

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Alcott Rehabilitation Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 3551 West Olympic 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on observation, interview, and record review the facility failed to implement its policies and procedure on infection control to prevent the spread of coronavirus disease 2019 (COVID-19, a highly contagious infection affecting the respiratory system caused by a virus that can spread from person to person). By failing to:</p> <ol style="list-style-type: none"> 1. Ensure all personnel wear N95 mask (disposable face mask that covers the user's nose and mouth which offers protection from small solid or liquid droplets found in the air) during the COVID-19 outbreak. 2. All staff perform COVID-19 test at beginning of their shift. 3. Pause resident activity during the COVID-19 outbreak. 4. Use dedicated shower room for COVID-19 positive residents only. 5. Place portable air purifiers with High Efficiency Particulate Air (HEPA, can help reduce airborne contaminants including viruses in a building or small space) in all hallways. <p>These deficient practices had the potential to continue to spread the COVID-19 to all residents, staff, and visitors.</p> <p>Findings:</p> <p>During a review of the local health department Viral Respiratory Illness Outbreak Notification dated 10/17/24 and sent by email to the facility on [DATE] at 3:48 p.m., indicated the local health department will review site-specific control measures that you (facility) are required to implement to help control the outbreak and protect residents, personnel and/or other individuals at your site. Measures included all staff to test for the COVID-19 before each shift, to pause resident dining/activities, all staff to wear N95 mask during the COVID-19 outbreak and to place air purifiers in all hallways.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Alcott Rehabilitation Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 3551 West Olympic 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>During an observation on 11/4/24 at 8:25 a.m., Certified Nursing Assistant 1 (CNA 1) was observed wearing a surgical mask (a loose fitting, disposable device that creates barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment). CNA 1 stated she removes the surgical mask and replace with the N95 mask when she is directly taking care of the COVID-19 positive resident. CNA 1 stated she tests for the COVID-19 two times a week only.</p> <p>During an interview on 11/4/24 at 8:27 a.m., CNA 2 stated she does not test for the COVID19 at the start of her shift.</p> <p>During an interview on 11/4/24 at 8:34 a.m., CNA 3 stated she does not test daily for the COVID-19.</p> <p>During an observation and interview on 11/4/24 at 8:52 a.m. with the Director of Staff Developer (DSD) CNA 4 was observed wearing a surgical mask. CNA 4 was observed inside the shower room giving a bath to Resident 1. The shower room had a sign posted on the door reserved for covid patients only. DSD stated CNA 4 was giving shower to Resident 1 who was not COVID19 positive.</p> <p>During an observation and interview on 11/4/24 at 9:03 am., 13 residents were observed sitting in wheelchairs in the activity/dining room, sitting close to each other. Activity Assistant (AA) stated there are 13 residents attending activity. AA further stated she tests for COVID19 every week.</p> <p>During observation and interview on 11/4/24 at 10 a.m., Infection Preventionist (IP) stated, there is one air purifier in the west nursing station and in the activity room. No other air purifier was observed in the hallways.</p> <p>During an interview on 11/4/24 at 12:38 p.m., the IP stated, it is important for staff to test for the COVID19 before the start of their shift so that if they are positive, staff do not bring the COVID19 in the facility. IP stated further, it is important to have dedicated shower room for residents who are COVID19 positive to prevent exposure and prevent spread of the COVID19 in the facility.</p> <p>During the exit conference with the administrator (ADM), director of nursing (DON) and the IP on 11/4/24 at 1:22 p.m., the ADM stated some of the facility staff were wearing surgical masks. IP stated, it is important to wear the N95 as barrier and as droplet precautions (a set of infection control measures used to prevent the spread of illnesses through air droplets). The ADM stated the facility did not pause activities but limited the number of participants (including residents).</p> <p>During a review of the facility's Policy and Procedures (P&P) reviewed on 3/27/24 titled Infection Prevention and Control Program reviewed on 3/27/24, indicated, the facility has established and maintains 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 as per accepted national standards and guidelines.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Alcott Rehabilitation Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 3551 West Olympic 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>During a review of the facility's P&P titled Coronavirus Prevention and Response reviewed on 3/27/24, indicated, the facility will respond promptly upon suspicion of illness associated with COVID-19 infection in efforts to identify, treat, and prevent the spread of the virus. The same P&P indicated, source control options for health care workers include respirator with N95 filters or higher. When the COVID19 community transmission levels are not high, the facility may choose not to require universal source control. However, even if source control is not universally required, it is recommended for individuals in the facility who have otherwise had source control recommended by public health authorities. The facility will explore options to improve ventilation delivery and indoor quality in resident rooms and all shared areas. The facility will take measures to limit crowding in communal areas. The same P&P indicated, the facility will perform viral testing as per (Centers for Disease Control and Prevention (CDC, federal agency that conducts and supports health promotion and prevention) guidance and facility policy. Local health jurisdictions may continue to implement additional requirements that are stricter than federal CDC and state recommendations. Ensure to follow the local county health public health guidelines.</p>