

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARARAT NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>15099 MISSION HILLS ROAD MISSION HILLS, CA 91345</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement infection control measures to prevent the spread of Coronavirus Disease 2019 (COVID-19, a [MEDICAL CONDITION] highly contagious respiratory infection that transmits from person to person and contaminated surfaces). The facility failed to ensure health care personnel (HCP) observed social distancing (measures intended to prevent the spread of COVID-19) of six feet or more and using face masks (at minimum surgical masks). This deficient practice had the potential to result in increasing number of COVID-19 cases among residents and HCP. Findings: On 9/9/2020 at 9:15 a.m., an unannounced visit was made to the facility. At the facility's parking lot, two male HCP were standing and talking next to each other not wearing face mask or face shield. On 9/9/2020 at 9:19 a.m., same two HCP put on their mask prior to entering the facility. On 9/9/2020 at 11:02 a.m., at the first floor East Nursing Station patio with the Director of Nursing (DON), two female HCP were sitting at one table eating right next to each other. The DON instructed the two HCP to maintain 6 feet distancing. DON stated they were too close to one another. A review of the facility's policy and procedure titled, Preventing the Spread of COVID-19 revised 8/3/2020 indicated that the purpose is to provide facility staff members with interim U.S. guidance for preventing the spread of COVID-19. Guidelines included encourage social distancing of 6 feet or more for residents and staff when possible, and face masks (at minimum surgical masks for employees) when close contact is necessary.</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.