

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EISENBERG VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18855 VICTORY BL RESEDA, CA 91335</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	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to post signage for contact precautions (control measures to prevent the spread of an infection from person to person through direct contact) outside the room of one resident (Resident 1) with Shingles (an infection caused by [MEDICAL CONDITION] already present in the body and characterized by a painful rash or blisters on the skin). This failed practice had the potential to expose staff, other residents, and visitors to [MEDICAL CONDITION] which causes Chickenpox (a highly contagious infectious disease characterized by an itchy rash and small, fluid-filled blisters) and to result in an infection with potentially serious complications of bleeding problems, brain inflammation, bloodstream infections, and lung infections, especially in adults. Findings: During an observation and concurrent interview on 7/10/2020, at 10:34 a.m., while touring the facility with the Director of Nursing (DON), room [ROOM NUMBER] had an isolation cart (a portable unit with drawers to hold protective gear, such as disposable gowns, gloves, and masks) outside the room. The DON stated Resident 1 was on contact isolation for Shingles. There was no sign for contact precautions posted. There were no signs posted to alert visitors and other residents not to enter the room without checking with staff. There were no directions for staff, visitors, and other residents about what special precautions to take before entering the room. The DON stated there should have been a sign outside the room to indicate the resident was on contact isolation. During a review of the Resident Bed List Report, dated 7/10/2020, the Resident Bed List Report indicated Resident 1 was in the facility and assigned to room [ROOM NUMBER]A . During a review of the Prescription Order for Resident 1, dated 7/8/2020, the Prescription Order indicated, [MEDICATION NAME] (an antibiotic used to treat certain infections caused by [MEDICAL CONDITION]) tablet; 1 gram; oral twice a day. The Prescription Order also indicated, (diagnosis): Shingles right upper buttock (for) 7 days. During a review of the General Order for Resident 1, dated 7/8/2020, the General Order indicated, contact isolation (every) shift. During a concurrent interview and record review on 7/10/2020, at 11:50 a.m., with the Administrator (ADM), the ADM provided a copy of the facility's policy and procedure titled, Isolation Precautions in Long Term Care (undated), which indicated, Post a sign on the patient's/resident's door to alert staff and visitors. The sign shall ask visitors to report to the nurse's station before entering. The nurse shall provide visiting instructions. The ADM stated this was the policy and procedure which required a sign to be posted outside the room of a resident on contact isolation.		
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.