

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2020
NAME OF PROVIDER OF SUPPLIER OSAGE HEALTHCARE & WELLNESS CENTRE		STREET ADDRESS, CITY, STATE, ZIP 1001 SOUTH OSAGE AVE INGLEWOOD, CA 90301	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections to prevent the spread of COVID-19 virus (a highly contagious infection caused by [MEDICAL CONDITION] that can spread from person to person). The yellow zone (the resident who had close contacts to a known COVID-19 case; newly admitted or readmitted residents; residents who leave the facility frequently for outside appointments including residents on [MEDICAL TREATMENT]; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests) which housed four resident rooms did not have a trash container near the doorways as indicated in the facility's mitigation plan (plan to reduce the spread of COVID-19). An employee was observed walking outside of a resident's room doffing (removing) a potentially contaminated Personal Protective Equipment ((PPE) protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) isolation gown (against contamination with COVID-19). The employee walked down the hallway to dispose of the gown in a trash container that was designated for disposal of regular trash instead of a trash container designated specifically for contaminated PPEs. This deficient practice had the potential to expose the residents, staff, and visitors to contaminated PPE by placing it in a regular trash container, and had the potential to cross-contaminate surfaces (such as doors, handrails, walls). Findings: During an observation on 9/28/20 at 1:50 p.m., Certified Nursing Attendant (CNA 2) walked to the doorway of a resident room in the yellow zone and doffed (removed) the PPE at the doorway, walked away from the doorway into the hallway several steps to a trash container (designated for regular trash). During observation CNA 2 lifted the lid and placed the used/potentially contaminated gown inside the trash container. When asked if the PPE gown was supposed to be disposed of in the regular trash can CNA 2 stated, No, I know, I should have placed it in the PPE designated trash can, then CNA 2 pointed to a black trash container (with a foot pedal) that was sitting outside of the adjacent room. When asked if the trash can was supposed to be by the door CNA 2 stated yes it should be there but she did not see any trash cans in the resident's room. When asked if the facility had provided training on how to properly don/doff (put on and take off) PPEs CNA 2 stated yes. When asked if CNA 2 had been trained on how to don/doff PPE the Infection Preventionist ((IP) licensed nurse in charge of infection prevention for the facility) stated she would look to see if there was a training record for CNA 2. Then the IP stated she would provide inservices for staff about keeping the trash cans by the resident's door so staff could doff their gowns before they left the rooms. During observation 9/28/20 at 1:50 p.m., with the IP acknowledged four out of 5 resident rooms in the yellow zone (main building) did not have the designated PPE trash cans by the residents' doors. A review of the facility's Mitigation Plan, revised 9/17/20, indicated trash disposal bins would be positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room. A review of the facility's policy and procedure titled, Personal Protective Equipment revised 1/1/12, indicated gowns should be discarded into appropriate receptacles located in the room in which the procedure or care was performed. According to the Centers for Disease Control and Prevention website for donning and doffing PPE for contact precautions indicated the gowns should be donned prior to leaving the patient's (Resident's) room in order to contain pathogens. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html</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.