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 Date

PRINTED: 09/16/2020
 FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA910000065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(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) COMPLETE DATE
C 000	Initial Comments The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY MITIGATION PLAN IMPLEMENTATION MONITORING SURVEY. A COVID-19 Mitigation Plan Implementation Survey was conducted by the California Department of Public Health on 08/28/2020 The facility was found to not be in compliance with Title 22 California Code of Regulations section 72523(c) patient care policies and procedure regulations, and has not implemented their Skilled Nursing Facility Mitigation Plan for COVID-19. one deficiency was written. Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 40737 Total Residents: 75	C 000	C000 - Please accept this Plan of Correction as our Credible Allegation Package. The deficiencies cited will be corrected as specified and they will be monitored to prevent recurrence no later than 12/22/2020. Preparation and /or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies and plan of correction. The Provider submits this Plan of Corrections with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, its employees, agents, officers, directors, or shareholders. Plan of Correction is submitted to meet requirements established by state and federal law.	
C4190	T22 DIV5 CH3 ART5-72523(c)(3) Patient Care Policies and Procedures (c) Each facility shall establish and implement policies and procedures, including but not limited to: (3) Infection control policies and procedures. This Statute is not met as evidenced by:	C4190	C4190 - Patient Care Policies and Procedures A. The 2 residents (resident 2 and resident 3) who were readmitted to the facility that were not cohorted with non suspected COVID-19 were immediately moved to the quarantine zone for residents suspected of having COVID-19 on 7/29/20	9/25/2020

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

TITLE

(X4) DATE

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[Signature] NHA

Administrator

Sept 23, 2020

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA910000088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2020
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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302
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C4190	<p>Continued From page 1</p> <p>Based on observation, interview, and record review the facility failed to implement their mitigation plan as part of their infection control program when</p> <p>a. Two Residents (Resident 2 & resident 3) who were readmitted to facility did not cohorted with non-suspected covid-19 (a viral respiratory disease that spreads from person to person). (residents</p> <p>b. Ensure two residents' in the quarantine (separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick) rooms (Resident 3 & resident 4) had personal protective equipment (PPE) signage and PPE outside their room door, and staff wore the proper PPE to enter the room.</p> <p>c. Ensure staff used environment protective agency (EPA) registered disinfecting products to clean the resident's room.</p> <p>d- The mitigation plan was not aligned with local, state, and federal guidelines This failure increased the risk of transmission of COVID-19 to non-infected patients.</p> <p>a- During an interview with the Director of Nursing DON on 7/28/20, at 11:17 a.m., she stated the facility did not have any residents in quarantine. The DON stated the facility had readmissions in the last 14 days. She stated Resident 2 was readmitted on 8/22/20. During an interview with the Director of Staff Development on 8/28/20, at 11:28 a.m., he stated patients who were readmitted were considered under investigation for COVID-19. Readmitted patients were put in the quarantine room and isolated for 14 days. During an interview with the DON on 7/28/20, at 11:42 a.m., she stated residents who were</p>	C4190	<p>To identify other residents having the potential to be affected by the same practice, the LVN supervisor and DON assessed all in house residents and no other residents were noted to be affected by this practice.</p> <p>To ensure that this practice does not reoccur, on 7/29/20 the CQI nurse in-serviced the DON and all licensed staff to make sure that all readmissions will be tested negative and placed in the quarantine for 14 days. Also, that all new admissions will be placed in a single room in the quarantine area for 14 days from the date of admission and will not be released without a negative test result.</p> <p>The DON will conduct weekly rounds to ensure that all new admissions are placed in the appropriate zones ie. yellow zone for new admissions with negative test results.</p> <p>All negative findings will be brought to the Administrators attention by the DON. The Administrator will present all negative findings to the QAA committee quarterly for review and recommendation.</p> <p>Corrective actions were completed on 9/25/20</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA910000065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2020
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NAME OF PROVIDER OR SUPPLIER
CENTURY VILLA, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
301 CENTINELA AVE
INGLEWOOD, CA 90302

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C4190	<p>Continued From page 2</p> <p>admitted and readmitted were quarantine in the yellow zone.</p> <p>During an interview with Certified nurse assistant (CAN 1) on 8/28/20, at 12:23 p.m., she stated residents who were in the yellow zone were quarantine for 14 days.</p> <p>During an interview with licensed registered nurse (LVN 1), on 8/28/20, at 1:20 p.m., he stated residents in the yellow zone staff wear gown, shield, mask, gloves, and shoe covers.</p> <p>During an interview with CAN 2, on 7/28/20, at 1:50 p.m., she stated room 12 had two residents. CAN 2 stated Resident 3 went to the hospital on 8/27/20.</p> <p>During an interview and concurrent record review with the DON, on 8/27/20, at 2:17 p.m., she stated Resident 2 and Resident 3 were non-compliant with quarantine, refused to stay in a quarantine room, and refused to stay in their room. DON stated she could not find any care plans about Resident 2 and Resident 3 being non-compliant with quarantine. DON stated if Resident 2 became confirmed with COVID-19, he would comply with isolation. DON agreed that readmissions should be separated from non-covid-19 residents. The DON stated readmissions could come out of quarantine after 14 days or two negative COVID-19 test results. DON stated a readmission had a 50% chance of being infected with COVID-19.</p> <p>During a review of the Medical Records for Resident 2, the Face Sheet indicated Resident 2 was readmitted to the facility on 8/22/20.</p> <p>During a review of the Medical Records for Resident 2, the West Pack Labs, indicated Resident 2 was tested for COVID-19 on 8/25/20</p>	C4190	<p>B. On 7/28/20 the 2 yellow zone rooms 30,31 had their doors closed by the LVN supervisor. PPE carts were placed outside each room and signs for proper PPE use were placed on all the doors on 7/28/20. The PPE isolation carts included masks, face shields, disposable gowns, and gloves. The signs indicated appropriate infection control procedures for droplet isolation of COVID-19 and appropriate donning and doffing of the PPEs.</p> <p>To identify other residents having the potential to be affected by the same practice, the LVN supervisor and DON assessed all in house resident's and no other resident's were noted to be affected by this practice.</p> <p>To ensure that this practice does not reoccur, the DON in-serviced all staff regarding infection control guidelines to prevent the spread and transmission of all communicable disease including COVID-19 on 7/29/20.</p> <p>The DON will conduct weekly rounds to ensure that all quarantine rooms have their doors closed, have appropriate signage displayed outside the room, and have fully stocked PPE/isolation carts outside each room.</p>	9/25/2020

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C4180	<p>Continued From page 3</p> <p>and the negative COVID-19 result was reported on 8/26/20.</p> <p>During a review of the Medical Records for Resident 2, the Resident Care Plan dated 8/28/20, indicated non-compliance to order for isolation/quarantine</p> <p>During a review of the Medical Records for Resident 3, the Specimen Enquiry Report dated 8/20/20, indicated Resident 3 was negative for COVID-19</p> <p>During a review of the Medical Records for Resident 3, the Face Sheet indicated Resident 2 was readmitted to the facility on 8/23/20</p> <p>During a review of the Medical Records for Resident 3, the West Pack Labs, indicated Resident 3 was tested for COVID-19 on 8/26/20 and the negative COVID-19 result was reported on 8/26/20.</p> <p>During a review of the Medical Records for Resident 3, the Resident Care Plan dated 8/28/20, indicated non-compliance to order for isolation/quarantine</p> <p>The facility mitigation plan undated indicated the facility would ensure that residents were tested prior to admission or readmission, including transfer from hospitals and other healthcare facilities. The plan indicated if the hospital did not test the resident, the facility would test and quarantine upon admission. The plan indicated residents who were admitted from the hospital would be tested prior to admission and if they tested negative, would be quarantine for 14 days and then retested. If negative, the resident would be released from quarantine. The plan indicated the facility would ensure that upon admission, new and readmitted residents with unknown COVID-19 status were place in a single occupancy room or a separated observation unit, wing, or building.</p> <p>The facility's policy titled "Cohorting of Residents".</p>	C4180	<p>All negative findings will be addressed by the Administrator to be presented to the QAA committee quarterly for review and recommendation.</p> <p>Corrective actions were completed on 9/26/20</p> <p>C. On 8/28/20 the housekeeper was immediately given the correct bottle of EPA registered disinfectant effective against COVID-19 and educated in its use to prevent the spread of COVID-19 infection.</p> <p>To identify other residents having the potential to be affected by the same practice, the LVN supervisor and DON assessed all in house resident's and no other resident's were noted to be affected by this practice.</p> <p>To ensure that this practice does not reoccur, on 8/29/20 the housekeeping supervisor in-serviced the housekeeping staff regarding the use of EPA registered disinfectants to use which are effective against COVID-19.</p> <p>The housekeeping supervisor will conduct weekly rounds to ensure that all housekeepers are using the proper disinfectant for use against the COVID-19 virus.</p>	9/25/2020	

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California Department of Public Health

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C4190	Continued From page 4 undated, indicated the yellow unit or quarantine was for residents who have been in close contact with one or more known cases of COVID-19 or for newly admitted or readmitted residents. Patients in this area should be placed in a private room if possible. Individuals should be kept in quarantine for 14 days from the date of their exposure, or admittance date. Patients who received two negative test results at least 24 hours apart can be transfer to the non-COVID-19 patient care area. The facility policy titled "Novel Coronavirus, Plan, Prevention, and Response" revised 2020, indicated interventions to prevent the spread of respiratory germs for residents with undiagnosed respiratory infection, the facility would use standard, contact, and droplet precaution with eye protection. The policy indicated residents who were suspected of having COVID-19 were the staff would implement standard, contact, and airborne. The policy indicated staff would wear gloves, gowns, goggles or face shields, and mask (respirators) upon entering room. b- During an interview with the DON on 8/28/20, at 11:17 a.m., she stated the facility did not have any residents in quarantine. During an interview with the Director of Staff Development on 7/28/20, at 11:28 a.m., he stated patients who were in the yellow zone were considered under investigation for COVID-19. During an observation on 7/28/20 in the hallway, room 30 and room 31 were marked as yellow zone and were occupied with one resident each. Room 30 and 31 doors were open. There was no signage or PPE cart outside the door. During an interview with Certified nurse assistant (CAN 1) on 8/28/20, at 12:23 p.m., she stated residents who were in the yellow zone were quarantine for 14 days During an interview with licensed registered nurse	C4190	All negative findings will be brought to the Administrator's attention by the housekeeping supervisor. The Administrator will present all negative findings to the QAA committee quarterly for review and recommendation. Corrective actions were completed on 9/25/20 D. On 8/31/20 the mitigation plan was implemented to be aligned with the local, state, and federal guidelines. To identify other residents having the potential to be affected by the same practice, the LVN supervisor and DON assessed all in house resident's and no other resident's were noted to be affected by this practice. To ensure that this practice does not reoccur, on 8/31/20 the CQI nurse in-serviced the Administrator regarding the mitigation plan and to make sure that it is aligned with the local, state, and federal guidelines. The administrator will conduct weekly rounds with the DON to ensure that the mitigation plan is followed and aligned with the local, state, and federal guidelines.	9/25/2020

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C4180	<p>Continued From page 5</p> <p>(LVN 1), on 8/28/20, at 1:20 p.m., he stated residents in the yellow zone staff wear gown, shield, mask, gloves, and shoe cover. During an interview with LVN 2, on 8/28/20, at 1:57 p.m., he stated readmission residents and hemodialysis residents were cohorted in the yellow zone.</p> <p>During an interview with the DON, on 8/27/20, at 2:17 p.m., she stated hemodialysis residents were cohorted in the yellow zone. The DON stated the yellow zone rooms should have PPE cart and signage by the door, the door should be close, and the staff should wear mask, gloves, and a gown to go into the rooms in the yellow zone to prevent COVID-19 infection.</p> <p>The facility mitigation plan undated indicated the necessary PPE would be made available directly outside the resident's rooms in the red zone in accordance with current Center for Disease Control and Prevention (CDC) guidance. The plan indicated the facility would have an isolation set-up outside resident rooms when necessary to meet this requirement. The plan indicated all staff would wear recommended PPE while in the building per current California Department of Public Health (CDPH) guidance. The plan indicated signs were posted immediately outside the resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidelines. The plan indicated the facility designated space for safe care and treatment of COVID-19. The plan indicated the quarantine yellow space was designated for unknown asymptomatic residents and/or developed a safe plan.</p> <p>The facility policy titled "Novel Coronavirus, Plan, Prevention, and Response" revised 2020, indicated interventions to prevent the spread of respiratory germs; residents with undiagnosed</p>	C4180	<p>All negative findings will be brought to the Administrators attention by the housekeeping supervisor. The Administrator will present all negative findings to the QAA committee quarterly for review and recommendation.</p> <p>Corrective actions were completed on 9/25/20</p>	

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C4190	<p>Continued From page 6</p> <p>respiratory infection facility would use standard, contact, and droplet precaution with eye protection. The policy indicated the facility would use posting signs on the door or wall outside of the resident room that clearly described the type of precaution needed and required PPE. The policy indicate the PPE, including face mask, eye protection, gowns, and gloves, available immediately outside of the resident's room. The policy indicated resident's who were suspected of having COVID-19 were placed in a private room with the door closed.</p> <p>d- during an observation and concurrent interview with housekeeping (HK 1), on 8/28/20, at he had a cleaning cart in the hallway. HK 1 stated he cleaned the floors, the resident's side table, nursing station, and facility spills. HK 1 showed a bottle with a purple liquid labeled brilloso and stated that was the product he used to clean. Facility surfaces. HK 1 stated the liquid has a 20 seconds contact time. HK 1 stated the facility used a yellow liquid only when the bed was stripped. HK 1 showed the bottle for brilloso product and stated he could not find a label that indicated use for corona virus and EPA registered.</p> <p>During an interview with Supervisor of housekeeping, on 8/28/20, 3 p.m., he stated the facility should not use the product called brilloso product to disinfect the facility and brilloso was not EPA registered.</p> <p>The facility's policy titled "Novel Coronavirus, Plan, Prevention, and Response" revised 2020, indicated the facility would perform routine and terminal cleaning using disinfectants known to be effective against emerging viral pathogens or novel coronavirus SARS-CoV02 (EPA list N agents).</p> <p>d- During an interview with the DON on 8/28/20,</p>	C4190		

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C4190	<p>Continued From page 7</p> <p>at 11:17 a.m., she stated the facility did not cohorted symptomatic residents who were not confirmed with COVID-19 in the red zone. The DON stated the mitigation plan was not correct. The facility mitigation plan undated indicated the facility had developed procedures to safe care and treatment of COVID-19 in designated spaces. The policy indicated residents who were confirmed positive for COVID-19 and /or were symptomatic suspected would be in the red space.</p> <p>The facility's policy titled "Cohorting of Residents" undated, indicated the red unit or isolation include residents who have been tested positive for COVID-19 and individuals who developed symptoms of COVID-19, who were waiting test results, or who have tested negative a single time should be placed in the quarantine area.</p> <p>The center for Disease Control and Prevention dated 7/16/20, indicated patients who had COVID-19 should only be cohorted with patients with the same respiratory pathogen.</p> <p>The Los Angeles Acute Communicable disease manual dated 8/17/20, indicated The facility should designate an area for the placement of suspect and confirmed residents.</p>	C4190		

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