

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555822	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER CANYON OAKS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 22029 SATICOY STREET CANOGA PARK, CA 91303	
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 - Some	<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 to observe infection control measures by failing to: 1. Ensure staff have their temperature checked at the beginning of their shift per the facility's policy for 8 of 234 employees. 2. Ensure staff have their temperature checked in the middle of their shift per the facility's policy for 3 of 234 employees. This deficient practice had the potential for staff to enter the facility without being screened appropriately and possibly spread [MEDICAL CONDITION] throughout the facility. Findings: On 8/25/20 at 3:00 during an interview and concurrent review of the employee screening log with the Director of Nursing (DON), the DON stated that Staff and Visitor Screening for signs and symptoms of Covid-19 are required of anyone coming and working in the facility, the purpose of which is to find out if the employee has any symptom like cough, fever (a person to have a fever when he or she has a measured temperature of 100.4 F (38 C) or greater, or feels warm to the touch, or gives a history of feeling feverish) or if temperature is elevated and for shortness of breath. When the screeners check the temperature and if it's 100 degrees Fahrenheit or over, the employee will be sent home and will be barred from working. This is part of infection prevention and is done two times a day upon start of shift and in the middle of the shift; any employee that develops symptoms will be sent home even in the middle of the shift. The DON added that screening applies to everybody, including physicians and practically everyone. No one should pass thru the front lobby without being screened. Upon review of the screening logs for random dates of 7/18/20, 7/19/20, 8/21/20, and 8/24/20, indicated that eight of the employees body temperature were not assessed and checked at the beginning of the shift and three of the employees were not assessed and checked for their body temperature in the middle of the shift. A review of the facility's policy and procedure titled, Infection Prevention and Control Program, dated 6/1/2020, indicated, that in recognizing the risk in possibly introducing [MEDICAL CONDITION] in the facility through outside visitors and staff, it is our (facility) policy to strictly screen anyone entering the facility and employees are screened for Covid-19/Coronavirus through symptom and general exposure screening procedures. The need or further testing will be determined by presence of symptoms and risk exposure.</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.