STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. BUILDING _____ B. WING _____	**07/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ASTORIA NURSING AND REHAB CENTER	**14040 ASTORIA STREET SYLMAR, CA 91342**

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 0550 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide care in a manner that enhanced a resident's dignity and respect as evidenced by: The facility staff was observed standing while assisting a resident during lunch, for one of three sampled residents (Resident 2). This deficient practice had the potential to affect Resident 2's self-esteem and self-worth. Findings: During a facility tour observation on 5/13/2020, at 12:52 p.m., Resident 2 was observed in bed with the head of the bed in an upright position. Certified Nursing Assistant 1 (CNA1) was observed standing while assisting Resident 2 with feeding. A review of Resident 2's Admission Record indicated an admission date of [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 4/1/2020, indicated Resident 2 had severely impaired cognition (ability to think, understand and reason). The MDS indicated Resident 2 required extensive assistance from staff with bed mobility, transfers, and personal hygiene. Resident 1 was totally dependent with toileting and required supervision with eating. During an interview with the Quality Assurance Nurse (QAN), on 5/13/2020, at 12:54 p.m., the QAN stated he had observed staff standing while feeding residents in the past. QAN stated it was because of the lack of chairs in the building. During an interview with the Interim Director of Nursing (IDON), on 5/13/2020, at 1:01 p.m., the IDON stated staff should be seated within eye level of the resident. IDON stated the staff should not be leaning or standing over the resident while feeding. During an interview with CNA 1, on 5/13/2020, at 2:50 p.m., CNA 1 confirmed that she was feeding Resident 2 today while standing up. CNA 1 stated she should be sitting down while feeding residents because of respect. A review of the facility's undated policy titled Feeding the Dependent Resident, indicated to sit at eye level of the resident. This allows social interaction and better observation if any swallowing difficulty arises. A review of the facility's policies and procedures titled Quality of Life- Dignity, revised August 2009, indicated each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. The policy further indicated residents shall be treated with dignity and respect at all times.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** Based on observation, interview and record review, the facility failed to keep a medication cart locked for one of three sampled medication carts (medication cart 3) while staff was not within vision. This deficient practice had the potential for unsafe nursing practices which may jeopardize the safety of the residents. Findings: During a facility tour observation, on 5/13/2020, at 11:58 a.m., medication cart 3 was placed in Station 1. The medication cart 3 was observed unlocked and unattended by any licensed staff. During an interview with Licensed Vocational Nurse 1 (LVN 1), on 5/13/2020, at 12 p.m., LVN 1 stated medication cart 3 was assigned to her. LVN 1 stated she stepped away and did not lock the medication cart. LVN 1 stated the medication carts should be locked before walking away for safety. A review of the facility's undated policy titled Security of Medication Cart, indicated medication carts must be locked at all times when out of the nurse's view. The policy further indicated when the medication cart is not being used, it must be locked and parked at the nurse's station or inside the medication room.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** Based on observation, interview and record review, the facility failed to implement infection control practices when a staff member was observed in the hallway wearing Personal Protective Equipment (PPE - refers to protective clothing, gloves, face shields, goggles, surgical masks, respirators, and other equipment designed to protect the wearer from injury or help prevent wearer exposure to infection or illness). This deficient practice has the potential for the spread of infection and cross contamination among residents. Findings: During a facility tour observation and concurrent interview with Certified Nursing Assistant 2 (CNA 2) on 5/13/2020 at 2:00 p.m., CNA 2 was observed in the hallway of the facility wearing gloves. CNA 2 was then observed entering a resident's room and was observed touching innate objects. CNA 2 stated he should not be wearing gloves in the hallway to prevent transmission of possible infectious agents on his gloves to other residents especially during care. The facility policy and procedure titled Personal Protective Equipment- Gloves undated, indicated gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin.

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.