

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER BRIARCREST NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 5648 EAST GOTHAM STREET BELL GARDENS, CA 90201	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to 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 for two of 2 residents (1, 2) by: a. Resident 1 and Resident 2, who were either ventilator dependent (need ventilator machine to breath), or had acute [MEDICAL CONDITION] ((ARF) a lung condition that leads to low oxygen levels in the blood), and who were not exposed or under quarantine (practice of separating individuals who have had close contact with someone with COVID-19 (highly infectious lung disease caused by [MEDICAL CONDITION] that can spread from person to person) to determine whether they develop symptoms or test positive for the disease in order to reduce the risk of transmission if an individual is later found to have COVID-19) were observed playing cards in the quarantine designated area. b. The staff who was assigned to the quarantine area was not aware Personal Protective Equipment ((PPE) protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) such as goggles or face shield had to be worn prior to entering the resident's rooms who were under quarantine. These failures had the potential to increase the risk of transmission of COVID-19 to non-infected residents, staff, and the community. Findings: a. On 9/30/20 at 1:10 p.m., during an observation and interview Resident 1 and 2 were playing cards by the lobby area in the designated quarantine zone. The doors of the rooms in the quarantine zone were left open. Resident 2 stated her room and Resident 1's room were not in the quarantine zone. On 9/30/20 at 1:17 p.m., during an interview Resident 2 stated she and Resident 1 had always played cards in that location. On 9/30/20 at 1:47 p.m. during an interview the Director of Nursing (DON) stated the residents who were not placed in the quarantine zone should not be in the quarantine zone. The DON stated residents who did not have a room in the quarantine zone should not be playing cards in the yellow zone area. A review of the Admission records for Resident 1 indicated the [DIAGNOSES REDACTED]. A review of the Admission records for Resident 2 included a [DIAGNOSES REDACTED]. During a review of the Los Angeles Department of Public Health Congregated Residential Setting B-73 COVID-19 updated 8/17/20 indicated quarantine residents should have limited contact with staff and other residents, stay in a separate room as much as possible, and away from residents who are vulnerable to severe illness related to COVID-19. b. During an observation in the quarantine zone on 9/30/20 at 12:56 p.m., the picture of PPE posted outside of the rooms indicated that staff should use gowns, gloves, masks, and goggles or face shield to enter the resident's room. During an observation in the quarantine zone on 9/30/20 at 1:04 p.m., a healthcare worker who was inside a quarantine room, caring for a resident but was not wearing a goggle or face shield as indicated on the picture of PPE posted outside of the room. On 9/30/20, at 12:58 p.m., during an interview certified nurse assistant (CNA 1) stated she only wore a goggle or face shield if she was in contact with the resident's sputum. On 9/30/20 at 1:24 p.m., during an observation and interview Licensed Vocational Nurse (LVN 1) stated she did not wear goggles or face shield in the quarantine zone. LVN 1 stated she was told by the facility that regular glasses helped protect her eyes. LVN 1 entered a room in the quarantine zone without wearing goggles. On 9/30/20 at 1:47 p.m., during an interview the Director of Nursing (DON) stated the staff had to wear goggles or a face shield when entering any quarantine rooms to protect their eyes. The DON stated the residents in the quarantine zone could be infected with COVID-19 and when they sneezed or coughed they could contaminate the staff with COVID-19 virus through their eyes. The DON reviewed the facility's COVID-19 mitigation plan and stated the staff should wear goggles or face shield in the quarantine zone. On 9/30/20 at 2:41 p.m., during an interview the infection prevention (IP) stated the residents in the quarantine zone could be infected with COVID-19 and staff who cared for those quarantine residents had to wear goggles or face shield to protect themselves and the residents. The IP stated that she in-serviced the staff on wearing the proper PPE that need to be used in the quarantine zone. During a review of training sign-in sheet dated 7/13/20, indicated the facility provided a reminder for the proper use of PPEs when entering or working in the yellow zone. A review of the facility's COVID-19 Mitigation Plan Manual - Appendix C - Infection Prevention and Staffing dated 5/28/20, indicated infection prevention would monitor and collect all guidance from the local health department, California department of public health, and center for disease control and prevention to ensure consistent application of safe infection control practices. A review of the Los Angeles Department of Public health Congregated Residential Setting B-73 COVID-19 updated 8/17/20, indicated health care workers should wear eye protection which was defined as face shield or goggles when in close contact with patients.</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.