

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OF SUPPLIER LAKEVIEW TERRACE		STREET ADDRESS, CITY, STATE, ZIP 831 S LAKE STREET LOS ANGELES, CA 90057	
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 follow infection control guidelines by: a. Allowing staff who worked in the Yellow Zone (area in which residents who have been exposed to COVID-19 (Coronavirus Disease 2019, a [MEDICAL CONDITION] infection easily transmitted from person to person, and affect the respiratory system and may result in death) or have symptoms related to COVID-19) work in the Green Zone (area for residents who have never tested positive for COVID-19 or have completed 14 days of quarantine (isolation) after COVID-19 exposure). b. Staff not wearing eye protection (goggles or face shield) upon entering a yellow zone room. The above deficient practices may result on the spread of COVID-19. Findings: a. On 7/30/2020 at 4:45 p.m., during an interview with Licensed Vocational Nurse 1 (LVN 1) who worked the 3 p.m. to 11 p.m. shift, LVN 1 stated for the afternoon medication pass (4 p.m. to 6 p.m.) he first passes medications with Medication Cart #3 in the Green Zone and then proceeds to pass medication in the Yellow Zone. LVN 1 explained that for the evening medication (9 p.m.), he starts the medication pass at the Green Zone and continues at the Yellow Zone. A concurrent review of the Medication Administration Record [REDACTED]. On 7/30/2020, at 4:55 p.m., a review of the Licensed Nurses Schedule for the 3 p.m. to 11 p.m. shift for 7/30/2020 indicated LVN 1 was assigned to Medication Cart # 3, which included residents in the Yellow and Green Zone. A review of the facility's Layout (floor plan) for 7/30/2020 indicated LVN 1 was assigned to the Yellow and Green Zones. On 7/30/2020, at 5 p.m. during an interview, the Administrator stated he did not know staff should be assigned to a specific Zone to prevent from spreading the infection by going from the Yellow to the Green Zones. A review of the current Los Angeles County Department of Public Health Guidelines for Skilled Nursing Facilities in Cohorting, indicated staff should be dedicated to a single cohort (a group of residents sharing the same infection) and should refrain from moving between cohorts. A review of the Public Health Nurse (PHN) recommendations to the facility indicated cohorting the staff by zones. b. On 8/17/2020, a review of the facility floor plan, indicated there were 11 Residents' Rooms dedicated as Yellow Zone. On 8/17/2020 at 10:30 a.m., Housekeeper 1 (HSK 1) was in the Yellow Zone, cleaning a bed near the window in a two-bed room. There was a resident lying in bed in the other bed. HSK 1 was not wearing eye protection. Upon exiting the room, an interview with HSK 1 indicate she did not know if she needed to wear eye protection. On 8/17/2020 at 10:45 a.m., LVN 2 was observed in the hallway preparing medications before entering a Yellow Zone resident's room. LVN 2 stated he was the Charge Nurse assigned to the Yellow Zone. Although not observed in the room without eye wear, LVN 2 stated he did not have a eye shield or goggles with him at the moment to use to enter a resident's room. Another staff went to obtain eye protection for him. It is not clear how many yellow zone rooms he had already visited to give morning medications. A review of the current Los Angeles County Department of Public Health Guidelines for Skilled Nursing Facilities Use of Protective Personal Equipment (PPE), goggles or face shield are to be used with residents suspected of having COVID-19.</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.