

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER KINGSLEY MANOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1055 N KINGSLEY DR 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 interview and record review the facility failed prevent the spread of Coronavirus Disease 2019 (COVID-19 - a [MEDICAL CONDITION] highly contagious infection, transmitted from person to person, causing respiratory problems severe enough that may cause death) by not implementing its Mitigation Plan policy and not following current Infection Control Guidelines for Skilled Nursing Facilities (SNF) per All Facilities Letter (AFL) 2-52 which indicate to have a full time (40 hours per week) dedicated Infection Preventionist (IP) Nurse. This deficient practice resulted on the facility having a new outbreak of COVID-19 on 8/17/2020. Findings: A review of the facility's COVID-19 outbreak report indicated that on 4/6/2020 the Los Angeles County Department of Public Health Public Health Nurse (PHN) open the first outbreak. On 7/23/2020 the outbreak was closed as there were no COVID-19 positive resident or staff. On 8/17/2020, the PHN open a new outbreak of COVID-19. On 8/18/2020 at 3:10 p.m. during an interview, the Director of Nursing (DON) stated the facility did not have an IP and she (the DON) was doing both, IP and DON roles. DON was unable to provide the breakdown of hours she worked as IP or as DON because she was not paid by hours but salary. On 8/19/2020 at 12:46 p.m., during a telephone interview, the Human Resources Director stated the former IP Nurse worked the last day on 7/31/2020. On 8/20/2020, at 11:40 a.m., during a telephone interview, the Administrator stated the IP Nurse quit suddenly and the facility was actively trying to fill the position. A review of the facility's Mitigation Plan policy and procedure indicated the facility's IP Nurse worked Monday to Friday from 9 a.m. to 5 p.m. A review of the AFL 20-52, dated 5/11/2020, indicated the SNF must have a full-time, dedicated IP Nurse for infection prevention quality control activities.</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.