4/22/2019 POC accepted 36331

LOS ANGELES CO 09:04:58 p.m.
HEALTH FACILITIES DIVISION

PRINTED: 04/08/2019
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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555849	A. BUILDING _____ B. WING _____	C 04/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA DEL SOL CARE CENTER	11620 WEST WASHINGTON BLVD LOS ANGELES, CA 90066

(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: CA00023415 Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 36331 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. A deficiency was issued for complaint numbers CA00023415.	F 000	By submitting this Plan of Correction. Vista Del Sol Care Center does not admit or concede the facts and contentions cited, or the existence or scope of severity of the deficienies and conditions cited in the 2567. The Plan of Correction is submitted to comply with Federal and State Law. Vista Del Sol Care Center respects the allegations made in the 2567, has acted and will continue to act to implement this Plan of Correction.	
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:	F 880	F880 IMMEDIATE CORRECTIVE ACTION: The unlabel urinal and bedpan were removed from the residents bathroom. Residents#2, #3 and #4 were provided with appropriately labeled urinals and bedpans.	2/22/19 2/22/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa C Valdivia | TITLE: Administrator | (X6) DATE: 4/16/19

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	Continued From page 1 §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 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents	F 880	Continuation from page 1 F880 On 2/22/19 and 4/9/19 Infection Control inservices were given to CNA'S by the DSD. This to include but not limited to the proper handling and identification of residents urinals an bedpans to prevent the spread of infection. IDENTIFICATION OF OTHERS AT RISK: The DSD and DON conducted thorough rounds of the facility's rooms and bathrooms and found no other residents affected by this deficient practice. PROCESS OR SYSTEM IN PLACE TO PREVENT REOCCURRENCE: The Central Supply Nurse willl be responsibleto properly label all residents urinals and bedpans before distributing.	2/22/19 4/9/19 2/22/19 4/9/19

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F 880	Continued From page 2 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 practice infection control precautions for 5 of 6 residents (Residents 2, 3, 4, 5 and 6). There was no label on the urinals and bedpans for Residents 2, 3, and 4 who share a room, and there was no handwashing prior to feeding Residents 5 and 6. The deficient practices have the potential to spread infection and bacteria to residents, and limit their potential to reach a healthier health status. Findings: a. On 2/22/19 an unannounced visit was made to the facility to investigate a complaint regarding Quality of Care/Treatments. During a tour of the facility with the Director of Nursing, on 2/22/19, at 12:15 p.m., Residents 2, 3, and 4's bathroom was observed with one urinal and one bedpan on the floor. The urinal and bedpan were not labeled with name or date. A review of the admission record indicated Resident 2 was admitted, on 2/6/19, with	F 880	Continuain of page 2 F880 Licensed Nurses and CNA'S to conduct daily rounds to ensure that all residents urinals and bedpans are properly labeled and stored accordingly. MONITORING PROCESS: The DSD, IPCP and DON will monitor by conducting random rounds of residents rooms and bathrooms to ensure compliance. Any findings will be reported and discussed at the QAA Committee for follow up and resolution.	4/9/19 4/9/19

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F 880	Continued From page 3 diagnoses including hyponatremia (a decrease in serum sodium concentration, common causes include diuretic use, diarrhea, heart failure, liver disease, renal disease), atrial fibrillation (irregular heartbeat that can lead to blood clots, stroke, heart failure and other heart-related complications), and seizures (a sudden, uncontrolled electrical disturbance in the brain, can cause changes in your behavior, movements or feelings, and in levels of consciousness). A review of the Minimum Data Set (MDS - an assessment and care planning tool), dated 2/12/19, indicated Resident 2 had clear speech, difficulty communicating some words or finishing thoughts, and comprehends most conversation. The MDS assessed Resident 2 as requiring extensive assistance with dressing, eating, and personal hygiene. A review of the admission record indicated Resident 3 was admitted, on 10/4/13, with diagnoses including hypertension (high blood pressure), hyperlipidemia (means the blood has too many lipids (or fats), such as cholesterol and triglycerides), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). A review of the MDS, dated 1/8/19, indicated Resident 3 had clear speech, difficulty communicating some words or finishing thoughts, and comprehends most conversation. The MDS assessed Resident 3 as requiring extensive assistance with dressing, personal hygiene, and bed mobility (how resident moves to and from lying position). A review of the admission record indicated	F 880	F880 IMMEDIATE CORRECTIVE ACTION: The CNA asigned to Resident#5 and Resident #6 was given a one to one inservice by the DON on Infection Control in regards to proper residents feeding and handwashing procedures. IDENTIFICATION OF OTHERS AT RISK: Other residents in the facility have the potential to be affected by this deficient practice. PROCESS OR SYSTEM IN PLACE TO PREVENT REOCCURRENCE: Infection Control inservices were given to CNA'S by the DSD on 2/22/19 and 4/9/19 with emphasis on proper residents feeding and handwashing procedures..	2/22/19 2/22/19 4/9/19

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F 880	Continued From page 4 Resident 4 was re-admitted, on 2/20/18, with diagnoses including acute gastritis (inflammation of the lining of the stomach), pressure ulcer right heel (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear), and chronic kidney disease (dangerous levels of fluid, electrolytes and wastes can build up in your body). A review of the MDS, dated 11/19/18, indicated Resident 4 had clear speech, difficulty communicating some words or finishing thoughts, and comprehends most conversation. The MDS assessed Resident 3 as requiring extensive assistance with dressing, personal hygiene, and bed mobility (how resident moves to and from lying position). According to a review of Resident 4's care plan, the concern/problem was a risk for urinary tract infection. The care plan goals indicated Resident 4 would have no sign and symptoms of urinary tract infection (an infection in any part of your urinary system- your kidneys, ureters, bladder and urethra) until next review of three months. Nursing interventions included monitor bowel and bladder pattern and function, monitor signs of urinary tract infection: cloudy foul smelling urine, chills, elevated temperature and notify physician. During an interview, on 2/22/19, at 1:45 p.m., the Registered Nurse 1 (RN 1) stated urinals and bedpans should be labeled with residents name and dated. The RN 1 stated if urinals and bedpans were not labeled they should be thrown away to prevent cross contamination.	F 880	Continuation from page 4 F880 The DSD, DON and Licensed Nurses will conduct daily rounds during meal times to ensure that residents are fed inividually and proper handwashing is observed in between residents. MONITORING PROCESS: The DSD, DON and Licensed Nurses will cconduct random rounds to ensure compliance. Any ffindings will be reported and discussed at the QAA Committee for follow up and resolution.	4/9/19 4/9/19

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F 880	Continued From page 6	F 880		

b. During a tour of the dining room, on 2/22/19, at 12:35 p.m., a certified nurse assistant was observed feeding and assisting two residents at the same time without hand washing in between feeding the residents.

A review of the admission record indicated Resident 5 was admitted, on 2/16/19, with diagnoses including transient cerebral attack (a stroke that lasts only a few minutes, when the blood supply to part of the brain is briefly blocked), muscle weakness, dementia (a general term for a decline in mental ability severe enough to interfere with daily life).

A review of the MDS, dated 2/22/19, indicated Resident 5 had clear speech, responds adequately to simple direct command, and limited ability to making concrete requests. The MDS assessed Resident 5 requiring limited assistance with bed mobility, eating, and toilet use.

A review of the admission record indicated Resident 6 was admitted, on 10/5/17, with diagnoses including urinary tract infection, difficulty walking, and failure to thrive (weight loss of more than 5%, decreased appetite, poor nutrition, and physical inactivity).

Resident 6's MDS, dated 1/12/19, indicated Resident 6 had clear speech, responds adequately to simple direct command, and limited ability to making concrete requests. The MDS assessed Resident 6 as requiring extensive assistance with eating, and total dependence on full staff with bed mobility, dressing, and toilet

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F 880	Continued From page 6 use. During an interview with the certified nursing assistant, on 2/22/19, at 1:35 p.m., the CNA stated he should feed one resident at a time to provide dignity and respect, and decrease cross contamination. The facility policy titled, "Infection Control Guidelines for All Nursing Procedures," revised August 2012, indicated standard precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Employees must wash hands for ten to fifteen seconds using antimicrobial or non-antimicrobial soap and water before and after direct contact with residents.	F 880		