

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OF SUPPLIER CALIFORNIA HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6700 SEPULVEDA BLVD. VAN NUYS, CA 91411	
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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to practice infection control measures for Coronavirus disease-19 (a disease that can cause respiratory tract infection by [MEDICAL CONDITION] infection) by failing to ensure that staff wear proper PPEs (Personal Protective Equipment- protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection)) in the yellow zone (area that is dedicated for symptomatic residents or residents who need quarantine period due to new admission or re-admission). This deficient practice increased the potential for the development and/or spread of infections among residents and staff members. Finding: During observation and concurrent interview with Infection Preventionist 1 (IP Nurse 1) on 10/27/20 at 12:35 p.m., CNA 1 was observed coming out of a room in the yellow zone without goggle or face shield, CNA 1 stated she was supposed to wear her goggles but does not have it. During observation and concurrent interview with IP Nurse on 10/27/20 at 12:37 p.m., IP Nurse stated that CNA 1 was supposed to wear her goggles when caring for resident in all zone. During interview with DON on 10/27/20 at 12:39 p.m., DON stated CNA 1 should wear her goggles during resident care. A review of the facility policy titled Covid Preparedness, dated 9/24/2020 indicated goggles or face shield is to be used when in close contact with patients. A face shield must cover mask or N-95. Face shields or goggles must be disinfected with hospital approved disinfectant after each use and before re-donning.		

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.