

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

PRINTED: 04/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555707	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2022
NAME OF PROVIDER OR SUPPLIER IMPERIAL CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11441 VENTURA BLVD STUDIO CITY, CA 91604		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a COVID-19 Complaint for INFECTION CONTROL. Complaint Number: CA00773817 Representing the California Department of Public Health: Surveyor 42943, 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 written as a result of complaint number CA00773817	F 000	THE SIGNING OF THIS PLAN OF CORRECTION IS NOT AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE TRUTH OF THE FACTS ALLEGED IN THIS STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION. IN FACT, THIS PLAN OF CORRECTION IS SUBMITTED EXCLUSIVELY TO COMPLY WITH STATE AND FEDERAL LAW. THIS PLAN OF CORRECTION CONSTITUTES MY CREDIBLE ALLEGATION OF COMPLIANCE FOR THE DEFICIENCIES NOTED.		
F 880 SS=D	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,	F 880	F 880 INFECTION PREVENTION & CONTROL CFR(s): 483.80(a)(1)(2)(e)(f) <u>IMMEDIATE CORRECTIVE ACTION:</u> 1. Activity Staff was given a 1:1 in-service on 2/18/22, by the Infection Prevention Nurse (IP), regarding proper donning and doffing of personal protective equipment (PPE) when entering a resident room in the yellow zone and perform hand hygiene after leaving a resident room.		

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

Abellantonio NHA

TITLE

ADMINISTRATOR

(X6) DATE

04/27/2022

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 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.

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F 880	<p>Continued From page 1</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual 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>	F 880	<p>2. The Director of Staff Development (DSD) conducted a 1:1 in-service on 2/18/22, with CNA1 regarding proper use of PPE specifically not wearing surgical mask under the N95 mask.</p> <p><u>ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:</u></p> <p>Residents in the yellow zone and red zone had the potential to be affected by these deficient practices.</p> <p>1. The IP nurse checked other Activity Assistants to ensure proper donning and doffing of PPE when entering a resident room in the yellow zone. No other staff identified.</p> <p>2. The IP nurse checked staff in the red zone for proper use of PPE. No other staff identified.</p> <p><u>PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</u></p> <p>The IP nurse conducted an in-service with staff on 2/22/22, regarding proper use of PPE and proper donning and doffing of PPE when entering a resident room. The in-service also included performing hand hygiene after leaving a resident room in the yellow zone.</p> <p>The IP nurse conducted repeat in-services on 3/1/22 and 4/1/22, regarding proper use of PPE, proper donning and doffing of PPE when entering a resident room in the yellow zone, and performing hand hygiene after leaving a resident room in the yellow zone.</p>		

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F 880	<p>Continued From page 2</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and 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: Based on observation, interview, and record review the facility failed to implement infection control practices for Coronavirus Disease 2019 (COVID-19 - a highly contagious respiratory illness in humans capable of producing severe symptoms) by: 1. Failing to ensure one of 11 sampled staff (Activity Staff) wore a gown with gloves when entering a resident's room in the yellow zone (quarantine area for residents who were exposed to COVID 19 and/or symptomatic). Activity Staff then failed to perform hand hygiene when exiting the resident's room in the yellow zone. 2. Failing to ensure one of 11 sampled staff (Certified Nursing Assistant 1 [CNA1]) did not wear a surgical mask under their N95 respirator (respirator that filters at least 95% of airborne particles) while in the facility's red zone (Isolation area/room for COVID 19 positive residents).</p> <p>These deficient practices had the potential to result in the spread of infection, placing residents, staff, and visitors at risk to be infected with COVID-19. Findings:</p> <p>1. During an observation on 2/18/2022 at 11:43 a.m., Activity Staff was observed entering a resident's room in the yellow zone room without</p>	F 880	<p>The Administrator, Director of Nursing Services (DON), the DSD, the IP nurse, and the Activity Director will continue to conduct random checks of staff for proper use of PPE, proper donning and doffing of PPE when entering a resident room in the yellow zone, and performing hand hygiene after leaving a resident room in the yellow zone during their daily rounds.</p> <p><u>MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:</u></p> <p>As part of the facility's Continuous Quality Improvement (CQI) program, the IP nurse will present a recapitulation of findings to the Quality Assessment and Assurance (QAA) committee monthly for the next three months.</p> <p>The Administrator will monitor compliance through review of monthly reports from the IP nurse and will also continue to conduct random checks during daily rounds.</p> <p><u>CORRECTIVE ACTION COMPLETION:</u></p> <p>April 28, 2022</p>		

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F 880	<p>Continued From page 3</p> <p>wearing a gown and gloves. Activity Staff was then observed learning the resident's room in the yellow zone without performing hand hygiene (washing hands).</p> <p>During an interview on 2/18/2022 at 11:46 a.m., Activity Staff confirmed the observation of not wearing a gown with gloves and stated that she needed to wear a disposable gown with gloves when entering a yellow zone resident room. Activity staff then stated that she should have performed hand hygiene after leaving the yellow zone resident room. Activity staff stated that failing to wear a gown with gloves and failing to perform hand hygiene after leaving a resident room can lead to a spread of infection. During an interview on 2/18/2022 at 1:12 p.m., Infection Preventionist (IP) stated that the staff entering yellow zone should wear gowns and gloves and perform hand hygiene after leaving the room.</p> <p>A review of facility's undated COVID 19 Mitigation plan indicated that gowns should be used for each resident encounter in yellow and red zones for COVID 19 precautions. The plan further indicated that hand hygiene should be performed including before donning (putting on) and after doffing (removing) gloves.</p> <p>2. During a concurrent observation and interview on 2/18/2022 at 1:04 p.m., Certified Nursing Assistant 1 (CNA1) was observed in the facility's red zone hallway wearing a surgical mask under her N95 respirator. When interviewed, CNA 1 stated that she was not aware that she was not supposed to wear a surgical mask under her N95 respirator.</p>	F 880	This page intentionally left blank		

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F 880	<p>Continued From page 4</p> <p>During an interview on 2/18/2022 at 1:12 p.m., IP stated that facility staff should not wear a surgical mask under their N95 respirator because it will prevent the N95 respirator from forming a tight seal around their face.</p> <p>A review of facility's policy and procedure titled COVID 19 preparedness, dated 12/30/21, indicated that infection control procedures including the appropriate use of personal protective equipment (PPE-clothing and equipment that is worn or used in order to provide protection against hazardous substances) are all necessary to prevent infections from spreading during healthcare delivery.</p>	F 880	<p>This page intentionally left blank</p>		