

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055697</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BUENA VENTURA POST ACUTE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1016 S. RECORD ST. LOS ANGELES, CA 90023</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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility staff failed to implement their policy and notify one of three sample residents (Resident 1) Responsible Party (RP) of a Change of Condition (COC). This deficient practice resulted in RP not been made aware Resident 1 was positive for COVID-19 (disease caused by an infection with highly contagious virus called [DIAGNOSES REDACTED]-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2)) on 4/24/2020. Findings: A review of Resident 1's Face Sheet (Admission Record) indicated Resident 1 was first admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a resident assessment and care-screening tool, dated 2/13/2020 indicated the resident never understood and could never understand others. The MDS indicated the resident was totally dependent on staff, requiring two or more-person physical assist for bed mobility (how the resident moves to and from lying position, turning side to side, and positioning of body) and one-person physical assist for personal hygiene. A review of Resident 1's physician order, dated 4/16/2020 indicated a test for COVID-19 screen oral swab. A review of Resident 1's physician order, dated 4/24/2020 indicated to place Resident 1 on strict isolation precautions until further orders. A review of the timeline sent to Resident 1's RP by the Director of Nursing (DON) indicated the following: On 4/16/2020 all residents from the Skill Nursing Facility (SNF) were tested for COVID. On 4/25/2020, facility left a phone message to Resident 1's RP regarding COVID-19 positive results. A review of Resident 1's Licensed Progress Notes, dated 4/16/2020 through 4/27/2020 did not indicate RP was notified of Resident 1's COVID-19 results. On 5/14/2020 at 12:37 p.m., during a telephone interview, RP stated the SNF did not notify her of Resident 1's being tested for COVID-19 or of the positive results. On 8/7/2020 at 1:40 p.m., during an interview, DON stated the SNFs staff called and left message to Resident 1's RP of the COVID-19 testing. The DON stated there was no documentation of a second attempt made by the staff to notify the RP. The DON stated staff should have made several attempts to notify the resident family when there is a COC. A review the facility's policy and procedures titled, Resident Rights, dated 5/25/2020 indicated communication was vitally important for facility to notify staff, residents, residents' representatives, and family members regarding the current status and occurrences confirmed COVID-19 by 5 p.m., the next day following the occurrence.		
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.