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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555065 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/31/2025 |
| NAME OF PROVIDER OR SUPPLIER View Park Convalescent Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3737 Don Felipe Drive Los Angeles, CA 90008 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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** 46843</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff implemented infection prevention and control program by not wearing proper personal protective equipment (PPE - equipments including gloves, masks, gowns, face shields used to prevent spread of infection) when entering an isolation room (a type of hospital room that keeps patients with infectious illnesses away from other patients). There was an outbreak of influenza (Flu - is a contagious respiratory illness caused by influenza viruses) in the facility.</p> <p>This deficient practice had the potential for further spread of influenza risk of infections due to a break in infection control protocol during infectious disease outbreak.</p> <p>Findings:</p> <p>During record review, Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 1/3/2025 indicated Resident's cognitive function (the ability to think and make independent decisions) was severely impaired. Resident 1 was not able communicate needs or wants, in addition does not make any decisions concerning care.</p> <p>During record review, Resident 1's Care Plan initiated on 1/29/25, indicated the plan implemented included to monitor Resident 1 for respiratory symptoms such as, cough, congestion, runny nose, shortness of breath (SOB), fever, chills, headache, sore throat.</p> <p>During record review, Resident 1's Interdisciplinary Team (IDT - is a group of healthcare professionals from complementary fields who work in tandem to treat a patient) meeting record dated 1/29/25 at 2:05pm, indicated Resident 1 was placed on isolation for exposure to respiratory syncytial virus (RSV - is a common virus that infects the respiratory system that spreads through droplets from an infected person's cough, sneeze, or kiss). The IDT record indicated Isolation precautions that requires the use of PPE.</p> <p>During an observation on in the hallway outside Resident 1's room [ROOM NUMBER]/30/25 at 6:15 pm, there was a signage posted to the left side of the door which indicated droplet precautions (is an area designated as a quarantine zone, making it mandatory to wear PPE before entering). To the left of the Resident 1 room door, was a three-drawer cabinet containing PPE. During the same observation certified nursing assistant (CNA) 1 donned on (putting on) gloves, but did not donn on gowns, masks, and face shields) before entering Resident 1's room.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 1/30/25 at 6:18 pm CNA 1 stated he forgot to put on a gown, because he was only going to help the resident by getting some water for the resident. CNA 1 stated he just stopped to help because the resident was yelling out for some water. CNA 1 stated proper donning requires that he performs hand hygiene first then put on a gown, mask, goggles, then gloves before entering an isolation room. CNA 1 stated, when doffing, first remove the gloves, gown, goggles, mask, then wash hands before exiting the isolation room. CNA 1 stated he forgot to use proper donning and doffing (removing) technique because the resident was not his assigned resident, and he was just trying to help.</p> <p>During an interview on 1/30/25 at 8:32 pm RN Supervisor (RNS) 1 stated staff must always don and doff the proper personal protective equipment before entering a room that is on either contact or droplet precautions.</p> <p>During an interview on 1/31/25 at 1:05 pm the Director of Staff Development (DSD) stated the proper method for donning and doffing PPE. The DSD stated she has provided in-service training along with the infection preventionist (IP) to prepare staff to handle the current outbreak (influenza) and any future issues. The DSD stated, it is a break in infection control to enter a room without proper personal protective equipment.</p> <p>During an interview on 1/31/25 at 2:02 pm, IP was able to state the proper method for donning and doffing PPE during an outbreak. The IP stated staff are not permitted to use gowns to walk in the hallway. It is a break in infection control to use isolation gowns outside resident rooms. The IP stated the staff understand that before entering any isolation room, either droplet or contact, staff must perform hand hygiene and don on the appropriate PPE. In addition, the IP stated PPE must be doffed, and hand hygiene must be performed without exception before exiting any isolation room.</p> <p>During record review, the facility's policy, and procedures, revised 3/2022, titled, Influenza, Prevention and Control of Seasonal the Policy Statement indicated, This facility follows current guidelines and recommendations for the prevention and control of seasonal influenza. Policy Interpretation and Implementation:</p> <p>1. The prevention of seasonal influenza outbreaks is a coordinated effort which is organized by the infection preventionist and overseen by the medical director.</p> <p>Training and Education</p> <p>1. All staff receive job- or task-specific education and training on preventing transmission of infectious agents, including influenza, during orientation to the facility.</p> <p>2. Key aspects of influenza prevention and control training include:</p> <p>e. review of standard and transmission-based precautions:</p> <p>f. appropriate use of personal protective equipment; and g. engineering controls, work practices and procedures to reduce exposure.</p> <p>5. Staff employed by outside employers must meet these education and training requirements through programs offered by the outside employer or by participation in our programs.</p> | | |