

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Beverly Hills Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 580 S San Vicente Blvd. Los Angeles, CA 90048	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48661</p> <p>Based on observation, interview, and record review the facility failed to follow infection prevention and control practices and implement interventions to prevent and control the spread of infections in the facility by failing to:</p> <p>a. Fit test (a test protocol conducted to verify that a respirator is both comfortable and provides the wearer with the expected protection) one of three Licensed Vocational Nurses (LVN 1) for the correct N95 mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles).</p> <p>b. Ensure eight of eight staff members (Director of Nursing [DON], Infection Prevention Nurse [IPN], Registered Nurse Supervisor [RNS] 1, LVN 1, LVN 3, Certified Nursing Assistant [CNA] 1, CNA 2, and the Desk Nurse [DN]) wore the correct designated N95.</p> <p>c. Implement the facility ' s Policy and Procedures (P&P) titled Admission Criteria dated January 2024. Two of three residents (Resident 1 and Resident 2) did not have a documented consent/refusal for the COVID-19 vaccine.</p> <p>These deficient practices had the potential to result in an increased spread of infection in the facility leading to serious illness and death.</p> <p>Findings:</p> <p>During an observation on 7/29/2024 at 9:34 AM, three different N95 masks were observed in the red zone (COVID unit): Honeywell DF 300, Honeywell H910 Plus, and Honeywell DC 365 (surgical respirator). LVN 1 was observed wearing the Honeywell DF 300.</p> <p>During an interview on 7/29/2024 at 10:40 AM, LVN 1 stated the facility had never fit tested LVN 1 for the correct N95 mask. LVN 1 stated it was important to have the correct mask size to avoid exposure to Covid-19. LVN 1 stated if a staff member was not fit tested there was a risk for the spread infection and patients or staff could get Covid-19.</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 - Many</p>	<p>During a concurrent observation and interview with the DON on 7/29/24 at 11:40 AM, eight staff members were observed not wearing the proper N95 mask designated from fit testing, including the DON, IPN, RNS 1, LVN 1, LVN 3, CNA 1, CNA 2, and the DN. The eight staff members were wearing the DF 300 mask. The DON stated the two masks were very similar and the facility did not notice it. The DON placed the Honeywell H910 Plus and Honeywell DF 300 masks side by side and the Honeywell H910 Plus mask was slightly bigger. The DON stated if the staff were tested with the Honeywell H910 Plus mask then the staff would not be able to wear the Honeywell DF 300 mask because those two masks were not the same. The DON stated if the facility ' s staff were not wearing the right mask and the mask did not fit properly, the staff would have a chance of getting Covid-19 easily and the staff could spread the infection to the other residents and get sick.</p> <p>During a concurrent observation and interview on 7/29/2024 at 11:55 AM, LVN 1 was observed being fit tested by the IPN. The IPN informed LVN 1 should have been wearing the Build Your Dreams (BYD) DE2322 mask. LVN 1 stated the new mask assigned fitted better.</p> <p>During an interview on 7/29/2024 at 12:37 PM, the IPN stated facility staff were fit tested upon hire and annually when the staff ' s annual physical was completed. The IPN stated if the facility staff were not fit tested , the mask would not fit properly, and the staff member would have a chance to contract Covid-19 and spread the infection to other residents.</p> <p>During a review of the facility ' s undated N95 Fit Testing 2024 log, indicated the DON, IPN, RNS 1, LVN 3, CNA 1, CNA 2, and the DN should have been wearing the Honeywell H910 Plus mask.</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 9/11/2023 with diagnoses including adult failure to thrive (a syndrome that describes a gradual decline in physical and cognitive function in older adults), gastrostomy status (surgical procedure used to insert a tube, often referred to as a G-tube, through the abdomen and into the stomach), and myocardial infarction (life-threatening condition that occurs when blood flow to the heart muscle was blocked, preventing the heart from receiving enough oxygen).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized resident assessment and care screening tool) dated 7/19/2024, 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 was dependent on facility staff with oral / toileting / personal hygiene, showering, and transfers.</p> <p>During a review of Resident 1 ' s Immunization Update for Covid-19 dated 3/18/2024, indicated the resident ' s representative declined the vaccine three times and the risks and benefits were explained. The Immunization Update indicated education was provided and the physician was aware. The Immunization Update was not a consent form and did not indicate a signature that confirmed the representative declined the vaccination.</p> <p>A review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 12/22/2023 with diagnoses including muscle weakness (decrease in muscle strength), atelectasis (partial or complete collapse of the lung or a section of the lung), and upper respiratory infection (common illness that affects the upper respiratory tract, including the nose, throat, and sinuses).</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 - Many</p>	<p>A review of Resident 2 ' s MDS dated [DATE], indicated the resident had moderate cognitive impairment (could not navigate to new places, and they have significant difficulty completing complex tasks such as managing finances). The MDS indicated the resident required partial / moderate assistance on facility staff with toileting / personal hygiene, showers, and transfers.</p> <p>During a review of Resident 2 ' s Immunization Update for Covid-19 dated 3/18/2024, indicated the resident ' s representative declined the vaccine three times and the risks and benefits were explained. The Immunization Update indicated the physician was aware. The Immunization Update was not a consent form and did not indicate a signature that confirmed the representative declined the vaccination.</p> <p>During a concurrent interview and record review on 7/30/2024 at 3 PM, the IPN stated Resident 1 and Resident 2 did not have a consent indicating the two residents declined the Covid-19 vaccination. The IPN stated the facility only had a note indicating the resident ' s representative refused the vaccination. The IPN stated if a consent was not signed, the facility would not know the residents wishes or be able to show proof that the vaccine was offered and that was the resident ' s right.</p> <p>During an interview on 7/30/2024 at 2:05 PM, the DON stated there should have been a signed consent/refusal if a resident refused the Covid-19 vaccine. The DON stated if there were not a consent/refusal, the facility would not know if the resident or family agreed on the treatment plan.</p> <p>During an interview on 7/31/2024 at 9:01 AM, the Technical Support Engineer ([NAME]) at Honeywell International Incorporated stated the Honeywell H910 Plus mask was sold in Asian markets and the Honeywell DF 300 was sold in North American markets. The [NAME] stated the size would be different because the masks were for different markets, but the masks looked the same. The [NAME] stated the Honeywell H910 Plus and the Honeywell DF 300 were not the same mask. The [NAME] stated if the facility staff were fit tested with the Honeywell H910 Plus mask, that was the only mask the staff should have been wearing.</p> <p>A review of the facility ' s P&P titled Admission Criteria dated January 2024, indicated Nursing services would verify all applicable consents with residents or resident representative, either verbally or in writing. These consents include but were not limited to Consent to Treatment, Psychoactive Medication Consent, Special Study Consents, and Consent to Photograph.</p> <p>A review of the facility ' s P&P titled Respiratory Protection Program dated January 2024, indicated The facility had a written Respiratory Protection Program (RPP) when the use of respirators was necessary to protect the health of employees or whenever respirators were required. The RPP addresses the following: Fit-testing procedures for respirators, education for proper use of respirators in routine and emergency situations, education for proper and appropriate use of respirators, and training of employees on the proper use of respirators including donning/doffing and any limitations on their use. The P&P indicated, Prior to using a respirator, each employee would be fit tested with the same make, model, style, and size of respirator to be used. Fit test would be provided at the time of initial assignment and annually thereafter.</p>		