

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

PRINTED: 02/21/2021
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 02/20/2021
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 the investigation of a COVID-19 Infection Control complaint. Complaint number: CA00719240 Representing the California Department of Public Health: Surveyor 37861, Health Facility 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: CA00719240	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)(4)(e)(f) <u>IMMEDIATE CORRECTIVE ACTION:</u> 1. The Director of Nursing Services (DON) conducted a one-on-one in-service with C.N.A. 1 on 12/31/2020, regarding wearing proper mask. The DON conducted a one-on-one in-service with C.N.A. 2 on 12/31/2020, regarding wearing protective gown and gloves prior to entering a room with residents that was COVID-19 positive.		

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

Belantoni NHA

TITLE

ADMINISTRATOR

(X6) DATE

03/02/21

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 DON conducted an in-service with licensed nurses on 12/31/2020, regarding monitoring residents' vital signs every four (4) hours as ordered by the attending physician and recording vital signs in residents' medical records.</p> <p>Vital signs of Residents 1, 2, 3 were taken on 12/31/2020.</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>1. The DON and Director of Staff Development (DSD) checked staff for proper use of PPE. No other staff were identified by this deficient practice. All residents are potential to be affected by this deficient practice.</p> <p>2. The Medical Records Designee (MRD) conducted an audit of residents' vital signs. No other residents were identified by this deficient practice.</p> <p><u>PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</u></p> <p>1. The Administrator conducted an in-service on 01/05/2021, with staff regarding use of proper PPE. The DSD conducted an in-service on 01/06/2021 & 01/12/2021, regarding use of proper PPE.</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 to prevent the spread of Coronavirus Disease 2019 (COVID-19, a highly contagious viral infection that affects the respiratory system and can be serious enough to cause death), by:</p> <ol style="list-style-type: none"> 1. Certified Nursing Assistants 1 and 2 (CNAs 1 and 2) did not use the required personal protective equipment (PPE, is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses such as, gowns, gloves, face shields, etc.) while on duty. 2. Staff are not routinely checking the vital signs (clinical measurement of blood pressure, body temperature, breathing and heart rates, etc.) for three out of six sampled residents (Residents 1, 2, and 3). <p>This deficient practice increases the risks of spreading infections to other residents and staff members.</p> <p>Findings</p> <p>1. On 12/31/2020 at 10:45 a.m., during entrance interview, the Administrator stated there were 115</p>	F 880	<p>The Infection Prevention Nurse (IPN) and the DSD will conduct random checks on the use of proper PPE and use of gown and gloves when entering a room with residents that are on contact/droplet-based transmission precaution.</p> <p>2. The DON conducted an in-service with licensed nurses on 02/22/2021, regarding importance of monitoring vital signs. The vital signs will be recorded in residents' electronic medical record.</p> <p>The MRD will audit residents' medical records daily for four weeks to ensure residents' vital signs are recorded.</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 IPN will present a recapitulation of findings during her daily rounds to the Quality Assessment and Assurance (QAA) committee monthly for the next three months.</p> <p>The MRD will present a recapitulation of finding during daily audits to the QAA Committee monthly for the next three months.</p> <p>The DON will monitor compliance through review of monthly reports from the DSD.</p> <p><u>CORRECTIVE ACTION COMPLETION:</u> March 3, 2021</p>		

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F 880	<p>Continued From page 3 residents and 50 staff positive for COVID-19.</p> <p>On 12/31/2020 at 11 a.m., CNA 1 was entering the facility's lobby wearing a cloth mask. During a concurrent interview, CNA 1 stated knowing cloth masks were not allowed inside the facility and an N95 mask (a respirator able to filter out 95% of airborne particles) was required.</p> <p>On 12/31/2020 at 11:05 a.m., during an interview, the Infection Preventionist (IP) Nurse stated all staff should wear N95 mask.</p> <p>On 12/31/2020 at 1 p.m., during observation and interview, CNA 2 entered a resident's room in the Red Zone (area where COVID-19 positive residents are placed) not wearing a protective gown and gloves. A cart containing gowns and gloves was outside the room and there was a posting indicating the PPE to be used. During concurrent interview, CNA 2 indicated the resident was COVID-19 positive and should have been wearing gown and gloves.</p> <p>A review of the facility's policy and procedure titled, "COVID-19 Mitigation Plan" last updated 12/30/2020, indicated the facility would ensure proper use, reuse, and conservation of PPE during times of shortage of PPE, in order to keep caregivers and patients safe while efforts to secure and replenish the supply is being done. Appropriate PPE will be used based on Centers for Disease Control (CDC) and California Department of Public Health (CDPH) guidance."</p> <p>2. On 12/31/2020 at 1:42 p.m., during an interview, Assistant Director of Nursing (ADON) stated the nursing staff is to check the residents' vital signs every four hours to ensure residents</p>	F 880	<p>This page intentionally left blank</p>		

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F 880	<p>Continued From page 4</p> <p>are stable, having no fever, cough, or difficulty breathing.</p> <p>A review of Resident 1's COVID-19 test result collected 12/13/2020 indicated Resident 1 was positive for COVID-19.</p> <p>A review of Resident 1's vital signs monitoring log titled, "Patient COVID Screen" indicates the last recorded vital signs were on 12/11/2020. There was no monitoring of vital signs from 12/11/2020 to 12/31/2020.</p> <p>A review of Resident 2's COVID-19 test result collected 12/21/2020 indicated the resident was positive for COVID-19.</p> <p>A review of Resident 2's vital signs monitoring log titled, "Patient COVID Screen" indicates the last recorded vital signs were on 12/17/2020. There was no monitoring of vital signs from 12/18/2020 to 12/31/2020.</p> <p>A review of Resident 3's COVID-19 test result collected 12/21/2020 indicated the resident was positive for COVID-19.</p> <p>A review of Resident 2's vital signs monitoring log titled, "Patient COVID Screen" indicates the last recorded vital signs were on 12/17/2020. There was no monitoring of vital signs from 12/18/2020 to 12/31/2020.</p> <p>A review of California Department of Public Health All Facilities Letter (AFL) 20-25.2 dated 4/15/2020, with subject, "Preparing for Coronavirus Disease 2019 (Covid-19) in California Skilled Nursing Facilities", indicates that V/S monitoring including oxygen saturation</p>	F 880	<p>This page intentionally left blank</p>		

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F 880	Continued From page 5 (level of oxygen in the blood) should be assessed every four (4) hours for residents with Covid-19 infection.	F 880	This page intentionally left blank		