

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055932	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER FOUR SEASONS HEALTHCARE & WELLNESS CENTER, LP		STREET ADDRESS, CITY, STATE, ZIP 5335 LAUREL CANYON BLVD. NORTH HOLLYWOOD, CA 91607	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, two staff members failed to follow the facility's infection control practices. Staff members exited the designated COVID-19 (Coronavirus Disease 2019, a highly contagious virus that causes breathing difficulty and other complications) zones without disinfecting hands afterwards. This deficient practice increases the risks of the spread of COVID-19. Findings On 6/10/2020 at 11:04 a.m., during interview, the Director of Nursing (DON) stated the facility was exercising zone areas for prevention of the spread of COVID-19. The Green Zone was for residents COVID negative or never exposed to COVID. The Yellow Zone was designated for potentially exposed residents or Persons Under Investigation (PUI). The Red Zone was set aside for residents that are tested and were positive for the COVID-19 virus. On 6/10/2020 at 11:08 a.m., Social Services Assistant (SSA) was observed exiting the Red Zone and crossing a preventative wall barrier that physically separated the Red and Yellow Zone. While crossing the designated zones and making physical contact with the barrier, SSA went to the medication cart to grab a straw, then returned to the Red Zone, without sanitizing hands. On 6/10/2020 at 1:58 p.m. during observation, Physical Therapy Assistant (PTA) was observed exiting the Red Zone barrier into the Yellow Zone and entered directly to the PT Room, without disinfecting hands. On 6/10/2020 at 2:10 p.m., during an interview with PTA, PTA stated because of the contact with the barrier wall, disinfecting hands should have been done. On 6/10/2020 at 3:55 p.m., during an interview with Infection Prevention Nurse (IP), IP nurse stated staff we instructed to sanitize hands before and after leaving the Red Zone and going through the barrier. A review of the Los Angeles County Department of Public Health (LA DPH) Centers for Disease Control (CDC) COVID-19 Infection Control recommendations/guidance published online through Los Angeles Health Alert Network (LAHAN), staff are to wash or sanitize hand when leaving the COVID Zones.		

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.