

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555706	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER DEL AMO GARDENS CONVALESCENT		STREET ADDRESS, CITY, STATE, ZIP 22419 KENT AVENUE TORRANCE, CA 90505	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to abide by their mitigation plan (due to the higher risk of severe illness and death from COVID-19 (a highly contagious infection, caused by [MEDICAL CONDITION] that can spread from person to person) among elderly persons and those with chronic medical conditions, the Department of Public Health (CDPH) is requiring all skilled nursing facilities to develop and implement a CDPH approved COVID-19 mitigation plan) by conducting COVID-19 testing of the residents in a manner that was consistent with current standards of practice and in accordance with the parameters set forth by the Secretary to facilitate early identification and management of potential outbreak. This deficient practice had the potential to expose the residents, staff, and the community to the COVID-19 virus. Findings: During an interview with the facility's administrator on 10/20/20 at 10:30 a.m., stated the facility had been testing the residents according to the state guidelines and was using surveillance testing (testing a random sample of residents for COVID-19) because there had not been a positive COVID-19 case in the facility since August 2020. The administrator stated the facility tested the newly admitted residents and the residents who tested positive after they completed a 14-day quarantine (observation for signs and symptoms of COVID-19). The administrator stated the residents were also tested when a staff member tested positive for COVID-19 or if a resident was symptomatic (exhibiting signs of COVID-19 such as fever, cough, shortness of breath, sore throat, chills, muscle pain, headache, new loss of taste and smell). When asked if the facility was familiar with the local county government guidelines for testing the residents the administrator accessed the local county COVID-19 website for guidelines on preventing and managing COVID-19 in Skilled Nursing Facilities. The administrator acknowledged and stated, Oh, I was not aware of the county guidelines to test 10% of residents on a weekly basis. We will do it today. During interview the administrator instructed the infection control preventionist ((IP) licensed nurse in charge of infection prevention for the facility) to begin testing 10% of the residents. During a record review on 10/20/20 at 11:34 a.m. along with the IP the testing line list (an organized detailed list of each residents' testing date) of the residents indicated the residents were last tested on [DATE]. The IP stated they would test 10% of the residents starting today. On 10/20/20 at 12:05 p.m., during a record review of the facility's undated COVID-19 Mitigation Plan with the administrator the plan indicated the facility would complete surveillance testing to a random sample of 10% of all facility residents weekly (or a minimum of 10 residents in facilities with less than 100 residents) to facilitate early identification and management of potential outbreak.</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.