STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056218	A. BUILDING _____ B. WING _____	C 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELL CONVALESCENT HOSPITAL	4900 E. FLORENCE AVE BELL, CA 90201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one complaint. Complaint number: CA00827777. Representing the Department: HFEN 45009. 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 CA00827777. See Tag F880.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 4/3/2023

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.

Bell Convalescent Hospital
4900 E Florence Ave.
Bell, CA 90201
(323)560-2045

F880 – completion date 03/24/23

By submitting this POC, Bell Convalescent Hospital does not admit nor concede the existence or scope and severity of the deficiencies and conditions cited in HCFA 2567 or all of the facts and conclusions as described in the summary statement. However, even to alleged facts, conclusions, determination or issues which Bell Convalescent Hospital may question or dispute, Bell convalescent Hospital respects the concerns raised thereby. Bell Convalescent Hospital acknowledges there is always room for improvement and will endeavor to improve where all concerns raised, whether Bell Convalescent Hospital agrees or not. This POC is submitted in compliance with federal and state law and Bell Convalescent Hospital is aggressively implementing actions to improve operations and resident care in accordance with this POC.

CORRECTIVE ACTION

This facility shall 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 by preventing and managing the potential spread of COVID-19.

On 03/23/23, the DSD provided CNA 1, CNA 2, RN 1, and RN 2 one-on-one in-service on hand hygiene, PPE requirements, and donning & doffing policy and procedures. The DSD provided in-service on the same topics to all CNAs and licensed nurses from 03/02/23 to 03/24/23. During outbreak, the charge nurse will continue reminding the staff at shift-start huddles and the DSD will continue making rounds to ensure compliance.

Coming out of the outbreak, the DON and the DSD will continue providing reminder in-services on hand hygiene and changing gloves between resident care during monthly all-staff meeting for next 3 months.

OTHER RESIDENTS

There are no other residents found to be affected by the same deficient practice. Effective immediately, the DON and the DSD began their in-service on hand hygiene, PPE requirements, and donning & doffing policy and procedures.

SYSTEMIC CHANGES

The DON and the DSD will continue providing in-service on infection control policies and procedures as noted above. The in-service shall be held on a monthly basis during all staff meetings for next 3 months. In case of an outbreak, the DON will reinstate huddle reminders which shall continue until the outbreak is over.

The DSD and the DON shall perform competency check annually and as needed including hand hygiene, PPE requirements, donning & doffing policy and procedures. They shall shadow the staff during competency check to ensure compliance.

The DSD, DON, and the Administrator shall make daily rounds to ensure all nursing staff are following infection control and prevention policy and procedures on a continuing basis.

MONITORING PERFORMANCE

This shall be monitored by the DON and administrator as part of their Quality Assurance Performance Improvement process for the next 3 months and update the plan as deemed necessary. The DON shall report to the QAA Committee monthly. All findings will be reviewed by the Administrator and the DON for evaluation of plan effectiveness and further recommendations for any needed followup for efficacy of the plan.