

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER AVALON VILLA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 12029 AVALON BLVD LOS ANGELES, CA 90061	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by: The ice scoop was used to scoop ice out of the ice machine after it had fallen on the floor. This deficient practice had the potential for cross contamination from the soiled ice scoop, exposing the residents to infections. Findings: On 8/14/20 at 4:35 p.m., during an observation registered nurse (RN 2) took the ice scoop from its holder that was attached to the wall but dropped it on the floor. RN 2, without washing the scoop picked it up from the floor and dipped it into the ice machine and poured the ice in a clear plastic bag. During a concurrent interview, when asked if the ice scoop and ice in the machine was now considered contaminated, RN 2 did not verbally respond but took the ice scoop and dumped the ice in the breakroom. During an interview on 8/14/20 at 4 p.m., director of nursing (DON) stated ice in the ice machine had now been contaminated by the scoop and that ice should not be used. On 8/14/20 at 4:10 pm, DON reported he called the facility's maintenance supervisor to dump all the ice out in order to clean the ice machine because the ice was not considered contaminated.</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.