

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Windsor Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S. Crenshaw Blvd. Los Angeles, CA 90019	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49881</p> <p>Based on observation, interview, and record review the facility failed to follow infection prevention and control practices needed to prevent/control the spread of infections, by failing to:</p> <p>a. Ensure Certified Nurse Assistant (CNA 1) wore gloves when entering a novel respiratory isolation precaution (isolation room that requires staff and visitors to wear a gown, gloves, face shield and a N-95 mask [disposable respirator mask]) room for one of three sampled residents (Resident 1).</p> <p>b. Ensure CNA 1 doffed (removed) her face shield and N-95 mask after leaving a novel respiratory isolation precaution room (Resident 1 ' s room).</p> <p>These deficient practices had the potential to result in an increased spread of infection to facility residents and staff.</p> <p>Findings:</p> <p>a. A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 12/18/2018 with diagnoses including hemiplegia (one-sided muscle paralysis or weakness) and hemiparesis (one-sided muscle weakness) following cerebral infraction (interrupted blood flow to the brain) affecting the right dominant side, difficulty walking, and type 2 diabetes mellitus (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized resident assessment and care screening tool) dated 6/5/2024, indicated the resident had severe cognitive impairment (problems with a person ' s ability to think, learn, remember, use judgement, and make decisions). The MDS indicated the resident required partial/moderate assistance (helper does less than half the effort) with oral and toilet hygiene and substantial/maximal assistance (helper does more than half the effort) with personal hygiene.</p> <p>A review of Resident 1 ' s Change of Condition (COC, a sudden clinically important decline from a patient's baseline in physical, cognitive, behavioral, or functional abilities) dated 7/27/2024 at 12:39 PM, indicated the resident tested positive for COVID 19 on 7/27/2024 from an antigen test (Covid 19 rapid test). The COC indicated the physician and the resident ' s representative were notified.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Positive for Covid-19 Care Plan dated 7/27/2024, indicated a goal of no signs and symptoms of respiratory distress. The interventions included novel respiratory precautions.</p> <p>A review of Resident 1's Order Summary Report dated 7/27/24, indicated a physician's order for droplet isolation (isolation room that requires staff and visitors to wear eye protection and a face mask) for Covid 19 one time only for 10 days.</p> <p>During an observation of Resident 1 ' s door on 7/31/24 at 10:58 AM, a purple Stop sign was observed outside Resident 1 ' s door. The sign indicated Resident 1 was on novel respiratory precautions that required hand hygiene on entry, wearing a N-95 and face shield or goggles, wearing gloves uponroom entry, and hand hygiene when exiting.</p> <p>During an observation of Resident 1 ' s room on 7/31/24 at 12:47 PM, CNA 1 was observed entering Resident 1 ' s room with no gloves when delivering Resident 1 ' s lunch tray.</p> <p>During a concurrent observation of the hallway outside Resident 1 ' s room and interview on 7/31/24 at 12:49 PM, CNA 1 was observed walking out of Resident 1 ' s room with a face shield and N-95 face mask on. CNA 1 stated she forgot to remove the face shield and N-95 mask. CNA 1 stated it was important to remove all personal protective equipment (PPE), (gown, mask, face shield, and gloves), to prevent the spread of infection like Covid 19. CNA 1 stated she should have worn gloves when providing the lunch tray to Resident 1. CNA 1 stated it was important to wear gloves to prevent the spread of infection.</p> <p>During an interview on 8/1/24 at 11:23 AM, the Infection Preventionist Nurse (IP Nurse 1) stated all staff were required to wear gloves when entering a Covid 19 isolation room. The IP Nurse 1 stated there was a high risk of transmission of Covid 19 to other residents and staff when staff did not wear gloves or perform hand hygiene.</p> <p>During an interview on 8/1/24 at 11:56 AM, the Director of Staff Development (DSD) stated staff were required to doff all PPE when exiting a Covid 19 isolation room and place the PPE in the trash. The DSD stated staff were required to remove the N-95 mask and perform hand hygiene before donning (wearing) a new N-95 mask. The DSD stated it was important to follow the doffing process because the PPE was contaminated and had the potential to spread the virus and increase infection amongst residents and staff.</p> <p>A review of the facility ' s undated policy and procedures (P&P) titled COVID-19 Management Care Plans, Comprehensive Person-Centered, indicated Covid-19 transmission-based precautions will use the following PPE: N95 respirator, gloves, gown, and eye protection.</p> <p>A review of the facility ' s undated nursing services policy and procedure manual titled Removing PPE, indicated remove PPE at doorway before leaving patient room or anteroom. The policy and procedure manual indicated goggles/face shield be placed in designated receptacle for processing or in waste container and the mask discarded in waste container.</p>		