

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555707	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER IMPERIAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 11441 VENTURA BLVD STUDIO CITY, CA 91604	
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, one out of 7 staff members were observed not wearing the proper personal protective equipment while on duty. A staff member entered an isolated room (designated area for potentially contagious residents) without wearing the proper facemask. This deficient practice increases the risks of transmitting infection to other residents and or staff. On 8/31/2020, an unannounced visit was made to the facility to investigate concerns affecting infection control. Findings On 8/31/2020 at 11:59 a.m., during an interview with the Administrator (ADM), ADM stated having a census of one hundred and twenty-three residents (123) currently in-house for the day. On 8/31/2020 at 12:08 p.m., during tour of the facility, a nurse was observed wearing a surgical mask, no eye protection, entering an isolated room designated for residents being monitored for exposure to Covid-19 (a highly contagious [MEDICAL CONDITION] infection causing fever, cough, and breathing difficulty). Concurrent interview with Director of Nursing (DON) identified the nurse as the facility's Infection Preventionist (IP). When asking DON what type of mask is required for staff to wear when entering the specific room, DON was unable to answer at the time. On 8/31/2020 at 12:30 p.m., during interview with IP nurse, IP stated that the rooms designated for Covid-19 require staff to be wearing an N95 mask (a mask capable of filtering at least 95% of particles in the air) and goggles for eye protection. Record review of facility form titled In-Service Education dated 7/13/2020 indicates that IP nurse signed and attended training for the use of personal protective equipment (PPE). On 8/31/2020 at 3:07 p.m., during interview with DON, DON stated that the isolated rooms were to group residents that were exposed to Covid-19. Staff should be wearing an N95 mask for protection and effectiveness to prevent risk of transmitting Covid-19. Record review of facility policy titled Policy: Covid-19 Facility Infection Prevention Quality Control Plan last revised 5/26/2020, indicates, Infection control procedures including administrative rule and engineering controls, environmental hygiene, correct work practices, and appropriate use of (PPE) are all necessary to prevent infections from spreading during healthcare delivery.</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.