

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER LIGHTHOUSE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2222 SANTA ANA BLVD. LOS ANGELES, CA 90059	
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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on observation and interview, the facility's nursing staff failed to wear identify themselves by wearing badges for four of eight sampled staff. This deficient practice placed resident's at risk of not knowing who was providing their care. Findings: On 10/30/19, at 8:45 a.m., during a tour of the facility the following was observed: Certified Nursing Assistant 1 (CNA 1), CNA 2, CNA 3 and a Dietary Aide were not wearing a name badge. On 10/30/19, at 8:55 a.m., during interviews, CNA 1 and CNA 2 stated they forgot their badges in the car. On 10/30/19, at 10:59 a.m., during an interview, the Infection Control Designee, Licensed Vocational Nurse 2 (LVN 2) stated staff have been instructed that they must wear name badges will working. An undated facility policy and procedure, titled Nursing Dress Code indicated nurses must understand the importance of professional appearance while on duty. Name badges must be worn at all times.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and facility documents the facility failed to ensure four of eight staff who were not vaccinated for the influenza (flu) virus wore mask when providing care to residents. This deficient practice exposed residents' to the seasonal flu virus and placed the residents' and staff at risk for contracture of the seasonal flu virus. On 10/30/19, at 8:45 a.m., during a tour of the facility the following was observed: 1. Certified Nursing Assistant (CNA 2) and CNA 3, Licensed Vocational Nurse 1 (LVN 2) and Activity Assistant 2 (AA 2) did not have flu vaccinations and did not wear mask during resident care activities. 2. LVN 3, the Activity Director (AD), stated they had received the flu shot but there was no visual indicator to determine if they were in compliance and did not need to wear a mask in resident care areas. On 10/30/19, at 10:59 a.m., during an interview, the Infection Control staff, LVN 2 stated he conducted some in-services that are ongoing instructing staff who have not their flu vaccinations that they need to wear a mask when in resident care areas. LVN 2 stated he makes rounds and reminds staff they should have a mask on if they are not vaccinated. A review of the facility's In-Service/Training sign-in sheet, 10/1/19, indicated LVN 1 and CNA 3 were not in-serviced, CNA 2 and AA 2 signatures were present indicating there were present during the in-service. A facility policy and procedure, titled Influenza Prevention & Control, dated 5/1/18, indicated to ensure the facility prevents and controls the spread of influenza in the facility. Before offering the influenza immunization, facility staff will receive education regarding the benefits and potential side effects of the immunization. Employees are offered the influenza immunization upon hire (when applicable) or during the flu season or an annual basis. The employee is given the option to reuse the vaccination. Refusal is then documented in the employees personnel record. NOTE: The facility's policy and procedure on Influenza Prevention & Control did not speak to wearing mask in resident care areas when employees refused immunization against the flu virus or what method they would use to visually determine if an employee was vaccinated.		
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.