

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

PRINTED: UNZIPPED  
FORM APPROVED  
OMB NO. 0938-0391

*Acceptable*  
*POE*  
*12/15/16*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056063	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING 2016 JUN 8 PM 3:03	(X3) DATE SURVEY COMPLETED  04/20/2016
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NAME OF PROVIDER OR SUPPLIER  INFINITY CARE OF EAST LOS ANGELES	STREET ADDRESS, CITY, STATE, ZIP CODE 101 S FICKET STREET D LOS ANGELES, CA 90033
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(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
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K 000 INITIAL COMMENTS K 000

The following reflects the findings of the Department of Public Health during a Compliant Investigation. Compliant #CA00484951

Representing the Department of Public Health:  
Evaluator # 006624, HFE I, CFI-1, REHS

This inspection was limited to the specific components investigated and does not represent the findings of a full inspection of the facility.

K 070 NFPA 101 LIFE SAFETY CODE STANDARD K 070  
884D

Portable space heating devices shall be prohibited in all health care occupancies. Except it shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C).  
18.7.8, 19.7.8

This STANDARD is not met as evidenced by:  
S/G D

Based on observation, record review and interview, the facility failed to ensure that portable space heating devices were not used in one of four residents' bedroom that was observed (Room 216). Space heaters have a high potential of igniting fires.

Findings:

During the complaint investigation on 12/31/2014 at 8:22 p.m., the evaluator observed the use of a space heater in Room 216. The space heater was set at 83 degrees Fahrenheit (°F).

During an interview on 12/31/2014 at 8:23 p.m., Resident 2 stated that the she received the space

PLAN OF CORRECTION

Infinity Care of East Los Angeles makes every effort to comply with State and Federal regulations. Nothing in this plan of correction is an admission otherwise. Infinity Care of East Los Angeles has submitted this plan of correction to comply with the regulatory obligation and does not waive any objections contained therein. This Plan of Correction constitutes Infinity Care of East LA's written credible allegation of compliance for the deficiencies noted.

K 070

- On 12/31/2014 the Maintenance Supervisor was notified that room 216's temperature was reported too cold by the resident. The Maintenance Supervisor conducted trouble shooting and found AC Units covering rooms 216, 207, 212, 220, and nearby hallways, needs service. The maintenance supervisor called the AC maintenance company for immediate repairs and came to the facility on 01/01/2015 to fix the identified AC units.
- After the evaluator's visit, a follow-up round in room 216 and other rooms were conducted by the staff to ensure that all resident are comfortable. Meantime, residents who reports of very cold room temperatures during room rounds were offered with extra clothing and blankets to keep them warm and room transfer as necessary, and were monitored by the staff.

01/03/15

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

*CMCONORA, RA*

TITLE

*DON*

(X6) DATE

*6/8/2016*

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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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NAME OF PROVIDER OR SUPPLIER  INFINITY CARE OF EAST LOS ANGELES	STREET ADDRESS, CITY, STATE, ZIP CODE 101 S FICKETT STREET LOS ANGELES, CA 90033
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K 070 Continued From page 1  
heater 12/31/2014 at 3:30 p.m., because the building heating and air conditioning system did not work properly and that the heat supplied by the facility's heating system was inadequate.  
  
Resident 2's Nurses Progress Notes dated 12/31/2014 at 3:20 p.m., indicated that maintenance supervisor provided the resident with a space heater for her room.

K 070

CONTINUATION OF POC

- A care conference was conducted by the IDT with the resident in room 216 on 12/31/2014 to discuss options to address her concern of very cold room temperature, including layered clothing and extra blankets. A room transfer was also offered during the meeting but she refused and indicated to the IDT that she was fine. During the day the resident was looking for a space heater even as it was explained to her that it is not safe to use a space heater inside a resident room and it is only used for extreme cold weather condition. A window type AC unit with heater was offered to be installed in her room but did not agree and maintained to have a space heater that was eventually provided since she refused to be transferred to another room. The temporary use of the space heater was explained to her and she expressed understanding of the facility policy, and the staff supervised and monitored its use. The space heater was eventually removed and the A/C unit with heater was installed on 01/03/2015.
- On 12/31/2014 the Maintenance Supervisor checked all the resident rooms to ensure that no other resident is using a space heater inappropriately and found none.

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K 070	<p>Continued From page 1</p> <p>heater 12/31/2014 at 3:30 p.m., because the building heating and air conditioning system did not work properly and that the heat supplied by the facility's heating system was inadequate.</p> <p>Resident 2's Nurses Progress Notes dated 12/31/2014 at 3:20 p.m., indicated that maintenance supervisor provided the resident with a space heater for her room.</p>	K 070	<p>CONTINUATION OF POC</p> <ul style="list-style-type: none"> <li>To ensure that room/hallway temperatures are within comfortable and safe levels, rounds that includes monitoring of temperature was started by the maintenance supervisor and/or facility staff on 01/01/2015, once in the morning and another in the afternoon, and no other resident reported very cold room temperature.</li> <li>The maintenance supervisor conducted maintenance check on 01/01/2015 of all HVAC units to ensure that all units are in good working condition. Those units identified that needs service were fixed immediately by the AC service company and were completed on 01/19/2015. The maintenance supervisor also started working on sealing gaps in resident room windows to prevent cold/hot breeze from getting inside the resident rooms.</li> <li>The maintenance supervisor conducts scheduled maintenance check of all HVAC units to ensure that the facility provides comfortable and safe temperature levels and is maintained within 71 – 81 Degrees Fahrenheit. The maintenance supervisor reports to the Administrator any similar problem that is identified for immediate action, and will also report to the Quality Assurance monthly meeting any persistent concern, for discussion and recommendation of any sustainable solution, as necessary.</li> </ul> <p>= End of Plan of Correction =</p>	
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