

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY VILLA WESTWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12121 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain proper infection control for 2 of 6 sampled residents (Resident 5 and Resident 6), due to the following: 1. Certified Nurse Assistant (CNA) 3 exited Resident 5's room without doffing (removing) her isolation gown. CNA 3 discarded her isolation gown in a dirty linen bin on the opposite side of the unit. 2. CNA 3 exited and re-entered Resident 6's room multiple times without discarding or re-donning her isolation gown to provide care to Resident 6. 3. CNA 3 failed to perform hand hygiene prior to assisting Resident 6 with feeding during mealtime. 4. Licensed Vocational Nurse (LVN) 3 did not change his gloves or perform hand hygiene when conducting a readmission skin assessment on Resident 6. These deficient practices had the potential to spread infection. Findings: On 7/24/2020, at 12:26 p.m., an unannounced visit was made to the facility to investigate a complaint regarding infection control. A review of the facility's Facesheet (Admission Record) indicated the facility admitted Resident 5 on 5/15/2020 with [DIAGNOSES REDACTED]. A review of the facility's Facesheet (Admission Record) indicated the facility admitted Resident 6 on 3/7/2012 and re-admitted on [DATE] with heart failure, [MEDICAL CONDITION] and Dementia (a group of symptoms that affects memory, thinking and interferes with daily life). During an observation in the yellow zone (designated area in the facility where residents who are under investigation for Coronavirus Disease 2019 or COVID-19 (a highly contagious respiratory disease) of the facility together with the Administrator, on 9/3/2020, at 12:44 p.m., CNA 3 exited Resident 5's room without discarding her isolation gown. CNA 3 walked through the hallway and discarded her isolation gown on the opposite side of the unit. The Administrator acknowledged that CNA 3 did not discard her isolation gown properly. The Administrator stated CNA 3 should have discarded the isolation gown prior to exiting Resident 5's room to prevent the spread of infection. During an observation in the yellow zone of the facility together with the Administrator, on 9/3/2020, at 12:52 to 1:10 p.m., CNA 3 exited and re-entered Resident 6's room multiple times without discarding or re-donning her isolation gown prior to providing care to Resident 6. CNA 3 did not perform hand hygiene prior to assisting Resident 6 with feeding during mealtime. The Administrator acknowledged that CNA 3 exited and re-entered resident's room multiple times without discarding or re-donning an isolation gown. The Administrator stated that CNA 3 should have discarded and re-donned the isolation gown prior to exiting and re-entering Resident 6's room to prevent the spread of infection. During an observation and concurrent interview with LVN 3, in the yellow zone of the facility, on 9/3/20, at 2:45 p.m., LVN 3 did not change his gloves or perform hand hygiene when conducting a skin assessment on Resident 6. He acknowledged that he did not change his gloves or perform hand hygiene during the skin assessment to ensure to prevent spread of infection. During an interview with the Director of Nursing (DON), on 9/4/20, at 9:13 a.m., the DON stated CNA 3 and LVN 3 should have performed proper hand hygiene to prevent the spread of infection. The DON further stated CNA 3 should have discarded her isolation gown and re-donned properly prior to exiting and re-entering Resident 5 and Resident 6's rooms to prevent the spread of infection. A review of the facility's policy and procedure titled, Guidance for Infection Prevention and Control for Residents with Suspected or Confirmed COVID-19, dated 3/16/2020, indicated Preventing exposure and transmission of [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19, is paramount at nursing centers, where many residents are more vulnerable to complications from the novel disease because of chronic health problems and weakened immune systems. Guidelines will be followed to minimize the exposure and transmission of [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19, to residents and the healthcare personnel caring for them. Implement transmission-based precautions Disposable isolation gowns are worn when entering the resident room and discarded before leaving the room. A review of the facility's policy and procedure titled, Hand Hygiene, with revised date on 9/1/2020, indicated the facility To establish the use of appropriate hand hygiene for all facility staff, healthcare personnel (HCP) The facility considers hand hygiene as the primary means to prevent the spread of infections. Hand hygiene means cleaning your hands by handwashing (washing hands with soap and water), antiseptic hand wash or antiseptic hand rub (i.e. alcohol-based hand rub (ABHR) including foam or gel). Facility staff, healthcare personnel (HCP) must perform hand hygiene to prevent the transmission of HAI's (healthcare associated infections).</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.