

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055977	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER KENNEDY POST ACUTE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 619 N. FAIRFAX AVE LOS ANGELES, CA 90036	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement its' Mitigation Plan by restricting access of other residents, staff, and visitors to the coronavirus (COVID-19- a highly contagious virus that affects the respiratory system and other body organs) unit. This deficient practice had the potential for the development and transmission of communicable diseases and infections. Findings: During an observation and a concurrent interview with the Infection Preventionist (IP), on 7/27/20 3:15 PM, a tour of the COVID-19 unit was conducted. The entrance into the donning station (clean area, an area for staff to dressing in personal protective equipment before entering the COVID-19 unit) was locked and accessible to staff with a key. However, the second door used for staff to exit the COVID-19 unit was unlocked permitting anyone from the back alley street access to the COVID-19 unit, also known as the red zone. The IP stated the door was a fire exit and the alarm was not set, staff would not be able to exit the facility without a key. The IP further stated the COVID-19 unit was being staffed with one Certified Nursing Assistant (CNA) and 1 Licensed Vocation Nurse (LVN). During a phone interview with CNA 1, on 7/27/20 at 3:46 PM, CNA 1 stated the door was unlocked and there was someone at the desk to watch to make sure if anyone enters the COVID-19 unit they can stop them. However, CNA 1 was unable to explain how staff could observe the door from the desk if both staff are in the two designated COVID-19 rooms. CNA 1 further stated she does not lock the door during her shift. During a second observation on 7/27/20 at 4 PM, the COVID-19 unit (red zone) exit door was checked from the alley outside the facility and the door was able to be opened. During a phone interview with LVN 1, on 7/27/20 at 4:04 PM, LVN 1 stated herself or CNA 1 watched the exit door to make sure no one comes inside the COVID-19 unit. During a phone interview with the Administrator (ADM) on 7/28/20 at 8:57 AM, the ADM stated the COVID-19 exit door are usually locked except when staff leave the COVID-19 unit to go home or dirty laundry needs to be removed from the COVID-19 unit. The ADM further stated staff may have forgotten to lock the door when not in use. A review of the California Department of Public Health Medical Doctor (MD 1) email, dated 7/28/20 at 1:48 PM, to the facility, indicated COVID-19 unit instructions for the facility. MD 1 indicated the red zone (known also as COVID-19 unit) needs a strictly exclusive exit and entry for red zone staff use only. MD 1 indicated in his email this door should be locked with signs indicating restricted high risk area with instruction for others to use the facility's front entrance. A review of the facilities COVID-19 Mitigation Plan (a plan of action of reducing the severity of the spread of COVID-19), dated 5/29/20, indicated guidelines for the facility to follow regarding designation of space for COVID-19 positive residents. Under the section titled, Designation of Space, the facility is to restrict access of ancillary and non-critical health care personnel (e.g. dietary) to the COVID-19 unit. According to the document, the public are not granted access to the COVID-19 section.</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.