

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LA BREA REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>505 N. LA BREA AVENUE LOS ANGELES, CA 90036</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> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to adhere to the infection precautions for preventing the spread of coronavirus (COVID-19, a respiratory illness caused by [MEDICAL CONDITION] that can spread from person to person) in the facility. The Director of Staff Development (DSD) and the Social Services Assistant (SSA) were observed in the COVID-19 unit wearing surgical masks. This deficient practice had the potential to transmit COVID-19 to themselves, residents and other staff. Findings: An environmental tour of the COVID-19 unit and a concurrent interview was conducted with the Assistant Director of Nursing (ADON) on 8/31/20, at 12:37 p.m. The DSD was observed in the hall way of the COVID-19 unit wearing an isolation gown and a surgical mask. The ADON stated the DSD should be wearing an N-95 mask (offers more protection than a surgical mask because it can filter out both large and small particles when the wearer inhales, designed to block 95% of very small particles) while at the COVID-19 unit. At 12:40 p.m., the SSA was observed walking in the COVID-19 unit with a surgical mask and an isolation gown. During an interview with the SSA, on 8/31/20, at 1:18 p.m., the SSA stated she was walking through the COVID-19 unit and was wearing two surgical masks. The SSA further stated she should be wearing an N-95 when passing through the COVID-19 unit to prevent the potential transmission of COVID-19. During an interview with the ADON, on 8/31/20, at 1:20 p.m., the ADON stated N-95 masks are available and stored inside the personal protective equipment (PPE) carts and readily available for staff to use. During an interview with the Director of Nursing (DON) and ADON on 8/31/20 at 1:45 p.m., the DON stated the hall way in the COVID-19 unit should not be used as a passageway for the staff. The facility's Mitigation Plan with revised date of 5/22/20, indicated, A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the case of residents with suspected or confirmed COVID-19. A review of the Center for Disease Control and Prevention (CDC) Responding to Coronavirus (COVID-19) in Nursing Homes, updated on 4/30/20, indicated to the extent possible, restrict access of ancillary personnel to the COVID-19 unit. Place signage at the entrance to the unit that instructs health care personnel (HCP) they must wear eye protection and an N-95 or higher level respirator (or facemask if a respirator is not available) at all times while on the unit.		
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.