

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER COAST CARE CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP 14518 E. LOS ANGELES ST. BALDWIN PARK, CA 91706	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to monitor three of three readmitted residents (Residents 1, 2, and 3) for symptoms of Coronavirus (COVID-19 - an illness caused by [MEDICAL CONDITION] that can spread from person to person). This deficient practice could result in the delay in identifying residents with contagious disease (COVID-19) that could spread to other residents, staff, and public. Findings: On 10/14/20, at 1:15 p.m., an onsite visit was conducted at the facility. During a concurrent record review and interview, with the Infection Preventionist (IP), on 10/14/20, at 3 pm, reviews of Resident 1's, 2's, and 3's medical records indicated there was no monitoring conducted to detect symptoms of COVID-19. The IP stated that the facility was monitoring vital signs every shift. If the resident reports symptoms of COVID-19, the facility staff would initiate a change of condition documentation and would monitor the residents for three days. After three days, the facility would discontinue the COVID-19 symptoms monitoring. The Administrator (ADM) further, stated that there was no separate log for monitoring symptoms of COVID-19 and that the facility had monitored all residents for temperature and oxygen saturation every shift. However there was no documented evidence provided that the monitoring for COVID-19 symptoms were done. A review of Resident 1's Admission Record indicated the resident was readmitted on [DATE] with [DIAGNOSES REDACTED]. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing). A review of Resident 2's Admission record indicated the resident was readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 3's Admission record indicated the resident was readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of the Los Angeles County COVID-19 Guidelines for Skilled Nursing Facilities updated 10/2/20, indicated residents should be assessed for symptoms and have their temperature checked at least every 12 hours. The Guidelines indicated that symptoms would include the following: fever, chills, -sore throat, cough, sneezing, shortness of breath (new or worsening over baseline), gastrointestinal symptoms, new onset loss of taste or smell, or not feeling well). A review of the Facility's Mitigation Plan, approved 6/23/20, indicated that all residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record.</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.