DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORMAPPROVED** STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION HUMBER: OMB NO. 0938-039 OCE MULTIPLE CONSTRUCTION OCI) DATE SURVEY COMPLETED A BUILDING C 888308 B. WING NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP, CODE KEI-AI SOUTH BAY HEALTHCARE CENTER 18115 8 VERMONT AVE GARDENA, CA 90247 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX TAG 7740 DEFICIENCY F 000 **INITIAL COMMENTS** F 000 The following reflects the findings of the Department of Public Health during the P812 Food Procurement, Store/Preparts/Serve Sanitary investigation of a Complaint during an Abbreviated Standard Survey. This plan of correction is submitted by Compleint number: CA00676266 the facility in accordance with the Highest Severity and Scope: L pertinent terms and provisions of 42 CFR Section 488 and/use related state Representing the Department of Public Health: regulations and is intended to serve as Health Facilities Evaluator Nurses ID: 37393 and a credible allegation of our intent to correct the practices identified as The inspection was limited to the specific deficient. The plan of correction should not be construed or interpreted complaint investigation and does not represent the findings of a full inspection of the facility. as an admission that the deficiencies alleged did, in fact, exist rather, the Two deficiencies were issued for Complaint facility is filing this document in order CA00878258 to comply with its obligations as a provider participating in the On 2/14/2020 at 5:30 p.m., the Department declared an immediate Jeopardy (iJ). The Medicare/Medicaid program(s). Administrator (ADM) and the Director of Nursing (DON) were notified of the immediacy and On 2/14/2020 following the inspection seriousness of the facility's failures for 98 of the kitchen by the LA County residents health and safety and the potential of Department of Public Health the facility's failures to affect all residents. On Environmental Specialist (EHS) the 2/17/2020 at 3 p.m., the IJ was lifted, after the following immediate corrective actions team verified the facility's Plan of Action (POA) was implemented through observation, interview, were taken: and record review. F 812 Food Procurement, Store/Prepare/Servo-Senttary a) Dietary Staff have been in-serviced 3/10/2020 F 812 CFR(s): 483.60(i)(1)(2) 88#L to discard all opened and uneaten food items immediately if not properly \$483.60(i) Food safety requirements. labeled. The facility must -LABORATORY DIRECTOR'S OR PROVIDENCE PUBLIC DEPRESENTATIVES SIGNATURE Solmon orked

Any deficiency statement ending with an extensit (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguers provide sufficient protection to the petients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 program participation.

	TIMENT OF HEALTH TRS FOR MEDICARE TOP DEFICIENCIES	AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 03/05/20 M AFPROV D. 0938-03	ED
AND PLAN	OF CORRECTION	(XI) PROMIDER/SUPPLIER/CLIA FORMTH CATION HUMBER:	(X2) MULI A BUILDS	TPLE CONSTRUCTION		(CC) DA	TE BURVEY MPLETED	<u> </u>
NAME OF		555308	B. WING				C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 21P	CODE	03	/05/2020	
	CUTH BAY HEALTHC			16415 8 VERMONT AVE GARDENA, CA 90247				
(X4) ID PREFEK	SUMMARY STA	TEMENT OF DEFICIENCIES	1 10					
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F 812	Continued From page	na 1						
	\$483.60(I)(1) - Proc	ure food from sources	F 81	 2			1	
	I ANNA CARGO OL COURTER	Mad satisfactors by federal		b) Mice droppings obse	aved on t	·h-	L 10-	
	i shire of local altern			floor under shelving of t	he outom	netio	3/10/202	9
	from local produces	food items obtained directly	ł	ware wash and ware was	th trave h	1011C	İ	
	I CHICA CANDER MEMBERS COLUMN	3. Subject to applicable State	1	been cleaned and area sa	nitized.			
	(N) This provision do	66 not prohibit or assume					1 .	
	REGULESE TRUTT LERMAN	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	<u> </u>	c) The wood shelving u	sed under	r	20/201	١٥
	Herceio, accused in a	compliance with applicable od-handling practices.		automatic ware washer r	nachine v	vith	[' '	-
- 1	(W) I HO DIOVERSON OF	MR NAT PARABUMA PARTICIPAL		moisture associates rotte	d wood			
	non consuming 1000	os not procured by the facility.		damage has been remove cleaned and sanitized.	s and the	area		ĺ
J	\$483.60(I)(2) - Store	prepare, distribute and		d) Britan dansat	_	_		1
	standards for food se	ARCO With materials		d) Mice droppings on the	e floor of	the	31922	7
J	This REQUIREMEN	T is not met as evidenced		dry food storage area bel dry rice container has be	ind a bu	lk		ı
Ì	Dy.			and the area sanitized.	en cleane	a j		i
	interview the feetile	on, record review and		and the most summary.				ı
	staff followed its earl	alled to ensure the dietary's tation policy to ensure food		e) Mice droppings obser	ved on th		3/10/20	d
	WOO CLUICH, LECTRICAL	l. 9765 (Signification)		floor of the residents eme	rgency f	004/	71.	ı
1	sanitary conditions (c	rossed referenced to F825).		water storage area has be	en cleane	sd l	•	ı
		· · · · · · · · · · · · · · · · · · ·		and area sanitized. The t	wo nest	ľ		
E 1	UNIX VELUE BUILDING FO	n a cockroach (small insects bacterial infection) and mice		control bait boxes under	shelves h	ave		l
	fariam increasing busines	EIGH Of the Winhon and food !		been removed and the are	a cleane	d i		ı
	Ovorumu Chibilida Parti.	THE PROOF PROPERTY IN A SHAPE TO SEE		and sanitized.				l
	HOSTON STONE ON ASSESSMENT	DITTO (1900con (diamento 1		A Miss described				
	by inancia, cockmach	ection transmitted to human 166, and mice) and had the		f) Mice droppings behind	i the area	of	3/19200	
		EUROR IN EVROVINGE AND INC.		cooks line that was not at wall has been cleaned and	tached to	the		
1 6	44CCULKI (KOM PROBET)	VI Jun Backerie de		sanitized.	i uie area	1		1
1 5	newication from thes	Sting frod containing south				1		ı
	ead to life threatening	complications and death.						
	On 2/14/2020 at 5:30 leopardy ([[J]] a situati	p.m., an immediate		•			i	

CENIE	TO FOR MEDICARE	AND HUMAN SERVICES 4 MEDICAID SERVICES				FORM	: 09/06/2020 APPROVED
1 27 7 7 7 7 7	OF DEFICIENCIES OF CORRECTION	O(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUE:	TIPLE CONSTRUCTION NG		(CCE) DAT	0938-0391 RESURVEY PLETED
		555306	B. WING				C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY	, STATE, ZIP (05/2020
KEI-AI S	OUTH BAY HEALTHC	ARE CENTER		18115 8 VEXIMONT AV	t ()		
(X4) (D PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		GARDENA, CA \$02			
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F 812	Continued From page	me 2					
	noncompliance with	One of more requirements of	F8:				
	hannyingus und car	used, or is likely to cause, impairment, or death to a		g) Accumula	tion of dus	and old food	3/10/2020
	166MGLKI ASS GVCISI	IRC Divisor ER49 and Ecos		debris on cour dispenser has	inel devind	the juice	
	THE RECKEY'S COMINE	strator (ADM) and the (DON) were notified of the		Cispenser mas	ocen cican	C 0.	
1	UNITED THE SAME SAME	MINESON of the sould—and		h) Accumulat	tion of dus	and old food	310000
	health and safety be	ing threatened.		debris on the s	shelf under	the steam	
ł	On 2/17/2020 at 3 p.	m., the Department of Public		table for residucted.	ents tray in	ne has been	
	Dearn (CLUI UCIDE	II The Administrator that the 11 !					
	nie igelijk lise dijeje	ring and confirming on-site mentad the acceptable		i) General del	bris and ac	cumulation of	dioboro
] !	written plan of action	as follows:		food, dirt and around the ele	Cockroach	residue	\ P \
	1. The kitchen was in service as of Februa	rimediately placed out of ry 14, 2020 at 3 PM.		flooring has be area sanitized.	een cleanse	s, shelves and ed and the	
	2. All opened and un	used food items in the stely discarded on February		k) Dirt accum	debris arou	und the drains	3/10/200
	R The next control or			located on the	floor of the	e cleaning	1
li	restment of the entir	ompany came to the facility and performed a detailed be kitchen and storage areas sticide and rodenticides.	•	closet has been currently accepmop sink.	pting bids t	racility is to install a	
1.5	i. All meals for the re from approved restaution the facility's kitcl	raidents were being ordered trants nothing was used hen.			t -		
1 10	i. Fecal spotting on t nechanical ware of t leaned.	hs pipelines under the te wash machine was					
1 6	i. Live adult cockrosc he ware wash machi he area sanitized.	ch on wall at pipeline under ne would be discarded and					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD	TIPLE CONSTRUCTION NG		DCD DA	. 0938-0391 TE BURVEY KPLETED
		555308	B. WING				C
1	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZE	POOR	03	08/2020
KEI-AI 8	OUTH BAY HEALTHC	ARE CENTER	.	16118 & VERMONT AVE			
OXO ID PREFOC	SUMMARY STA	TEMENT OF DEFICIENCES	 _	GARDENA, CA 90247			
TAG	REGULATORY OR L	MUST 62 PRECEDED BY FULL IC DEMTWYNG INFORMATION	PREFID TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) GROSS-REFERENCED TO TO DEFICIENCY	DIV SHOULD HE APPROP	DE DATE	CONDITION (ME)
	and the area sanitize at 11 AM. 8. The mice droppin storage room, on the on the floor behind of 3-compartment sink emergency food and removed. These are and were completed 9. Employee's food at the two-door upright completed on 2/18/2 10. Mice droppings of in dry storage room to the floor dispense Accumulated old food	sch on the floor under the ish machine was discarded ed. Completed on 2/15/2020 gs on the floor in the dry effort behind upright coolers, cooks' line, on floor under the on the floor in the water storage room were as were cleaned/sanitized, on 2/16/2020 at 11 AM. In the rack holding built rice were cleaned. If the the coolers on counter or has been cleaned.	F8	On 2/16/2020 after a fi inspection of the kitch following immediate c were taken: a) The unsealed base I automatic dishwasher I removed and the area p wall. The moist floor mat crugrime and cockroach removed and the area c sanitized. b) Crusted gooey syrugaround the beverage disheen cleaned. c) Live cockroach four sink perimeter walking dishwasher has been di	en, the corrective packboard was been patched with esidue hardened are pand grin spenser had in the around the scarded.	of the ith dry n food s been ad	2 25 2000
	steem table has been di shelving under the m machine has been di 2/16/2020 at 11 AM. 12. The wet/soiled wi food prep table has b The turbid (suspende cause the liquid to ap stored inside of food and completed on 2/1	ping cloths stored directly on ean removed and cleaned. ping cloths stored directly on ean removed and cleaned. d or dissolved solids that pear murky) sanitizer bucket		area cleaned and sanitized) The fruit flies (8) per container containing moves as a machine dish liquid discarded and the area of sanitized.	rched on echanical id were	ware	725f200

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					PF	INTED	: 03/05/2020
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AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A BUILI		CHSTRUCTION			DCE) DAT	E SUKVEY
		555304	G. WING	.					C
NAME OF	PROVIDER OR SUPPLIER		1 0		TADORESS, CITY, S			03/	65/2020
	OUTH BAY HEALTHC		.	15111	S VERMONT AVE DENA, GA 90247				
OLO ID PREFIX TAG		TEMENT OF DEPICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREA TAG	X	PROVIDER'S P (EACH CORRECT CROSS PRESERVE	144 00 00	RECTION SHOULD I APPROPRI	ie Ate	CONGLETION
	reviewing bids for the facility and composite and the garantes. 14. The rear door to adjusted and the garantes. Findings: A review of the facility 2/14/2020, indicated residing in the facility and anoth service company provided the company provided the company provided the control work order, the pests. The pest control work order, the facility. On 2/14/2020 at 3 p. placed was out of service and the facility.	chanical ware wash machine The facility was in process of the mop sink to be replaced in plated on 2/16/2020 at 11 AM. It the kitchen has been to the outside no longer by's census report deted there were 98 residents control company work order, cated the pest control estiments on 2/11/2020 and the According to the pest the target pest were outdoor and work order indicated the the interior and the exterior of the interior and the exterior of the lealth after an inspection, or nulsance enimals which trans by someoting	Fé	t a k a s s s s b a	The RD consult tour of the main and ware house that food items a accordance with for food service deficiencies were tour. On 2/17/2020, the provided a detain and disinfecting to dietar and disinfecting coleaning schedularies contaminate ops and maintain the Registered I weekly inspect itchen, dry food and supply storage room to extored, prepared anitary conditionegin the week on the weekly the ustained complisite and complisite the stained complisite tour of the weekly the ustained complisite tour of the weekly the weekly the ustained complisite tour of the weekly th	ant cond kitchen on 2/17/ are proper profess safety. e noted he Regist and con y staff of adherer le, adherer practice tion, cleaning a cleaning a cleaning ion of the storage ge area, mergence mergence mergence mergence and distr ns. Insp f 3/9/20/ ereafter	storage 2020 to crly store ional star No during the tered Diemprehens in cleaning to the creation of the main area, unand the cry food star food in creations van for 90 until	area ensure ed in ndards ae etician sive ng vent inter og. ensils upply s nder vill days	2 25 202
						appear out - and other			

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				sens enti brirled be enti of berlostite	jou se m je	. Alice droppings we of the cooks' line, the wall.	
				Approval relaw \	boof Yans	e. Mice droppings w the residents' emerg shelves.	
		The second secon		to roof out no be son yrb xilud is br	vreedo eve úried seve	d. Mice droppings w the dry food storage container.	ı B
				erew citematus tel bation batalooses	oru besu g erutsiour u	c. The wood shelving will washer maching will wood demage.	
				Tooft arti rio bet bris rissw ensw o	Medo ele Bemoius e	b. Mice droppings w under ehelving of the ware wash trays.	
	•			That's Vinite	id cather Di 1880) wat	a. The Facility's Dira Assistant (DFSA) are Members (DS), and discarding open and gathage cana,	
	The second sections described the second sec	action plan.	O. Cali	one robector who the bris sellities and the sellities and the sellities are sellities.	HS), and a seriou so to seriou of vertou only only serious s	Health Specialist (It specifies to determ expelies to determ expelies to determ expelies (It is not a sections) observed to the sections of th	
	ot ,02020, to states A saurance gistered dietician	Results of the inspects reported monthly effectine the Quality Assessme Committee by the Region for further recommens	·	erit ris kristham in the left to what is the left (MCA) takether the left is the left in t	TUGO ISDURI IrribA S'VIII A.J. <i>(N</i> OO)	r:6 is 0x0x\alpha\rs no ne gnitub bavvesdo losf eri to eoneserq gnistuM to totoerid gurq to inemineqed	
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STATEMENT	OF DEFICIENCIES OF CORRECTION	O(1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NURSER:	(22) MAL A. BUIL		PLE CONSTRUCTION			(DCB) DA	TE SURVEY MPLETED
		555306	B. WENE	<b>3</b>					C
3	PROVIDER OR SUPPLIER OUTH BAY HEALTHC			۱ ۱	STREET ADDRESS, CITY, 1 15115 S VERMONT AVE GARDENA, CA 90247		PCOCE	63	196/2020
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F 812	Continued From pa	ge 6	F	812		7			
	g. Accumulation of counter behind the	tust and old food debris on tulce dispenser.							
	h. Accumulation of a the shelf under the a line.	fust and old food debris on steam table for residents' tray			:		eron deservativos valora kindrosponos		
	i. General debris an and cockroach resid electric outlets, shel	d accumulation of food, dirt ine observed around the ves and flooring.							
	k. Dirt accumulation around the drains to closet, and a missin	with miscelleneous debris cated on the floor of cleaning g mop sink,					•		
	fecility's Director of the fecility's Director of the pest control servicer few days prior, on 2/ treatment (pesticide repet, or control pestwhy there were mice facility. The DM state dirty mop water into cleaning closet and the fecility of the females.	8 p.m., during an interview in ADM, DON and the EHS, the Maintenance (DM) stated the man had been at the facility, a 11/2020, and applied a s or chemicals used to kill, to), and the DM was not sure a droppings around the ed the cleaning staff pour the drains located on floor of the also confirmed there was ling to the DM, the distary's sen, not the facility's							
	job description, date duties and responsit services performed i	tor of Maintenance's (DM), d 2003 indicated the DM's diffice included to ensure by outside vendors are and completed in accordance		•					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION O(1) PROVIDER/BUPPLIER/CLIA CENTIFICATION NUMBER: OCO MULTIPLE CONSTRUCTION (XS) DATE SURVEY COMPLETED A BUILDING _ 555306 B. WING NAME OF PROVIDER OR SUPPLIER 03/06/2020 STREET ADDRESS, CITY, STATE, ZIP CODE KEI-AI BOUTH BAY HEALTHCARE CENTER 19115 8 VERMONT AVE GARDENA CA 90247 SUMMARY STATEMENT OF DEFICIENCIES (BACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CKO ID PREFIX TAG PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CONDITION PREFIX F 812 Continued From page 7 F812 On 2/14/2020 at 3:21 p.m., during an interview in the presence of the DON, the ADM stated he would "own" the problem, and the facility's staff will be responsible and will clean the facility immediately. On 2/14/2020 at 3:43 p.m., during an interview, Dietary Staff Member 1 (DTS 1) stated he has seen the cockroaches in the kitchen for the past month and was told to "throw out all of the food." According to DTS 1, the Director of Food Services Assistant (DFSA) told the Dietary staff to throw away the food because of the "Rat Poo-Poo." DTS 1 stated the kitchen was cleaned every day after the resident's have lunch and dinner and stated, "It's Ok, there are not that many la cucaracha. (Spanish for cockrosches)." On 2/14/2020 at 3:50 p.m., during an interview in the presence of DTS 1, another member of the

FORM CMB-2567(02-60) Provious Versions Obsolete

past menth.

the facility.

dietary's staff, DTS 3, stated he was also told to throw out the food from the kitchen because it was contaminated. DTS 3, embarrassingly smiled and stated he saw a roach in the kitchen the past week, but he did not believe it was necessary to tell the Director of Food Services (DFS) because "she saw the bugs too." DTS 3 denied seeing any mice or mice droppings during his work shift at

On 2/14/2020 at 3:68 p.m., during an interview in the presence of DTS 1, and DTS 3, DTS 2 stated he has seen a cockroach in the kitchen in the

Event ID: GHDW11

Facility (D: CA910000276

If continuation sheet Page 4 of 24

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/06/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OCO MULTIPLE CONSTRUCTION OKS) DATE SLOWEY A. BUILDING COMPLETED C 66630g A. WING NAME OF PROVIDER OR SUPPLIER 03/06/2020 STREET ADDRESS, CITY, STATE, ZIP COOK 15115 & VERMONT AVE KEI-AI SOUTH BAY HEALTHCARE CENTER GARDENA CA 90247 SUMMARY STATEMENT OF DEPOSENCIES (X4) ID PREPIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERBICED TO THE APPROPRIATE EACH DEFICIENCY MUST BE PRECEDED BY FULL. EGULATORY OR LSC (DENTIFYENG INFORMATION) DATE PATE TION (NE) PREFIX TAG TAG DEFICIEN F 812 Continued From page 8 F 812 DTS 2 stated the Pest control service comes to the facility every other week and after the past control company sprays then the cockreaches ere seen. DTS 2 stated the kitchen was swept and mopped daily after the residents have tunch and dinner, but that he has not seen any deep cleaning done in the facility's kitchen at any time. DTS 2 stated he made the DFS aware the few times he saw the cockroaches and she instructed him to tall the pest control company. On 2/14/2020 at 4:10 p.m., during an interview in the presence of DTS 1, DTS 2, and DTS 3, the DFSA shrugged her shoulders and stated she was told to throw out the residents' food but was not sure why. The DFSA stated she had seen cockroaches "a while ago." The DFSA stated she was the assistant of the Director of Food Services and refused to answer any other questions about the facility's infectation or about the kitchen being closed. On 2/14/2020 at 4:17 p.m., during an interview in the presence of DTS 1. DTS 2. DTS 3, and DFSA, the DFS stated the facility kitchen is closed due to a reach infestation and mice droppings. The DFS stated she has not seen any reaches at the facility since she started working at the facility more than 30 years ago. The DFS stated the pest control company services the facility every other week. The DFS stated the facility's kitchen was a chaffenge to clean because the kitchen was an older kilchen and she was not allowed to offer the

dietery staff overtime to clean the kitchen. The DFS stated she will create a schedule for the dietery staff to deep clean the facility's kitchen at

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/06/2020 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 020 MULTIPLE CONSTRUCTION (X4) DATE SURVEY COMPLETED A BUILDING SECTOR. B. WING 03/08/2020 NAME OF PROVIDER OR SUPPLIED STREET ADDRESS, CITY, STATE, ZIP COOK 15118 S VERMONT AVE KEI-AI SCUTH BAY HEALTHCARE CENTER **GARDENA, CA 90247** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED SY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPOCEMENT) (05) COMPLETION PREFIX F 812 **Continued From page 9** F 812 least once a month to prevent further kitchen BEUES. A review of the facility's job description titled, "Director of Food Services" dated 2003 indicated the duties and responsibilities included to inspect the food storage rooms, utility/janitorial closets, for upkeep and supply control. Ensure the food services service work areas are maintained in a clean and sanitary manner. Ensure that all food storage rooms, food preparation areas are maintained in a clean, safe, and sanitary manner. On 2/16/2020 at 10:65 a.m., during a follow-up observation of the facility's kitchen in the presence of the ADM, DON, DM, the REHS and the facility's Registered Disticions (RD1 and RD2) the following was observed: a. An unsealed loose backboard of the automatic dislurasher, and a moist floor mat crusted with food, orime, and cockroach residue. b. Crusted goody syrup and grime around the beverage dispenser.

 Live cockroach found on the dirty sink perimeter walking around by the dishwasher.

d. Fruit files (8) perched on a container containing mechanical ware wash machine dish liquid.

A review of the Los Angeles County of Public Health Official Inspection report, dated 2/16/2020 and timed at 10:30 a.m., indicated cockrosches were observed below the mechanical were wash machine. According to the Official Inspection

15 11 40	ontinuation absert	by (D: CAS10000276	fize ³	becks Even ID: GROWII	D enologie/ audivers (58-50)(	ose engeste
				from the Los Angeles of Public Health titled, set of Cockrosch Infestation,"	County Department of Management	
				control company work order, indicated limed at 2:30 p.m., indicated pany provided treatments for and exterior of the facility, transmin Cockrosches and summin Cockrosches and work order indicated the colons of the facility.	ene Usossi, ris bear anco lotinco lesa eil e totteini letense eil seq erit ol gribtocoA seg est segati	
				qu-woling a failum, "m.a man, a failum, "m.a out the debt of the door of the crock and man of the crock of the failum, mice inside the facility, mice read near the basis of the consultation and the failum accumulation and and a subsequent of the failum of the child	opervision inspective contraction of the property of the prope	
	de la composition della compos		S18 7	oth egain was observed on the pach was observed on the hards from the compensation of the day food storage room of the compensation report from the dischent after from the dischent after from the facility, and was all sness affected by	noor undstan ene med sistince on the floor adjacent to the litch was noted on floor o storage noom. The ( indicated facility may discentinus use of p	S18 4
EUNG COMPLETION (SEC)	SECTIONS NOT	CAN CONTRETE FLAN OF CANCED TO CHOCH CONTRECTOR CONTREC	OI MARINA OVA	TEMENT OF DEFICIENCIES THE RESERVED BY FULL TO EDENTIFYING INFORMATION)		CH (NO) NUMBER SANT
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DEPAR	IMENT OF HEALTH	AND HUMAN SERVICES					P	RINTED	: 03/06/2020
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NAME OF	PROVIDER OR SUPPLIER			81	REST ADDRESS, CITY, STATE,	719 (	300R	03	08/2020
	DUTH BAY HEALTHC			16	HIS S VERSIONT AVE ARDENA, CA 90247				
(X4) ED PREFIX TAG		TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CROSS-REFERENCED TO DEPICE	TION	RRECTION SHOULD APPROPI	RE RATE	CONDUCTION DATE
	cor_management, is may become pests preparation or store food and eating uter fabric and paper prosurfaces, and produpresent in high enougociorosches that flw with human excrema droppings, they have bacteria that cause i into structures.  A review of the Cent	ge 11  y.gov/eh/docs/specializedven ndicated the cockrosches in any structure that has food ge areas. The contaminate nails, occasionally damage nducts, leave stains on unpleasant odors when agh numbers. When e cutdoors come into contact ent in sawers or with pet e the potential to transmit food poisoning if they enter  ters for Disease Control and less for Environmental	F	812					
	Infection Control in a updated on 7/2019 a https://www.cdc.gov.vironmental/index.ht were recommendation control of infectious with healthcare environmental transmises active participant process by serving a transfers an infection another).  A review of the facilitied, "Pest Control" facility maintains and to ensure the building to ensure the building.	desitor Environmental desith Care Facilities, and retrieved on 12/10/19 at finfectioncontrol/guidelines/en mi, indicated the guidelines ons for the prevention and diseases that are associated ronments. Pest Control is found in health-care we as agents for the ision of microorganisms, or in the disease transmission is a vector (carrier that is organism from one host to ly's policy and procedure revised 5/2008 indicated the ongoing pest control program g and grounds were kept free its. According to the policy							

CENTE	KS FOR MEDICARE	AND HUMAN SERVICES A MEDICAID SERVICES				FORM	03/05/2020 APPROVED
37/2 (B) (B)	TOF EXPICIENCIES OF CORRECTION	(X1) PROVIDER/RUPPLESVCLIA IDENTIFICATION NUMBER:	(AZ) MUI	TIPLE CONSTRUCTION		(X3) DAT	0938-0391 E SURVEY PLETED
		555308	B. WING			3	C
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, SP	CODE	03/	05/2020
	OUTH BAY HEALTHC			18115 8 VERMONT AVE GARDENA, CA 90247			
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES  MUST SE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLANOF C	H SHOULD E APPROP	N RE RIATE	COMPLETION (ME)
F 812	A review of the facili	es assist, when appropriate reviding past control services.	F	P925 Maintains Effor Control Program			
F 925 88≕L	troed, "Sanitization" food service area we and sanitary manne and dining areas shitter and rubbish an cockroaches, files a counters, shelves as clean, maintained as free from breaks, or cracks, and chipped use of proper clean!	revised 10/2008, indicated the lil be maintained in a clean r. All kitchens, kitchen areas all be kept clean, free from d protected from rodents, and other insects. All utensils, and equipment shall be kept and in good repair and shall be prozions, open seams, areas that may affect their ng.  Pest Control Program	F 9		A Count Health list (EHS corrective been in-s and uneat of proper	ty  i) the action serviced and food rity	
	program so that the rodents. This REQUIREMEN by: Based on observation review, the facility farmonitoring of the kits maintain an engoing ensure the kitchen warmall enimals or instinction of the small enimals or instinction.	in an effective pest control facility is free of pests and  T is not met as evidenced on, interview, and record iled to conduct an ongoing chen environment and pest control service to res free from vermin (various ects that are pests or at spread diseases) for 98 of		b) Mice droppings observed floor under shelving of ware wash and ware we been cleaned and area.  c) The wood shelving automatic ware washer moisture associated roadamage has been remore cleaned and sanitized.  d) Mice droppings on	f the auto rash trays sanitized used und r machine tted woo wed and	omatic s has l. der e with d the are	
	anati rodents) infes	in a cockroach (small insects bacterial infaction) and mice tation of the kitchen and food , which placed 88 residents		dry food storage area be dry rice container has t and the area sanitized.	ehind a	bulk	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/06/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002) MULTIPLE CONSTRUCTION (CS) DATE SURVEY **REEXTO** B. WING 03/05/2020 MALLE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP COOR 15115 & VERMONT AVE KEI-AI SOUTH BAY HEALTHCARE CENTER GARDENA, CA 90247 SUMMARY STATEMENT OF DEFICIENCIES O(4) ID PREFIX PROVIDERS PLAN OF CONNECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) . (78) CCMPLETION PREFIX TAG TAG DEFICIENCY F 925 Continued From page 13 F 925 at risk of vector-borne diseases (diseases that reault from an infection transmitted to human by e) Mice droppings observed on the insects such as cockroaches, and mice) and had floor of the residents emergency food/ the potential for the 98 residents to experience water storage area has been cleaned food infection from ingesting live bacteria, food and area sanitized. The two pest intendention from ingesting food containing toxins control bait boxes under shelves have from bacteria, and disease transmission that can been removed and the area cleaned lead to life threatening complications and death. and sanitized. f) Mice droppings behind the area of b On 2/14/2020 at 5:30 p.m., an Immediate cooks line that was not attached to the Jeopardy ([IJ] a situation in which the facility's wall has been cleaned and the area noncompliance with one or more requirements of sanitized. participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was declared under F812 and F925. g) Accumulation of dust and old food The facilities administrator (ADM) and the debris on counter behind the juice Director of Nursing (DON) were notified of the dispenser has been cleaned. immediacy and seriousness of the residents' health and safety being threatened. h) Accumulation of dust and old food 225 2000 debris on the shelf under the stream On 2/17/2020 at 3 p.m., the Department of Public table for residents try line has been Health (DPH) notified the Administrator that the LI cleaned. was lifted after verifying and confirming on-site the facility had implemented the acceptable written plan of action as follows: i) General debris and accumulation of 1. The kitchen was immediately placed out of service as of February 14, 2020 at 3 PM. food, dirt and cockroach residue around the electric outlets, shelves and 2. All opened and unused food items in the flooring has been cleansed and the kitchen were immediately discarded on February area sanitized. 14, 2020. 3. The pest control company came to the facility on February 14, 2020 and performed a detailed treatment of the entire kitchen and storage grees using approved insecticide and rodenticides. 4. All meals for the residents were being ordered from approved festaurants nothing was used

from the facility's kitchen.

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

PRINTED: 03/05/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/GUPPLER/CLIA IDENTIFICATION NUMBER:	()C2) MUI A. BUILLE		E CONSTRUCTION			CCN CCN	E SURVEY FLETED
		665306	B. WING		1				C 05/2020
KEI-AI 8	PROVIDER OR SUPPLIER OUTH BAY HEALTHC			10	TREET ADDRESS, GITY, STATE, I 5118 S VERMONT AVE IARDENA, CA 90247	OP C	ODE		
O(4) ID PREFIX TAG	CEACH CERCIENCY	TEMENT OF DEFICIENCIES  (AUST BE PRECEDED BY PULL  BC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	THE	CHAIN R	. 88	(EX) MORTALISMOD BTAG
F 925	mechanical ware of cleaned.  6. Live adult cockro the ware wash mac the area sanitized.  7. The dead cockro mechanical ware ware	ge 14 the pipelines under the the wash machine was sech on wall at pipeline under hine would be discarded and sech on the floor under the seth machine was discarded ed. Completed on 2/15/2020	F	225	k) Dirt accumulation miscellaneous debris located on the floor o closet has been remocurrently accepting b mop sink.	aro f th ved.	und the e clean Facili	ing ty is	eps pro
	storage room, on the on the floor behind of 3-compartment sink emergency food and removed. These are	igs on the floor in the dry e floor behind upright coolers, cooles line, on floor under the c, on the floor in the d water storage room were less were cleaned/sanitized, i on 2/16/2020 at 11 AM.			On 2/16/2020 after a for of the kitchen, the follocorrective actions were:  a) The unsealed base be automatic dishwasher hand the area patched with the moist floor mat crugrime and cockroach reremoved and the area cisanitized.	win take ackl as b th d stec sidu	g imme en: coard or cen ren ry wall I with fi	diate f the anoved	afastago
	the two-door upright completed on 2/16/2	on the rack holding bulk rice			<ul> <li>b) Crusted gooey syrup the beverage dispenser</li> <li>c) Live cockroach four perimeter walking arou has been discarded, the sanitized.</li> </ul>	has id in nd t	been cl the dir he dish	eaned. ty sink washer	' <u>(</u>
	behind juice dispensions Accumulated old for steam table has been shelving under the r	I food debris on counter ser has been cleaned, od debris on shelve under the on cleaned. The wood nechanical ware weeh liscarded and completed on			d) The fruit flies (8) per container containing my wash machine dish lique and the area cleaned an	eche id v	mical w vere dis	vare carded	alastavo

PRINTED: 03/05/2020 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEPICIENCIES **02) MULTIPLE CONSTRUCTION** (COMPLETED AND PLAN OF CORRECTION A BUILDING C 655308 B. WING 03/05/2020 NAME OF PROVIDER OR SUPPLIES STREET ADDRESS, CITY, STATE, 2P CODE 15118 8 VERSIONT AVE KEL-AI SOUTH BAY HEALTHCARE CENTER **GARDENA, CA 80247** GUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERBICED TO THE APPROPRIAT (X4) ID PREFIX IO PREFIX DOS) PLETION TAG REGULATORY OR LEC IDENTIFYING INFORMATION) TAG DEFICIENCY F 925 Continued From page 15 F 928 2/16/2020 at 11 AM. Kei Ai South Bay hired a new pest control company by the name of "Western 12. The wet/soiled wiping cicths stored directly on Exterminator Company' effective food prep table has been removed and cleaned. 02/16/2020. Western Exterminator The turbid (suspended or dissolved solids that Company initiated a detail and cause the liquid to appear murky) sentitizer bucket comprehensive inspection and treatment of stored inside of food prep sink has been removed every surface area of the Main kitchen, dry and completed on 2/16/2020 at 11 AM. food storage area, utensils and supplies 13. The flex line (flexible pipe) submerged into room, warehouse and emergency supply room and cleaning supplies room for signs floor sink under mechanical ware wash machine of pests activity on 02/16/2020. has been repaired. The facility was in process of reviewing bids for the mop sink to be replaced in the facility and completed on 2/18/2020 at 11 AM. Inspection and treatment will continue by Western Exterminator Company to include 14. The rear door to the kitchen has been every surface area of the inside facility and adjusted and the gap to the outside no longer grounds. The entire facility and grounds inspection and treatment shall take place today 02/17/2020, and any further required treatment shall follow Western Findings: Exterminator Company's recommendations for treatment and A review of the facility's census report dated prevention. Noted areas of vermin ( mice 2/14/2020, indicated there were 98 residents droppings, rodent and cockroach ) shall be residing in the facility. treated immediately. The facility began a comprehensive and detailed in-service and training A review of the pest control company work order, by Western Exterminator Company for all dated 2/11/2020 indicated the pest control staff on identifying and reporting pest company provided treatments on 2/11/2020 and activity. once a month service. According to the pest control work order, the target peet were outdoor pests. The pest control work order indicated the

the facility.

areas treated were the interior and the exterior of

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2020 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES MB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION O(1) PROVIDER/CLIA DED MULTIPLE CONSTRUCTION (X3) DATE BURVEY DENTIFICATION MANBER: BUILDING COMPLETED C 55538£ A MANO 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYATE, JEP CODE KEI-AI SOUTH BAY HEALTHCARE CENTER 15118 8 VERMONT AVE GARDENA, CA 80247 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LISC EDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (PACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE CEPICIENDY) (DCS) WLETION DATE REFIX TAG TAG F 925 | Continued From page 16 F 926 Training began on 02/17/2020 and will be On 2/14/2020 at 3 p.m., the facility's kitchen placed was out of service and closed down by the completed by 02/21/2020. After training Department of Public Health after an Inspection, by Western Exterminator Company, the due to vermin (pests or nuisance enimals which Director of Maintenance Services will cause problems to humans by spreading perform initial in-service for all new hires diseases and consuming food). within the first quarter of employment and annually thereafter. Three pest control logs have been created by the DON, one for each nurses station and the kitchen. The in-service training included the staff of other departments On 2/14/2020 at 3:13 p.m., the following were view their work areas daily for pest observed during an initial tour of the kitchen in the activity and document findings in the pest presence of the facility's Administrator (ADM), the control log. The kitchen staff were also Director of Nursing (DON), LA County trained to do a daily check for pests as Department of Public Health Environmental they clean the kitchen, and document Health Specialist ([EHS], and an inspector who findings in the pest control log. performs inspections of various facilities and properties to determine conformance with Training also included proper storage of applicable State laws and County Ordinance personal items by the kitchen staff. In-Code sections) observed the following: service training was done by Western **Exterminator Company and was** a. The Facility's Director of Food Services Assistant (DFSA) and other Dietary Staff completed on 02/21/2020. Members (D81, and D82) were observed discarding open and uneaten food items into The facility Maintenance Director or garbage cans. designee shall perform weekly rounds for the next three months and quarterly b. Mice droppings were observed on the floor thereafter to ensure that there are no pest under shetving of the automatic ware wash and activity inside and outside the facility. The were wash trave. rounds will begin effective 02/17/2020.

wood damage.

c. The wood shelving used under automatic ware

washer machine with moisture associated rotted

d. Miles droppings were observed on the floor of

plan.

The Maintenance Director will check the

and take appropriate Corrective action

pest control log daily effective 02/17/2020.

PRINTED: CANGEZOZO FORM APPROVED OMB NO. 0838-0391 andsch ox ox text 2015-100 1011-101 KA) DATE SURVEY COMPLETED 03/05/2020 Supervisor shall perform daily inspection of the Main Kitchen, warehouse and emergency supply room, dry food storage room, utensils and supplies room and thereafter for post activity and infestations sanitized immediately by the housekeepen ⋖ Any areas noted with pest activity and or every service to show the progress of the included, cleanliness of the kitchen, how Effective February 18, 2020, the Dietary perform bi-monthly service to the entire The Dietary Service Supervisor was inserviced on February 17, 2020 by the Registered Dietician. The Inservice used in cleaning, what to look for when as per Western Exterminator Company reatment plan of Western Exterminator PROVIDEN'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) prevent the spread and growth of pests. report shall be sent to the facility after station shall be treated cleaned and Company is successfully implemented. and when to clean, what solution to be facility and grounds identified areas to Western Exterminator Company shall cleaning supplies room effective 02/18/2020 for sixty days and weekly Finding will be reported daily to the cleaning and documentation in the Administrator will ensure that the abatement program. The Facility Facility Administrator. TREET ADDRESS, CITY, STATE, recommendations. GARDENA, CA 80247 1511S & VERSIONT AVE cleaning log. PCE) MULTIPLE CONSTRUCTION F 925 A BUILDING A 野菜 On 2/14/2020 at 3:18 p.m., during an interview in the presence of the ADM, DON and the EHS, the facility's Director of Maintenance (DM) stated the pest control servicemen had been at the facility, a few days prior, on 2/11/2020, and applied a treatment (pesticides or chemicals used to kill, repel, or control posts), and the DM was not sure wity there were mice droppings around the facility. The DM stated the cleaning staff pour dirty mop water into the drains located on floor of cleaning closet and he also confirmed there was Event ID: GXDWN f. Mice droppings were observed behind the area of the cooks' line, that was not attached to the k. Dirt accumulation with miscellaneous debris around the drains located on the floor of cleaning closet, and a missing mop sink. h. Accumulation of dust and oid food debris on the shaff under the steam table for residents' iray e. Mice droppings were observed on the floor of the residents' emergency food / water storage eres, and two pest control balt boxes under the dry food storage area behind a bulk dry rice Accumulation of duet end old food debrts on counter behind the julce dispenser. DEPARTMENT OF HEALTH AND HIMMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDERBUPLERCLIA DENTFICATION MUMBER: SUMMARY STATEMENT OF DEPICEBACIES (EACH DEPICEBACY MAUST BE PRECIADED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) General debris and accumulation of food, dend cockroach residue observed around the electric outlets, shelves and flooring. 20033 KEI-AJ BOUTH BAY HEALTHCARE CENTER Continued From page 17 WALE OF PROVIDER OR SUPPLIE STATEMENT OF DEFICIENCIES AND PLAN OF CONTECTION container. F 826 名を

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AND PLAN	r of deficiencies of correction	O(1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:	()C2) MUI A BUILO	LTIPL XNG	E CONSTRUCTION		(CS) DAI	E SURVEY WLETED
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NAME OF	PROMDIER OR SUPPLIER		· · · · ·	g	TREET ADDRESS, CITY, STATE,	TO COOK	T 62	05/2020
KEI-AI S	OUTH BAY HEALTHC	·		14	5118 8 VERMONT AVE ARDENA, CA 90247			
(X4) (D PREFIX TAG		Viewent of Deficiencies y maist be preceded by full sc identifying information)	PREFI TAG		PROVIDERS PLAN OF (BACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION BHOU THE APPRO	ON D BE PRIATE	COMPLETION OATE
F 925	no mop sink. According staff cisans the kitch housecleaning staff.  A review of the Dire job description, data duties and responsion services performed properly supervised with the contract.  On 2/14/2020 at 3:2 the presence of the would "own" the presence of the would "own" the presence of the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the presence of the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would "own" the would	ding to the DM, the dietary's		925	Findings from the inspelogs and pest control coreported monthly to the Performance Committee recommendations and plan effective 03/01/20.  The Administrator and will randomly inspect verticality process for erad facility	impany sh Quality A e for furth ollow up a 20. Director o erify, and	all be assurance or action  f Nursing validate	
	Seen the cockroach month and was told According to DTS 1 Services Assistant (throw away the food Poo-Poo." DTS 1 st every day after the s dinner and stated, "I many is cucaracha.  On 2/14/2020 at 3:5 the presence of DTI dietary's staff, DTS: throw cut the food fr was contaminated.	IS p.m., during an interview, or 1 (DTS 1) stated he has es in the kitchen for the past to "throw out all of the food.", the Director of Food DFSA) told the Distary staff to I because of the "Rat ated the kitchen was cleaned resident's have lunch and it's Ok, there are not that (Spanish for cockroaches)."  O p.m., during an interview in 3 1, another member of the 3, stated he was also told to corn the kitchen because it DTS 3, embarrassingly smiled to reach in the kitchen the past						

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA SDENTIFICATION NUMBER: AND PLAN OF CORRECTION 002) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING 555306 B. WING 03/05/2020 NAME OF PROMOSE OR SUPPLIES STREET AODRESS. CITY. STATE, ZIP CODE KELAI BOUTH BAY HEALTHCARE CENTER 15115 & VERMONT AVE **GARDENA, CA 90247** SLIGHMARY STATEMENT OF DEPICIENCIES (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC EDENTIFYING INFORMATION) CONSPLETION DATE PREFIX CROSS-REFERENCED TO THE CEFICIENCY) TAG F 925 Continued From page 19 F 925 week, but he did not believe it was necessary to tell the Director of Food Services (DFS) because "she saw the bugs too." DTS 3 denied seeing any mice or mice droppings during his work shift at the facility. On 2/14/2020 at 3:58 p.m., during an interview in the presence of DTS 1, and DTS 3, DTS 2 stated he has seen a cockroach in the kitchen in the past month. DTS 2 stated the Pest control service comes to the facility every other week and after the pest control company sprays than the cockreaches are seen. DTS 2 stated the kitchen was swept and mopped daily after the residents have lunch and dinner, but that he has not seen any deep cleaning done in the facility's kitchen at any time. DTS 2 stated he made the DFS aware the few times he saw the cockreaches and she instructed him to tell the pest control company. On 2/14/2020 at 4:10 p.m., during an interview in the presence of DTS 1, DTS 2, and DTS 3, the DFSA shrugged her shoulders and stated she was told to throw out the residents' food but was not sure why. The DFSA stated she had seen cockroaches "a while ago." The DFSA stated she was the assistant of the Director of Food Services and refused to answer any other questions about the facility's infestation or about the kitchen being closed.

On 2/14/2020 at 4:17 p.m., during an interview in the presence of DTS 1, DTS 2, DTS 3, and DFSA, the DFS stated the facility kitchen is closed due to a roach infestation and mice

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES				INTED: 03/05/2020 FORM APPROVED
ELYLENEN	OF DEPICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER:	(X2) MULTIP A GUILDING	LE CONSTRUCTION	OM	B NO. 0938-0391 X3) DATE SURVEY COMPLETED
		565306	B. WONG			C
1	PROVIDER OR SUPPLIER OUTH BAY HEALTHC		1	STREET ADDRESS, CITY, STATE, 18118 8 VERSIONT AVE 3ARDENA, CA 90247	RP CODE	03/08/2020
(X4) (D PREIFIX TAG		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REPERIENCED TO DEFICIEN	TICK SHOULD B	E COMPLETION DATE
	the facility more that stated the pest cont facility every other wanted the DFS stated the challenge to clean a cider kitchen and stated the challenge to clean a cider kitchen and stated the will distany staff to deep least once a month sissues.  A review of the facility increase of Food Settle duties and response the food storage room for upkeep and suppressurices services was clean and sanitary materiage rooms, food maintained in a clean control of the facility's Register the following was obtained in control of the facility's Register the following was obtained.  An unsealed loose	stated she has not seen any by since she started working at in 30 years ago. The DFS rol company services the receive.  It is a secause the kitchen was a secause the kitchen was an exact allowed to offer the exact to clean the kitchen. The create a schedule for the clean the tacility's kitchen at to prevent further kitchen to prevent further kitchen will be description titled, invices dated 2003 indicated insibilities included to inspect ims, utility/janitorial closets, by control. Ensure the food it areas are maintained in a menner. Ensure that all food preparation areas are in, safe, and sanitary manner.  55 a.m., during a follow-up clitiy's kitchen in the A, DON, DM, the REHS and red Dieticiens (RD1 and ED2).	F 925	y		
	rood, grime, and coc	kroach residue.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICAID SERVICES						PRINTED: FORM	03/05/2020 APPROVED
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/BUPPLIER/CLIA (DENTIFICATION NUMBER:		(X1) PROVIDER/RESPONSE LA	(C2) MULTIPL A BUILDING	E CONSTRUCTION		CMB NO.	0938-0391 E SURVEY PLETED
		656306	B. WING				C
	PROVIDER OR SUPPLIER OUTH BAY HEALTHC	ARE CENTER	8 11	TREET ADDRESS, CITY, STATI 5115 S VERSIONT AVE IARDENA, GA 80247	ZIP CODE	1 034	05/2020
(XA) ID PRIEFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING RIFORMATION)	PREFIX TAG	FROVIDEN'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	CTION SHOUL	ON D BE PRIATE	COMPLETION DATE
	c. Live cockroach for perimeter walking at d. Fruit flies (8) peromechanical ware was A review of the Los Health Official Inspend timed at 10:30 aware observed belowachine. According report a dead cockroachine to the kilicht was noted on floor outcrage room. The Cindicated facility may discontinue use of roand clean and sanitic cockroaches.	aund on the dirty sink round by the dishwasher. The dishwasher containing ash machine dish liquid.  Angeles County of Public action report, dated 2/18/2020 a.m., indicated cockroaches with the the Official Inspection the the Official Inspection the the dry food storage room an One rodent bait station of the dry food storage room an One rodent bait station of emergency food and water official Inspection report of recognition is kitchen after adenticide within the facility, we all areas affected by	F 925			•	
·	observation inspection open gaps around the droppings were observed from. And droppings were observed the staff function of dirt and old food dinterview the DM staff functions.	n.m., during a follow-up on of the cutside of the facility of doors were found. Mice rved next to the door of the inside the facility, mice rved next to staff lockers room with an accumulation abuts. In a subsequent and he was not aware of the opplings in and around the		•			
1.	vovou zi i i izuzu ena	control company work order, timed at 2:30 p.m., indicated carry provided treatments for					

DEPAR CENTE	TMENT OF HEALTH R8 FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			FOR	D: 03/05/2020 MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION HEAGER:		(C2) MULTIPLE A. BUILDING	CONSTRUCTION	0(3) 0	O. 0938-0391 WE SURVEY MPLETED	
		665308	B. WING			C
NAME OF	PROVIDER OR SUPPLIER			REET ACORESS, CITY, STATE, ZI	0	V05/2020
	OUTH BAY HEALTHC		151	115 8 VERMONT AVE NOBNA, CA 50247		
(X4) (D PRESFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF ( (GACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE	CONTRITION
F <b>92</b> 5	the general interior According to the pe target pests were G mice. The pest contareas treated were the interior and the	and exterior of the facility. st control work order, the terman Cockroaches and trol work order indicated the exterior of the facility.	F 925			
	"Effective Managem retrieved on 12/6/19 publichealth.lacount cor_managment, income pests in ampreparation or stora food and eating uter fabric and paper prosurfaces, and produce present in high encucockroaches that live with human excreme droppings, they have	e from the Los Angeles of Public Health titled, sent of Cockroach Infestation," at y,gov/eh/docs/specializedven dicated the cockroaches may y structure that has food ge areas. The conteminate sails, cocasionally damage ducts, leave stains on ce unpleasant odors when igh numbers. When e outdoors come into contact ent in sewers or with pet the potential to transmit food poisoning if they enter				
	Prevention, Guidelin Infection Control in I- updated on 7/2019 a https://www.odc.gov/ vironmental/index.htt were recommendation with healthcare environched included cockroached facilities that can ser-	ers for Disease Control and es for Environmental leath Care Facilities, and retrieved on 12/10/19 at infectioncontrol/guidelines/en ml, indicated the guidelines and diseases that are associated comments. Pest Control is found in health-care we as agents for the sion of mirronments.				

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORI	03/05/2020 A APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A BUILDING	LE CONSTRUCTION		(PCI) DA	CMB NO. 0938-0391 (03) DATE SURVEY COMPLETED C	
		665306	B. WING				
	PROVIDER OR SUPPLIER			BTREET ADDRESS, CITY, STATE	ZIP CC	DE U	/05/2020
KEI-AI 8	OUTH BAY HEALTHC	are center		15115 S VERMONT AVE GARDENA, CA 90247	7		
(X4) (D PREFIX	SUMMARY STATEMENT OF DEFICIENCIES		100	PROVIDER'S PLAN	F CORRECTION (75)		
TAG	REGULATORY OR L	MAST SE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFOC TAG	(EACH CORRECTIVE) CROSS-REFERENCED T DEFICE	CTION I	MOIN DE	COMPLETION (CE)
F 925	Continued From pa	ge 23	F 925				İ
	as active participant process by serving	is in the disease transmission BS & vector (camer that Us organism from one host to			And the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of t		
	facility maintains an to ensure the building of insects, and rode maintenance service	ity's policy and procedure ' revised 5/2008 indicated the ongoing pest control program ig and grounds were kept free rits. According to the policy as assist, when appropriate roviding pest control services.			And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
	food service area wi and sanitary manner and dining areas sho litter and rubbish and cockroaches, flies and counters, shelves ar clean, maintained ar free from breaks, co	by's policy and procedure revised 10/2008, indicated the revised 10/2008, indicated the ill be maintained in a clean r. All kitchens, kitchen eress all he kept clean, free from of protected from rodents, and other insects. All utensils, and equipment shall be tept and in good repeir and shall be procions, open seams, areas that may affect their ng.					