STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. BUILDING _____ B. WING _____	**08/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTHRIDGE CARE CENTER	**7836 RESEDA BLVD RESEDA, CA 91335**

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	**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 observe infection control measures by failing to: 1. Ensure staff were screened for signs and symptoms of Coronavirus 19 (COVID-19- a [MEDICAL CONDITION] illness that easily spreads from person to person and affect the respiratory system) prior to the start of the shift for 32 of 60 employees. 2. Ensure staff had temperature checked at the end of their shift per the facility's policy for 14 of 60 employees. This deficient practice had the potential for staff to enter the facility without being screened appropriately and possibly spread [MEDICAL CONDITION] throughout the facility. Findings: On 8/4/2020 at 9:57 a.m., during an interview and a concurrent review of of the temperature log, the Director of Nursing (DON) stated that prior to the start of the shift, the facility has staff assigned to screen the employee for signs and symptoms of COVID-19 and take the employee's temperature. The DON also stated the employee's temperature is checked again at the end of the shift. The DON reviewed the Employee Screening for COVID-19 form for 8/3/2020 and stated the form was not completely filled out and 32 employees were not assessed for signs and symptoms of COVID-19. The form indicated 14 employees' temperature were not taken at the end of the shift. A review of the facility's policy and procedure titled, Employee Screening and Management for COVID-19 Virus, dated 3/11/2020, indicated, staff will be screened daily for any signs and symptoms of respiratory infection and if any develop during the job they should immediately stop work, put on a face mask, and self-isolate at home. A review of the facility's policy and procedure titled, Coronavirus Disease (COVID-19), dated 6/8/2020, indicated, the facility shall conduct daily temperature checks for staff. All staff should be checked twice daily, once prior to coming to work and second at the end of each shift. Staff working double shifts will be checked again prior to reaching their 12th hour of work.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE