

Accepted 3/23/22
Cangeji 36504

PRINTED: 03/01/2022
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/18/2022
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: CA00771451. Representing the Department of Public Health 38604 Health Facilities Evaluator Nurse The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Complaint Number CA00771451.	F 000			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880	<p>Century Villa 301 W. Centinela Ave Inglewood, Ca 90302</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Rebecca Haines

TITLE

Don

(X6) DATE

3-03-2022

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 80 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555368	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2022
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 1</p> <p>arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880	<p><i>Century Villa</i> <i>301 N. Centinela Ave</i> <i>Inglewood, Ca 90302</i></p>		

Patricia Marino, DON 3-03-2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555368	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2022
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 880	<p>Continued From page 2</p> <p>transport linens so as to prevent the spread of infection.</p> <p>\$483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an infection prevention and control policy and procedure, to accurately identify and document the N95 respirator ([N95] personal protective device that is worn on the face, covers at least the nose and mouth, and is used to filter out at least 95% of airborne (infection virus-containing smaller particles that can remain suspended in the air over long distances) used for three out of three sampled staff (certified nurse assistant [CAN 1], licensed vocational nurse [LVN 1], and LVN 2). CNA 1, LVN 1, and LVN 2 who did not know their N95 model, the N95 model was not documented on their fit test (test ensures the respirator selected is acceptable to, and correctly fits, the user), and the N95 size was not label on the N95 boxes.</p> <p>This deficient practice had the potential to result in CNA 1, LVN 1, and LVN 2 selecting the wrong N95 and spreading COVID-19 (a highly contagious infection, caused by a virus that can easily spread from person to person) to the residents, staff, and the visitors.</p> <p>Findings: During an interview on 2/3/2, at 11:30 a.m., Licensed Vocational Nurse (LVN 1) stated he was fit tested and wore a medium size N95. LVN 1 stated he could not remember the N95 respirator</p>	F 880	<p><i>Century Villa</i> <i>301 N. Centinela Ave</i> <i>Inglewood, Ca 90302</i></p>		

Peterson Marino, DON 3-03-2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 655368	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2022
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 880	<p>Continued From page 3 model he was fit tested for it.</p> <p>During an interview on 2/3/22, at 12:12 p.m., LVN 2 stated she was fit tested with the large size N95 respirator. LVN 2 stated she could not remember the N95 respirator model she was fit tested for it.</p> <p>During an interview on 2/3/22, at 12:34 p.m., CNA 1 stated she was fit tested and wore the large size N95 respirator. CAN 1 stated she did not remember the N95 respirator model she had on.</p> <p>During a concurrent observation and interview with the Director of Nursing (DON) on 2/3/22, at 2:05 p.m., two N95 respirator models used in the facility had no sizes indicated on the boxes. The DON stated the staff used the color and the size of the boxes to identify the sizes of their N95 respirators. The DON stated the green box and the big gray boxes contained the large size N95 respirator, while the small gray box contained the medium size N95 respirator. The DON stated the facility was in the process of fit testing all the staff and creating a list with the N95 respirator model and size of each staff.</p> <p>During an interview on 2/3/22, at 3:01 p.m., the Administrator (ADM) stated that facility would provide N95 respirators with the sizes on the boxes to ensure the staff could easily select the correct N95 respirator.</p> <p>During a review of LVN 1 Certificate of Completion dated 3/19/2021, indicated LVN 1 was fit tested for a medium N95 respirator. The certificate did not indicate the N95 respirator type.</p> <p>During a review of LVN 2 Certificate of Completion dated 3/19/2021, indicated LVN 2</p>	F 880	<p><i>Century Villa</i> <i>301 N. Centinela Ave</i> <i>Inglewood, Ca 90302</i></p>		

Refine Measures, DON 3-03-2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555368	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2022
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 880	<p>Continued From page 4</p> <p>was fit tested for a large N95 respirator. The certificate did not indicate the N95 respirator type.</p> <p>During a review of CNA 1 Certificate of Completion dated 3/30/2021, indicated CNA 1 was fit tested for a large N95 respirator. The certificate did not indicate the N95 respirator type.</p> <p>During a review of the facility's policy titled "Fit Test Policy (N95)" revised on 2020, indicated the facility promoted appropriate use of personal protective equipment ([PPE] equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) to prevent the transmission of pathogens to residents, visitors, and other staff. The policy indicated all staff required to use a N95 respirator in the facility should have a fit test performed to ensure the proper fit and protection of the staff required to use the respirator. The policy indicated to document the fit testing for all employees.</p> <p>A review of the California Industrial Relations Department (Cal/OSHA) titled "Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages" dated 8/6/20, indicated employers must implement work practices to minimize the number of employees exposed to suspected and confirmed COVID-19 patients. Cal/OSHA indicated an initial respirator fit testing was required before an employee used a respirator, or when an employee changed to a different model, make, or size of respirator.</p>	F 880	<p><i>Century Villa</i> <i>301 N. Centinela Ave</i> <i>Inglewood, Ca 90302</i></p>		

Peter Marino, DON 3-03-2022

This Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The Provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, its employees, agents, officers, directors, or shareholders.

The Provider reserves the right to challenge the cited findings if at any time the Provider determines that the disputed findings are relied upon in a manner adverse to the interest of the Provider, either by the governmental agencies or third party.

Any changes to Provider policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and California Evidence Code Section 1151 and should be inadmissible in any proceedings on that basis.

The following Plan of Correction serves as my credible allegation of compliance for the deficiencies cited as the result of the Survey by the California Department of Public Health.

1. LVN1 was fit tested on 2/9/22 by the Certified Fit Tester of the facility to ensure that the LVN has the correct size of N95 mask.
2. LVN2 was fit tested on 2/9/22 by the Certified Fit Tester of the facility to ensure that the LVN has the correct size of N95 mask.
3. CNA1 was fit tested on 2/9/22 by the Certified Fit Tester of the facility to ensure that the LVN has the correct size of N95 mask.
4. All N95 boxes were labeled appropriately by the DON on 2/7/22.
5. The facilities Maintenance Supervisor became fit test certified on 2/3/22.

To identify other residents having the potential to be affected by the same practice, the DSD assessed all staff, and no other staff were noted to be affected by this practice. No other residents were noted to be affected by the

To ensure that the practice does not reoccur, The DON in-serviced all staff on 2/7/22 regarding the importance of being fit tested with the appropriate size N95, documenting correctly with the size and model, and wearing the model that they were fit tested on.

To ensure that the systems in place are maintained and sustained The DSD will review all fit testing logs monthly to ensure that the model and size are appropriately documented.

The Certified Fit Tester shall make daily rounds to ensure that all staff are wearing the appropriate size and model of N95 according to their fit testing.

All negative findings will be addressed by the Administrator to be presented to the QAA committee quarterly for review and recommendation.

Corrective actions were completed on 3/13/2022