

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA WESTWOOD		STREET ADDRESS, CITY, STATE, ZIP 12121 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	
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>Based on observation, interview, and record review, the facility failed to: 1. Maintain a clean and sanitized shower area for 1 of 2 nursing stations, 2. A trash container in a highly contagious infection control area, the red zone, and 3. To maintain the kitchen sink area clear of pest. The failed practices had the potential to spread bacteria, viruses and impede resident's progress to wellness. Findings: On 9/9/2020 at 11:15 a.m., an unannounced visit was made to the facility to investigate a complaint regarding Quality of Care/Treatment. During a tour of the east shower stalls on 9/9/2020 at 11:30 a.m., with the Infection Control Preventionist (IP), we observed two dirty wash cloths dried and resting on a ledge, a dry bucket with no name or date, the housekeepers cleaning cart, and the soap container cap was off. During a tour of the red zone and a concurrent interview with the IP, on 9/9/2020, at 12:00 p.m., the outside trash container did not have a plastic bag to collect and contain used personal protective equipment or trash. During an interview with the IP, on 9/9/2020, at 12:55 p.m., the IP stated the infection control issues/concerns may cause infection and bacteria to spread. During a tour of the kitchen and a concurrent interview with the Maintenance Supervisor (MS), on 9/9/2020 at 3:00 p.m., a small brown roach was observed on the floor. The MS stated the resident's may get scarred seeing pest crawling around the facility. A record review of the pest control invoice dated 8/27/2020, indicated the kitchen area and laundry room had gaps, and holes were found underneath the sink. Repaired cracks in the walls and underneath pipes have been neglected, and allowing food debris and water to fall into holes and gaps and attracting unwanted pests. The pest control invoice further indicated that once repairs are done, they will recommend adding an intensive chemical control treatment to flush out any unwanted pests. The facility's policy and procedures titled Infection Control-Policies & Procedures, dated January 1, 2012, indicated the facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The facility's objective is to prevent, detect, investigate, and control infections in the facility. The facility's policy and procedures, titled Pest Control revised dated January 1, 2012, indicated the facility maintains an ongoing pest control program to ensure the building and grounds are kept free of insects, rodents, and other pests.</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.