

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056433</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VERMONT HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>22035 S. VERMONT AVENUE TORRANCE, CA 90502</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by: 1. Evaluating and addressing the level of risk related to the employees worksite through possible source of infection, and 2. Assessing the need for infection control prevention and management. These failure placed all the residents, staff, and the community at higher risk for cross contamination, and increased spread of COVID-19 (a potentially severe respiratory illness caused by a coronavirus and characterized by fever, coughing, and shortness of breath) infection in the facility and the community. Findings: During an onsite visit on 7/27/20 at 11:30 a.m., the following were observed: 1. There was no readily accessible disinfectant (are chemical agents designed to inactivate or destroy microorganisms on inert surfaces) to clean the pay phone that was in place for the residents and staff use; 2. There was no readily accessible disinfectant to clean the communal water dispenser used by the staff; 3. There was two phones placed in the hallway to receive calls and to page. Licensed Vocational Nurse (LVN 1) was observed paging but failed to disinfect it after use; 4. Nurses station had four chairs in an area marked for three chairs to ensure to abide by the recommended six-feet distancing; 5. Staff breakroom had highly touched surfaces and appliances such as 2 microwaves, a hot drink dispenser, hot and cold-water dispenser, and a refrigerator. The breakroom had no visible disinfectants and there was no visible signage to remind staff to abide by infection control practices; 6. COVID-19 dedicated staff shared the same main entrance, clock in machine, and screening area with all other staff members. During an interview on 7/27/20 at 12:15 p.m., Registered Nurse (RN 1) stated the staff assigned to the COVID-19 unit, a designated red zone, entered through the same entrance as with every other staff member, which was through the COVID-19 unit. RN 1 stated the staff entered through the plastic barrier across a nurse's station, signed out, and exited through the back door. RN 1 stated the staff used the clock-in machine, which was disinfected every 2 hours. When asked if the clock-in machine was disinfected after each use, RN 1 was not able to answer. During an interview on 7/27/20 at 12:25 p.m., Housekeeping (HK 1) stated the facility used Sani cloth to clean the bed rails, under the bed, door knobs, and the resident's table every 2 hours to prevent the germs from spreading. During an interview on 7/27/20 at 2:10 p.m., HK 2 stated I check the trash can in the breakroom twice. I clean the microwave, top of refrigerator, table once in my shift. HK 2 stated, I have not been back to the breakroom to check again because I was deep cleaning a room. During an interview on 7/27/20 at 2:30 p.m., LVN 1 stated Phone in the hallways are being used by all staff for paging and to take calls. LVN 1 stated the phone needed to be disinfected after each use to prevent the spread of any infections to another person. LVN 1 stated I should have wiped it with sani cloth after paging the staff. During a concurrent interview with Administrator, Director of Nurses, and the Infection Control Nurse, during an informal exit meeting on 7/27/20 at 3:15 p.m., concurred that all the findings were potential and possible source for the spread of infections in the facility. The Administrator stated all the deficient practices will be assessed and implementations for corrective actions will be planned. A review of the facility's housekeeping cleaning log for Station C dated 7/12/20 to 7/18/20 showed missing initials for Saturday at 2 pm, 4 pm, 6 pm, and 8 pm. A review of the Housekeeping log for the rehabilitation department dated 6/28/20 to 7/4/20 indicated missing initials for Friday at 2 pm and 4 pm. During an interview on 7/31/20 at 9:43 a.m., the Housekeeping Supervisor (HK 3) stated It is either the cleaning was not done, or staff forgot to initial at that time. When asked regarding disinfecting high touched surfaces, such as the breakroom appliances, HK 3 stated housekeepers cleaned the appliances every two (2) hours. HK 3 stated when staff took their break and used the microwave (to heat up food), the housekeepers were not there to disinfect the appliances after each use. HK 3 stated that everyone should clean, disinfect after they use. If somebody is touching now and then housekeeping is not available to clean it, they should clean it and disinfect after. HK 3 stated that it was important to clean the microwave, refrigerator, water dispensers at all times, and after each use because it was a big problem. HK 3 stated Like, I don't want to get infected with COVID. A review of an undated facility's COVID-19 Mitigation Plan (the goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect) indicated the facility will evaluate and address the level of risk of an employee worksite through possible sources of infection, provide disposable disinfecting wipes to disinfect commonly used surfaces.</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.