

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR CARE CENTER OF CHEVIOT HILLS		STREET ADDRESS, CITY, STATE, ZIP 3533 MOTOR AVENUE LOS ANGELES, CA 90034	
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 - Few	<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 the facility's red zone (area in the facility placed in isolation and occupied by Coronavirus 2019 (COVID-19, a highly contagious respiratory disease) confirmed positive residents) was free from personal items as evidenced by a large blue water bottle belonging to the Certified Nursing Assistant 1 (CNA 1) found on a handrail next to a chair in the hallway of the red zone. This deficient practice had the potential to spread [MEDICAL CONDITION] to other staff and residents. Findings: On 7/27/2020 at 2:30 p.m., an unannounced visit was made to the facility to investigate a complaint regarding infection control. During a tour of the facility's red zone on 7/27/2020 at 2:50 p.m., together with the Infection Control Preventionist (ICP), a large blue water bottle was observed on a handrail next to a chair in the hallway. During an interview on 7/27/2020 at 2:55 p.m., CNA 1 stated the large blue water bottle was hers. CNA 1 further stated her water bottle could be a means of spreading infection to herself, staff and others. During a telephone interview on 7/29/2020 at 4:35 p.m., the ICP stated CNA 1 may contract [MEDICAL CONDITION] from drinking her water bottle which was left exposed and unattended on a handrail next to a chair in the hallway in the red zone. During a telephone interview on 9/25/2020 at 11:03 a.m., the Director of Nursing (DON) stated finding a large blue water bottle in the hallway in the red zone was unacceptable because the unattended water bottle was in an area that can come in contact with [MEDICAL CONDITION]. The DON stated this situation can potentially spread [MEDICAL CONDITION] to CNA 1, other staff, and other residents. A review of the facility's Policy and Procedure titled, Employee Responsibilities for Infection Control, revised on 1/10/2019, indicated All employees are responsible for [MEDICATION NAME] good infection control measures and for carrying out the policies and procedures instituted by the Care Center</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.