

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2020
NAME OF PROVIDER OF SUPPLIER VIRGIL REHABILITATION & SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 975 NORTH VIRGIL AVENUE LOS ANGELES, CA 90029	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to properly disinfect the fabric/ canvas gait belt for three of six sampled residents (Resident 4, 5, and 6) when Restorative Nurse Assistant (RNA) stated to have used clorox bleach wipes to disinfect the fabric gait belt in between use for Resident 4, 5, and 6. Manufacturers guidelines for gait belts included machine wash and hang to drip dry. This failure had the potential to result in transmission of infection and potential for disease exposure between Residents 4, 5, and 6. Findings: A review of Resident 4's admission record indicated Resident 4 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 5's admission record indicated Resident 5 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 6's admission record indicated, Resident 6 was admitted to the facility on of 11/8/2018, with [DIAGNOSES REDACTED]. During an interview with the Director of Rehabilitation (DOR) on 9/25/2020, at 2:00 p.m., the DOR stated fabric gait belt are used and shared between residents. The DOR further stated fabric gait belts are disinfected with use of clorox bleach wipes, then sent for laundry services at end of day to be washed. A review of Resident 4's Restorative Nursing Orders for September 2020 indicated, Resident 4's order for RNA ambulation treatment using a front wheel walker. Treatment record indicated, order was completed by the RNA on 9/25/2020. A review of Resident 5's Restorative Nursing Orders for September 2020 indicated, Resident 5's order for RNA ambulation treatment using a front wheel walker. Treatment record indicated, order was completed by the RNA on 9/25/2020. A review of Resident 6's Restorative Nursing Orders for September 2020 indicated, Resident 6's order for RNA ambulation treatment using a front wheel walker. Treatment record indicated, order was completed by the RNA on 9/25/2020. During an interview with the RNA, on 9/25/2020, at 2:12 p.m., RNA stated, the same fabric gait belt was used for Resident 4, 5, and 6. RNA further stated, clorox bleach wipes was used to disinfect the fabric gait belt in between use for Resident 4, 5, and 6. During an interview with the Infection Preventionist (IP), on 9/25/2020, at 2:05 p.m., the IP stated there was a potential to transmit organisms between residents if not disinfected properly. A review of Cow and Cow Gait Belt Series Manual (undated) indicated, easily machine washed and hang to drip dry. During an interview and a concurrent record review with the Director of Nursing (DON), on 9/30/2020, at 9:46 am, the facility's policy and procedures titled Gait Belt undated was reviewed. The policy indicated, if the resident is unsteady with their gait or unable to transfer them, a gait belt should always be used. Place the gait belt around the resident and secure the belt. The DON stated, the policy does not have specific instructions for disinfecting different types of gait belts, example, between gait belts made of canvas, nylon, or plastic. DON further stated, if fabric/ canvas gait belts are used, gait belts should be assigned per resident to maintain safety and prevent infection transmission. A review of the facility's policy and procedures titled Infection Control Plan, updated 3/16/2020, indicated, To develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patient.</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.