

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555605	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER GLENHAVEN HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 212 WEST CHEVY CHASE DRIVE GLENDALE, CA 91204	
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 to provide a safe, sanitary environment to help prevent the spread of infections during the Coronavirus (COVID-19 - an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis for 2/3 residents (Resident 1 and 2) in the quarantine yellow zone (this area was for residents; who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests) by failing to change isolation gown after providing care to the residents in the yellow zone. This deficient practice has the potential to spread COVID-19 to other residents, staff, and visitors. Findings: A review of Resident 1's Admission Record indicated the resident was readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's history and physical examination [REDACTED]. indicated the resident did not have the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS- a resident assessment and care screening tool) dated 6/28/20, indicated the resident was total dependent with two plus person assist for dressing, toilet use and personal assist. Resident 1 was placed in a room in the yellow zone. A review of Resident 2's Admission Record indicated the resident was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of the resident's H&P examination dated 7/28/20, indicated Resident 2 has the capacity to understand and make decisions. A review of the MDS dated [DATE], indicated the resident required supervision with dressing, toilet use and personal hygiene. A review of Resident 2's Physicians Order dated 8/31/20, indicated to transfer the resident to the acute care hospital due to tremors and weakness. The resident was readmitted the same day and was placed in a room in the yellow zone. On 9/3/20, at 12:32 p.m., during a concurrent observation and interview, Certified Nurse Assistant 1 (CNA 1) entered Resident 1 and Resident 2's room. CNA 1 stated, she wore the same reusable gown to take care of both Resident 1 and 2. On 9/3/20, at 2 p.m., during a concurrent interview and record review, the Infection Preventionist Nurse (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment) stated, the staff has to wear one reusable gown per resident in the yellow zone. The IP nurse stated, the staff cannot use the same gown for all the residents in the room. A review of the staff in-services, there was no indication that the staff was in-serviced on the proper use of reusable gowns for residents in the yellow zone. The IP nurse stated, that an in-service would be provided to the staff immediately. On 9/3/20, at 2:10 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated, that it is okay to wear the same reusable gown for the two residents in the yellow room. A review of the Los Angeles County Department of Public Health, Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities, updated 8/21/20, indicated that in the Quarantine area (Yellow zone), this area was for the following residents; those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible. If private rooms are not available for all residents in the Yellow Cohort, they should be prioritized for symptomatic patients, close contacts, and those with indeterminate test results as they have a higher probability of infection. If single rooms are not available, use strategies to reduce exposures between residents such as placement of curtains between residents; put residents with similar risk profiles in the same room (e.g., group low risk admissions in the same room); and change gowns and gloves and perform hand hygiene between each patient contact in this area. http://publichealth.lacounty.gov/acd/nCorona2019/B73COVID/SNF/index.htm</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.