

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055608	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER PRIMROSE POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 515 CENTINELA AVE. INGLEWOOD, CA 90302	
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 - Some	<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 establish a facility wide infection control program when a Certified Nurse Assistant (CNA 1), while working inside the COVID-19 (a serious communicable disease caused by a coronavirus) designated area of the facility, was only using only a simple cloth mask without a face shield; and CNA 1 was observed taking her lunch break with other facility staff in the staff breakroom, outside of the COVID-19 designated area. This failure had the potential to spread COVID-19 to 39 residents without COVID-19 in a universe of 53 residents.</p> <p>Findings: During an interview with the Administrator on May 13, 2020 at 10:40 AM, the Administrator indicated the facility's current census (number of residents in the facility) was 53 residents. Out of the 53 residents, 14 residents were positive for COVID-19. During a facility tour with the Administrator and the Director of Nurses (DON) on May 13, 2020 at 11:10 AM, observed the designated COVID-19 section on the right wing, as you enter the building, was enclosed with plastic barrier taped on the ceiling and wall. The floor area had a gap. There were two stop signs, and donning and doffing PPE signage posted. During an observation of the other end of the COVID-19 area with the DON and the Administrator on May 13, 2020 at 11:40 AM, the COVID-19 section was enclosed by a double door with a small window on each of the door. It was observed through the small window, most of the staff were using a face shield (plastic covering used to protect the eyes from the coronavirus) and an N95 face mask (a preferred mask respirator which blocks inhalation of [MEDICAL CONDITION] while working in the COVID-19 designated section). CNA 1 was observed pushing a linen cart towards the double door, and was wearing only a simple homemade cloth face mask without the face shield. During a concurrent interview with the DON, the DON stated while working in the COVID-19 section of the facility, the staff should be wearing face shield and N95 mask. During an observation of the staff lounge in the non-COVID section of the facility with the DON and the Administrator on May 13, 2020 at 12:09 PM, CNA 1, who was working in the COVID-19 designated section of the building, was taking her lunch break with three other facility staff in the breakroom outside of the COVID-19 designated section. CNA 1 was observed still wearing the same simple cloth mask used when she was inside the COVID-19 designated section of the building. During a concurrent interview with CNA 1, CNA 1 stated that she just came back from being sick. CNA 1 confirmed she was taking her lunch with the other staff in the breakroom. CNA 1 further stated she was not informed of what to wear and what to do in line with working with COVID-19. During a review of the California Department of Public Health guidance titled Preparing for COVID-19 in California Skilled Nursing Facilities accessed on July 9, 2020 from https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-01-SNF-Checklist.pdf, indicated:</p> <p>HCP dedicated to care for residents with suspected or confirmed COVID-19 infection should use an N95 respirator wherever available (if unavailable, a facemask), eye protection (face shield or goggles), gloves, and gown. Minimize the number of HCP assigned to patient care activities for residents with COVID-19.</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.