

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INFINITY CARE OF EAST LOS ANGELES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>101 S FICKETT STREET LOS ANGELES, CA 90033</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to wear a facemask that covering from the nose, mouth, and chin to prevent the transmission of COVID-19 (a newly [MEDICAL CONDITION], [DIAGNOSES REDACTED]-CoV-2, that has caused a worldwide pandemic of respiratory illness, called COVID-19) infection. This deficient practice had the potential to spread infection to all residents and staff in the facility. Findings: During the facility's initial tour, on 6/16/2020 at 10:10 AM, the facility had a census of 56 residents with three residents currently placed in the facility's isolation area (red zone) and seven residents in the facility's quarantine area (yellow zone). The red and yellow zone were located in the first floor together with residents from green zone as well. During the initial tour on 6/16/2020 at 10:10 AM., the certified nursing assistant (CNA 1), and the administrator was observed wearing their face masks that covered their nose and mouth. During an interview, on 6/16/2020 at 10:11 AM., CNA 1 and the administrator stated that face masks must be worn at all times by covering the nose all the way down to the chin. During a concurrent observation and interview, on 6/16/2020 at 10:12 AM., the director of nursing (DON) was observed wearing a face mask that only covered her mouth. The DON's nose was exposed. The DON stated that face masks should cover the top of the nose bridge all the way down to the chin. A review of facility's policy and procedures titled Infection Preventionist and Control Program, with revision date on August 2016, indicated that The infection Preventionist and Control Program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. A review of facility's undated policy and procedures titled Personal Protective Equipment indicated: All facility personnel will be required to wear a facemask while in the facility. A review of CDC guidelines last updated 7/16/2020 indicated the proper way to wear mask is over the nose and mouth and secure it under the chin.</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.