

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER DRIFTWOOD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4109 EMERALD ST TORRANCE, CA 90503	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to prohibit a Physical Therapy Assistant (PTA), exposed to COVID-19 (a new illness caused by a coronavirus which affects the lungs and the airways) at another facility, from providing direct care and treatment to two of two sampled residents (Resident 1 and Resident 2). This failure had a potential to contaminate and infect the entire facility with COVID-19 to an universe of 73 vulnerable residents. Findings: During an interview with Director of Staff Development (DSD) on April 6, 2020 at 2:37 PM, the PTA informed the DSD that the PTA was exposed to COVID-19 positive resident at another facility where the PTA was working. The PTA relayed to the DSD that she was asymptomatic (did not manifest any symptoms of fever or lung and airway illness). The DSD added the PTA got the test result for COVID 19 on April 2, 2020. During a review of the Employee Labor Log from March 22, 2020 to April 6, 2020, the PTA worked on the following dates with respective number of residents treated: March 22, 2020 with 9 residents. March 23, 2020 with 7 residents. March 24, 2020 with 6 residents. March 25, 2020 with 6 residents. March 26, 2020 with 5 residents. March 27, 2020 with 6 residents. March 29, 2020 with 7 residents. March 30, 2020 with 7 residents. March 31, 2020 with 7 residents. April 1, 2020 with 5 residents. April 2, 2020 with 6 residents. During a review of the Care Provider Daily Schedule from March 25, 2020 to April 1, 2020, the PTA provided physical therapy treatment to Resident 1 three times, on March 25, 2020 for 50 minutes, on March 29, 2020 for 50 minutes, and on March 31, 2020 for 50 minutes; and to Resident 2 four times, on March 25, 2020 for 35 minutes, on March 26, 2020 for 35 minutes, on March 30, 2020 for 35 minutes, and on March 31, 2020 for 35 minutes. During a review of the face sheet (a document used by the facility which contains the demographic information of the resident) indicated Resident 1 was admitted on [DATE] at 7:15 PM. Resident 1 had [DIAGNOSES REDACTED]. During a review of the face sheet for Resident 2 indicated Resident 2 was admitted on [DATE] at 6:45 PM. Resident 2 had [DIAGNOSES REDACTED]. During a follow up interview with the DSD on April 7, 2020 at 12:33 PM, the DSD only knew of the positive COVID-19 test result for the PTA through a phone interview with the PTA after April 2, 2020. The DSD said the PTA also informed her during the phone interview, about experiencing onset of nasal congestion and lost of smell and taste on March 30, 2020. The DSD added the PTA informed her the COVID-19 test was administered to the PTA on March 25, 2020. During an interview with the Director of Rehabilitation (DOR) on April 7, 2020 at 3:11 PM, the DOR said the PTA mentioned to him on March 30, 2020 that the PTA subjecting herself for COVID-19 test on March 25, 2020. The DOR knew about the positive COVID-19 test result for PTA on April 2, 2020 at around 5:30 PM when the DOR received a call from the Fire Department to inform the DOR of the result with instruction to relay it to the residents and staff. According to the DOR, the PTA was working in the facility all these times (March 25, 2020 to April 2, 2020). During an interview with the PTA on April 14, 2020 at 2:17 PM, the PTA confirmed that she was tested for COVID-19 on March 25, 2020. The PTA said she subjected herself for COVID-19 testing after being informed by a co-worker about a resident she administered physical therapy treatment, from another facility, becoming positive for COVID-19. The PTA mentioned that the DOR of the facility received a text from the DOR of the other facility to inform him that the PTA was to be quarantined for exposure with the COVID-19 positive resident. The PTA further also stated that the DON was informed about the PTA being exposed to COVID-19 resident from the other facility. When asked how the PTA gave treatment to residents, the PTA said she walks less than 3 feet behind the resident for a specified number of minutes for treatment. During an interview with the Director of Nurses (DON) on April 14, 2020 at 3:54 PM, the DON denied being informed of the PTA being exposed to a COVID-19 positive resident from another facility. The DON said if she should have known, the DON could have requested the PTA to be quarantined also. The DON also stated that the DOR could decide for his rehabilitation staff (including the PTA) what was best for all his staff. During a review of an article titled, Novel Coronavirus (COVID-19) Los Angeles County Department of Public Health Guidance for Social Distancing retrieved at http://publichealth.lacounty.gov/media/Coronavirus/GuidanceSocialDistancing.pdf on April 16, 2020, indicated: Public Health is asking everyone to do their part to help slow the spread of novel coronavirus in our community by [MEDICATION NAME] social distancing. This means making changes in our daily lives to protect ourselves and others, including those who are most at risk. What is social distancing? Social distancing means staying home, avoiding crowds, and staying at least 6 feet away from others whenever possible. During a review of the facility policy and procedures titled COVID-19 (coronavirus disease 2019) Infection Control Manual, undated, indicated: Persons with expected exposure are quarantined for up to 14 days to prevent the spread of the disease.</p>		

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.