

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER ALEXANDRIA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1515 N ALEXANDRIA AVE. LOS ANGELES, CA 90027	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to immediately inform the Resident 1's family member (FM) when the roommate (Resident 2) was exhibiting signs and symptoms of Covid-19 infection and there was a high risk for cross-contamination between roommates sharing the same room. This failure has the potential for Resident 1 to acquire an infection with a delay of treatment and lack of immediate notification to Resident 1's FM. Findings: On 5/8/20, at 3:45 p.m., an unannounced complaint investigation was conducted at the facility regarding an infection control concern. On 5/8/20, at 4:15 p.m., the Director of Staff Development (DSD) was interviewed. The DSD stated that there was Resident 1 placed in a room with Resident 2 with symptoms of Covid-19. The DSD stated that Resident 2 was not moved to another room because it would expose him to other positive residents. The DSD stated that there was no reason to separate them unless it was confirmed as positive. The DSD stated that he finally did transfer Resident 2 to another room after receiving confirmation from the lab that he was positive of Covid-19. A review of Resident 2's admission record indicated, an admission date of [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's MDS, dated [DATE], indicated Resident 2 was cognitively intact. A review of Resident 2's Progress Notes, dated 5/3/20, indicated, 5 p.m. Charge nurse reported that (Resident 2) has an O2 (oxygen) saturation of 87-89% on 15 L (liters) of O2. Called (doctor's name) and he ordered for transfer to the hospital. When Resident 2 was informed, he said he did not want to go to the hospital and that he is fine, he is just thirsty. Informed Resident 2 of the risks. Two licensed nurses explained to the resident the risks for [MEDICAL CONDITION] (lack of oxygen) and that it could lead to death; he still insisted that he wants to stay. 5:15 p.m., Resident 2 took off oxygen and pulse oximeter. Asked resident to sign consent for no transfer, no comfort measures and he also refused. Further review of Resident 2's Progress Notes, dated 5/7/20, at 1:22 a.m., indicated Covid-19 positive on 5/6/20 at night. Change reported to primary care clinician. A review of Resident 1's admission record indicated, an admission date of [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS-Assessment and Care Planning Tool), dated 3/20/20, indicated Resident 1 was cognitively intact. A review of Resident 1's care plan titled (Resident 1) has the potential to exhibit psychosocial distress related to temporary restriction in on-site visitation secondary to infection prevention practices and as proactive measure to protect residents from coronavirus, 5/7/20 expose to roommate with positive COVID result, initiated on 3/19/20, revised on 5/7/20. The care plan's interventions were to notify resident and responsible party of plan. A review of Resident 1's care plan titled (Resident 1) with temperature of 101.1 (Fahrenheit) and diarrhea x (times) 1 on 5/7/20, dated 5/8/20, indicated to monitor for fever, chills, shortness of breath and to refer to the medical doctor. A review of Resident 1's Progress Notes, dated 5/7/20, at 12:58 a.m., indicated that a change of condition has been noted. Exposed to roommate with positive COVID result. 5/7/20 at night. Resident 1's (family member) was notified on 5/6/20 at 11 p.m. During an interview with the Administrator, on 5/12/20, at 3:43 p.m., she stated that Resident 2 first had symptoms of shortness of breath and refusal of medications on 5/3/20. The Administrator stated that on 5/6/20, Resident 2 was tested positive for COVID-19. Resident 1 was then finally moved out of the room after three days. The Administrator was asked if Resident 1's family member was informed when Resident 2 first had symptoms of COVID-19, and she stated that she cannot recall that Resident 1's family member was informed of Resident 2's first symptoms of 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.