

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER WEST VALLEY POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 7057 SHOUP AVE WEST HILLS, CA 91307	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure one of five staff wore the required personal protective equipment (PPE). Laundry Staff 1 (LS) was not using a facemask while on duty during outbreak of Coronavirus Disease 2019 (COVID-19, a highly contagious virus causing breathing difficulty). This deficient practice increased the risk of staff getting infected and spreading COVID-19. Findings: On 7/14/2020 at 11:58 a.m., during a tour of the facility, LS was in the laundry area sorting linen without the use of a protective face cover. A review of facility's Attendance Roster dated 7/2/2020 indicated LS was trained on the facility's policy's on Prevention and Control of COVID-19 which included the use of PPE. On 7/14/2020 at 1:35 p.m., during an interview, the Infection Preventionist (IP) Nurse stated all staff must wear a mask while on duty. A review of the facility policy titled Personal Protective Equipment - Contingency and Crisis use of Facemask (COVID-19 Outbreak), last revised on 4/2020, indicated to wear PPE (including facemask) to prevent transmission of infectious agents through the inhalation of droplets.		

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.