 and 7/31/2020, and COVID 19 Notification letters dated 3/30, 5/21, and 7/31/2020 were reviewed. SSA stated she only sent three COVID-19 Notification letters via email (to resident's representatives) or in person (to the self-responsible residents). SSA stated she would only provide facility COVID-19 update to residents and their responsible parties after receiving a notification from the Administrator. On 8/21/2020 at 1:57 p.m., during an interview, the Director of Nursing (DON) stated COVID-19 notification should be sent to the residents or their families within 24 hours of a new confirmed COVID-19 case. A review of an undated facility's policy and procedure titled, Infection Control Manual-Coronavirus (COVID-19), indicated the facility must notify residents and their representatives to keep them informed of the conditions inside the facility; facilities must inform residents and their representatives by 5 p.m., the day after an occurrence of a single confirmed infection of COVID 19, or three or more residents or staff with new onset of respiratory symptoms that occur within 72 hours; updates to residents and their representatives with cumulative information must be provided weekly, or each subsequent time a confirmed infection of COVID 19 is identified and or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours; facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.