

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER FOUNTAIN VIEW SUBACUTE AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 5310 FOUNTAIN AVE LOS ANGELES, CA 90029	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to ensure: 1. A full time Infection Prevention Nurse (IPN) was employed, and 2. The Mitigation Plan (MP) included how resident's leave the facility, what would happen if a employee becomes ill at work, notification of the number of coronavirus positive (a disease that has caused a worldwide pandemic of respiratory illness, called COVID-19) residents, and teaching residents about social distancing. These deficient practices had the potential to cause the spread of COVID-19 to the residents, staff, and the public. Findings: 1. During an interview and a concurrent record review with the Administrator on July 27, 2020 at 12:00 p.m., the Administrator reviewed the Job Details of the Director of Staff Development (DSD), a Licensed Vocational Nurse (LVN1). The Job Details indicated a standard of 40 hours worked. The Administrator stated the DSD works half time as the DSD and the other half time as the IPN. The Administrator was unable to provide a 40 hours work time for the IPN as required by the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance for improving infection control and prevention practices to prevent the transmission of COVID-19. 2. During an interview and a concurrent record review with IPN, on July 27, 2020 at 1 p.m., the IPN reviewed the MP. The IPN acknowledged the findings and stated the MP did not indicate the following: a. A policy and procedure for notifying the receiving facility or agency (hospital, [MEDICAL TREATMENT] unit, paramedics etc.) if a resident was COVID-19 positive prior to transfer, b. A policy and procedure of how and when the residents and their representatives would be notified of the number of COVID-19 positive residents and staff in the facility, c. A policy and procedure to indicate what to do if a staff member was exhibiting signs and symptoms of COVID 19 at work, and d. A policy and procedure to teach the residents in the facility social distancing when they are out of their rooms and in the hallway.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.