

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555397</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY VILLA REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>340 SOUTH ALVARADO STREET LOS ANGELES, CA 90057</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 adhere to the infection precautions for preventing the spread of coronavirus (COVID-19- is a respiratory illness caused by [MEDICAL CONDITION] that can spread from person to person) in the facility. Certified Nurse Assistant (CNA 1) did not wear a protective gown while assisting Resident 1 who was under observation for possible exposure to COVID-19. This deficient practice had the potential for CNA 1 to transmit COVID-19 to residents and staff. Findings: During the environmental tour of the facility with the Infection Preventionist (IP), on 8/13/20, at 11:30 a.m., CNA 1 was observed inside the room of Resident 1. CNA 1 was standing close to Resident 1 and helping Resident 1 with walking. During an interview with the IP, On 8/13/20 at 11:42 a.m., the IP stated Resident 1 was under observation for possible exposure to COVID-19. The IP stated CNA 1 should be wearing a protective gown when inside Resident 1's room. During an interview with CNA 1, on 8/13/20 at 11:45 a.m., CNA 1 stated she should be wearing gown when in contact with Resident 1. A review of the of the Quarantine Precautions posted outside Resident 1's room indicated, To wear gown .to protect healthcare personnel. The facility policy and procedures titled, Infection Prevention and Control Program, undated, indicated, Prevent the further spread of infection (resident-to-resident, staff-to-resident) through the initiation of appropriate isolation precautions where warranted. A review of the Center for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (Covid-19) Responding to Coronavirus (Covid-19) in Nursing Homes updated on 4/30/20, indicated all recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher level of respirator , eye protection, gloves and gown.</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.