

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055664	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER YORK HEALTHCARE & WELLNESS CENTRE		STREET ADDRESS, CITY, STATE, ZIP 6071 YORK BLVD. LOS ANGELES, CA 90042	
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 observation, interview, and record review, the facility failed to provide goggles/face shields according to their policy and procedure for seven of seven droplet isolation rooms (rooms set up to prevent diseases or germs that are spread in tiny droplets caused by coughing and sneezing, i.e. (a [MEDICAL CONDITION] infection that attacks your respiratory system)). This deficient practice had the potential to result in the transmission of disease and infection to the residents, staff, and visitors. Findings: On 1/25/20, at 11:03 a.m., prior to entering the facility, a sign was observed posted on the entrance doors indicated the facility was working in collaboration with the Department of Public Health due to an influenza outbreak in the facility. On 1/25/20, at 11:05 a.m. during an interview with Licensed Vocational Nurse 1 (LVN 1), he stated he was caring for residents on droplet isolation. On 1/25/20, at 11:17 a.m. during an inspection of isolation rooms and concurrent interview with Registered Nurse 1 (RN 1), she verified that in the seven isolation rooms, the carts containing the staffs' personal protective equipment (PPEs) failed to have goggles or face shields. On 1/25/20, at 12:20 p.m., during an interview and concurrent record review, the Director of Nursing (DON), stated she was working under the guidance of the Department of Public Health checklist for influenza outbreak that indicated to implement droplet precautions with the use of eye shields. A review of the County of Los Angeles Department of Public Health Influenza Outbreak Prevention and Control Guidelines for Skilled Nursing Facilities (SNFs) under the Outbreak Management Checklist indicated droplets precautions should be implemented to prevent transmission. http://publichealth.lacounty.gov/acd/InfluenzaOBGuidelines.htm A review of the facility's policy and procedure titled, Infection Control-Policies and Procedures, dated 1/1/12, indicated the facility adopted the infection control policies set forth in current Centers of Diseases Control and Prevention (CDC) guidelines and recommendation. A review of the CDC guidelines for droplet isolation, indicated eyes, nose and mouth are fully covered prior to entering the room. The personal protective equipment for eyes is the use of goggles/face shields. https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.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.