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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056228 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/20/2020 |
| NAME OF PROVIDER OF SUPPLIER WEST HAVEN HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP 1495 WEST CAMERON AVE. WEST COVINA, CA 91790 | |
| 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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and facility policy and procedure review, the facility failed to provide a comfortable room temperature for three of four sampled residents (Resident 1, 2, and 3) in a total resident census of 75. This deficient practice caused the residents to complained that rooms were hot and had the potential to cause dehydration or heat exhaustion. Findings: On 7/17/20, at 4:15 p.m. during a concurrent observation and interview, the entrance to the Covid-19 (a contagious virus that causes mild to severe upper respiratory infection) unit was observed to be open. Licensed Vocational Nurse 1 (LVN 1) stated, the door was kept open to let the air in and that the air conditioner (AC) was turned off. LVN 1 stated, it gets really hot especially during the heat wave. LVN 1 stated, the windows were left open for the residents. On 7/17/20, at 4:45 p.m., during an environmental tour and concurrent interviews, with the Infection Preventionist (IP nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment) using a laser thermometer, the following room temperatures were obtained: room [ROOM NUMBER] - 83 degrees Fahrenheit (F) room [ROOM NUMBER] - 81 degrees F room [ROOM NUMBER] - 84 degrees F room [ROOM NUMBER] - 86 degrees F room [ROOM NUMBER] - 93 degrees F room [ROOM NUMBER] - 90 degrees F room [ROOM NUMBER] - 90 degrees F Resident 1 in room [ROOM NUMBER], Resident 2 in room [ROOM NUMBER], and Resident 3 in room [ROOM NUMBER], stated their rooms were hot. On 7/17/20, at 5:07 p.m., during an interview, the Administrator stated, the AC had been turned off in the Covid-19 unit since the first week of May 2020, because the AC may circulate [MEDICAL CONDITION] throughout the facility. On 7/20/20, at 11:35 a.m., during a telephone interview, the Maintenance Supervisor stated, the residents' room temperatures should be kept between 73 to 78 degrees F. A review of the facility policy and procedures titled, Quality of Life-Homelike Environment, dated 4/2018 indicated: The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics included comfortable temperatures.</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.