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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056218 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/27/2024 |
| NAME OF PROVIDER OR SUPPLIER Bell Convalescent Hospital | | STREET ADDRESS, CITY, STATE, ZIP CODE 4900 E. Florence Ave Bell, CA 90201 | |

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) |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on interview and record review, the facility failed to develop a comprehensive Care Plan for three out of four sampled residents (Residents 1, 3, and 4) who were diagnosed with Covid-19 (a highly contagious respiratory disease caused by the SARS-CoV-2 virus).</p> <p>This failure had the potential to result in Residents 1, 3, and 4's needs not being met and unidentified interventions to address the resident's Covid-19 infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated, Resident 1 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including Diabetes Mellitus (abnormal blood sugar), hypertension (high blood pressure) and cerebral infarction (brain tissue dies due to blood flow to the brain).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 7/23/2024, the MDS indicated Resident 1 had moderate (not extreme, but not within normal limits) cognitive impairment (problems with the ability to think, learn, use judgement, and make decisions). The MDS indicated Resident 1 was dependent (staff does all the effort) for Activities of Daily Living (ADLs) such as transferring from the bed to the chair, transferring to and from the toilet, and getting in and out of the shower.</p> <p>During a review of Resident 3's Admission Record, the Admission Record indicated, Resident 2 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnosis of ([UTI], an infection that occurs when bacteria enter the urinary tract and multiply).</p> <p>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 2 was cognitively intact. The MDS indicated Resident 2 required set up or clean-up assistance for ADLs such as eating, oral hygiene, and toileting hygiene and upper body dressing.</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated, Resident 4 was admitted to the facility on [DATE] with diagnoses which included displaced fracture (broken bone are no longer aligned, creating a gap between the pieces) of body of scapula (shoulder blade).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4 had severe (extreme) cognitive impairment. The MDS indicated Resident 4 required substantial/maximal assistance (staff does more than half the effort) for ADLs such as toileting, personal hygiene, and lower body dressing.</p> <p>During an concurrent interview and record review on 9/27/2024 at 3:34 p.m. with the Director of Nursing (DON), Residents 1, 3, and 4's Care Plans were reviewed. The DON stated there were no Covid-19 care plans in place for the residents. The DON stated Care Plans had nursing care interventions that were needed to implement for a problem. The DON also stated care plans were important because that was how the facility could determine if an intervention was effective or not.</p> <p>During a review of facility's undated Policy and Procedure (P&P) titled, Policy and Procedure on Care Plan, the P&P indicated, the facility shall ensure the development of a comprehensive care plan for each resident to meet his/her medical, nursing, and mental and psychosocial needs as identified in the comprehensive assessment. The P&P indicated Care Plans should be reviewed whenever necessary, either as a result of a significant change in the resident's status and condition, or of discontinued plan of care based on new information.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on observation, interview and record review, the facility failed to implement its infection prevention and control measures for Covid-19 (A highly contagious respiratory disease caused by the SARS-CoV-2 virus) by failing to:</p> <ul style="list-style-type: none"> a. Ensure staff donned (put on) personal protective equipment ([PPE], equipment worn to prevent spread of infections or diseases such as a gown, face shield [cover/protection] and gloves) prior to entering a Covid-19 positive room (room [ROOM NUMBER]). b. Ensure staff doffed (removed) PPE prior to leaving Covid-19 positive Room (room [ROOM NUMBER]). c. Conduct close contact testing of exposed staff after one resident (Resident 1) tested positive for Covid-19 on 9/5/2024. d. Adequately screen facility visitors prior entering facility during a Covid-19 outbreak. e. Report the facility ' s Covid-19 outbreak to the California Department of Public Health (CDPH) on 9/8/2024. <p>These failures had the potential to result in the spread of Covid-19 and placed residents, staff, and the community at risk of contracting Covid-19, hospitalization , and death.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabetes ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing) and Hypertension ([HTN] high blood pressure).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a federal mandated resident assessment tool) dated 7/23/2024, the MDS indicated Resident 1 was usually able to understand and be understood by others. The MDS indicated Resident 1 required substantial/maximal assistance (staff does more than half the effort) for Activities of Daily Living (ADLs) such as toileting hygiene and lower body dressing.</p> <p>During a review of Resident 1 ' s Change of Condition (COC), dated 9/5/2024, the COC indicated Resident 1 tested positive for Covid-19 on 9/5/2024.</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Urinary Tract Infection ([UTI] an infection in the bladder/urinary tract).</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of Resident 3 ' s MDS dated [DATE], the MDs indicated Resident 3 had the capacity to understand and be understood by others. The MDS indicated Resident 3 required substantial/maximal assistance from staff for ADLs such as showering/bathing and supervision/touching assistance (staff provides verbal cues and/or touching assistance as resident completes activity) for lower body dressing and putting/taking off footwear.</p> <p>During a review of Resident 3 ' s COC dated 9/7/2024, the COC indicated Resident 3 tested positive for Covid-19 on 9/7/2024.</p> <p>a. During a concurrent observation and interview on 9/26/2024 at 8:03 a.m., Licensed Vocational Nurse (LVN) 1 was observed entering a Covid-19 Positive Room (room [ROOM NUMBER]) to get a blood pressure cuff without donning PPE. LVN 1 stated she should have donned all PPE equipment prior to entering the room to promote infection control. LVN 1 stated, not donning PPE places staff at risk of getting an infection and spreading Covid-19.</p> <p>b. During a concurrent observation and interview on 9/26/2024 at 8:06 a.m., Maintenance Supervisor (MS) was observed leaving a Covid positive room (room [ROOM NUMBER]), with PPE on including gloves, face shield, and gown. MS stated he should have removed his PPE prior to exiting the Covid positive room because the PPE he was wearing were contaminated (unclean, soiled).</p> <p>During an interview on 9/26/2024 at 9:34 a.m. with the Director of Nursing (DON), the DON stated staff should always wear PPE prior to entering a Covid positive room to provide protection for the staff and the patient. The DON also stated staff were to remove PPE prior to exiting a Covid positive room to not have contaminated PPE in the hallway.</p> <p>During a record review of facility ' s Policy and Procedure (P&P) titled, Coronavirus Disease (Covid-19) - Infection Prevention and Control Measures, dated 07/2020, the P&P indicated, while in the building, personnel are required to strictly adhere to established infection control policies, including the appropriate use of PPE. The P&P also indicated, for a resident with known or suspected Covid-19 staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available.</p> <p>c. During an interview on 9/26/2024 at 12:28 p.m. with the DON, the DON stated, the facility tested Resident 1 ' s roommate after Resident 1 tested positive on 9/5/2024 and no staff were tested for Covid-19. The DON stated, he was not sure who else to test. The DON stated response testing (testing performed to individuals who might have been exposed and possibly infected after identifying one infected case) had not been initiated until 9/8/2024.</p> <p>During an interview on 9/26/2024 at 3:28 p.m. with the Department of Public Health Nurse (PHN), PHN stated, the facility should have tested staff right away because they were likely exposed to Covid-19. The PHN stated, failing to test staff who had close contact to the residents with Covid-19 could spread the virus.</p> <p>During an interview on 9/27/2024 at 3:34 p.m. with the DON, the DON stated, if close contacts of Covid-19 positive residents or staff were not tested , it increased the risk of not being able to detect additional Covid-19 infected residents or staff to help prevent the spread of the virus.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of facility ' s undated P&P titled, Coronavirus Disease (Covid-19) Updated Policy on Surveillance, Testing, Reporting, and Staffing Guidance, dated 10/7/2022, the P&P indicated, testing will continue to be performed for resident and staff with higher-risk exposure to Covid-19 (i.e., as part of response testing). The P&P also indicated, all staff and residents who have had close contacts (within 6 feet for cumulative total of 15 minutes over 24 hours), regardless of vaccination status, will be tested promptly.</p> <p>d. During a concurrent record review and interview on 9/26/2024 at 4:03 p.m. with Certified Nursing Assistant (CNA) 5, the Visitor Screening Log, dated 9/26/2024, was reviewed. CNA 5 stated she was assigned to screen visitors that day. CNA 5 stated part of the facility ' s Covid-19 screening process included visitors to complete required questions on the visitor log including temperature, any signs, and symptoms of Covid-19, and whether the visitor had any contact with anyone who was diagnosed or suspected with Covid-19. CNA 5 stated, the Visitor Screening Log was not completed that day for some visitors and some sections were left blank and unanswered.</p> <p>During a concurrent record review and interview on 9/27/2024 at 3:34 p.m. with the DON, the Visitor Screening Log dated 9/26/2024 was reviewed. The DON stated visitors should be screened for Covid-19 prior to entering the facility. The DON stated, the facility staff would offer a Covid-19 test prior to entering the facility if the visitor answered yes, to any of the questions on the Covid-19 Visitor Screening Log. The DON also stated, if the questions were left blank, the facility would not know if a visitor had symptoms or was sick with Covid-19.</p> <p>During a review of the facility ' s P&P titled, Coronavirus Disease (Covid-19)-Infection Prevention and Control Measures dated 7/2020, the P&P indicated anyone entering the facility is screened and triaged for signs and symptoms of and exposure to others with Covid-19 infection including fever, cough, shortness of breath. The P&P indicated anyone with signs and symptoms of illness or has been advised to self-quarantine (stay away from others) due to exposure is not allowed to enter the facility.</p> <p>e. During interviews on 9/26/2024 at 9:05 a.m. and 9/26/2024 at 10:11 a.m. with the DON, the DON stated, the facility ' s Covid-19 outbreak started on 9/8/2024.</p> <p>During a concurrent record review and interview on 9/27/2024 at 3:34 p.m. with the DON, All Facilities Letter ([AFL] letter informing the facility of changes in requirements in healthcare, enforcement or general information affecting the health facility) 23-08 dated 1/19/2023 was reviewed. The DON stated, the facility should have reported to Covid-19 outbreak to the CDPH licensing district office (DO), however, was not done. The DON stated, if an outbreak was not reported, the facility would not get assistance to control the spread of the outbreak.</p> <p>During a review of the facility ' s P&P titled, Coronavirus Disease (Covid-19)- Infection Prevention and Control Measures dated 7/2020, the P&P indicated the facility follows recommended standard to prevent the transmission of Covid-19 within the facility. The P&P indicated the health department is notified of any resident with suspected or confirmed Covid-19</p> <p>During a record review of facility ' s P&P titled, Coronavirus Disease (Covid-19) updated Policy on Surveillance, Testing, Reporting, and Staffing Guidance dated, 10/7/2022, the P&P indicated, the health department is notified of any resident with suspected or confirmed Covid-19.</p> | | |