STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44309 Based on observation, interview, and record review, the facility failed to maintain a system to prevent and control the transmission of COVID -19 (Coronavirus disease 2019 is an infectious disease caused by virus that can result in different symptoms from mild to severe respiratory illnesses and is spread during close contact and through the air from person to person) infection for three of five sampled residents (Resident 3, Resident 4, and Resident 5) by failing to: -Designate a break room for the staff working in the red zone (space designated for COVID-19 positive residents) away from the resident care area. -Ensure the doors to three resident rooms in the red zone remained closed. -Ensure Restorative Nurse Assistant 1 (RNA 1), Certified Nursing Assistant 1 was wearing eye protection and gown while inside a resident room in the yellow zone (space designated to be used and occupied by residents potentially exposed to COVID-19). As a result, on 6/20, 6/25 and 6/30/2022, Resident 3, 4 and 5 tested COVID-19 positive and on 7/6/2022 there were 16 residents and 11 staff positive for COVID-19, 30 residents moved to the yellow zone and all staff and residents in the facility were at risk of being infected and becoming seriously ill, possibly leading to hospitalization and/or death. Findings: A review of facility's census and color-coded map for the third floor indicated, on 6/3/2022 when the facility physically opened the red zone for the current COVID-19 outbreak, there was one resident in the red zone. Eight residents were in the yellow zone, who were newly admitted residents to the facility, and there were 59 residents in the green zone. A review of Resident 3's Admission Record indicated the facility admitted the resident to the green zone (space designated for residents not exposed to COVID-19) on 4/6/2022 with diagnoses including urinary tract infection (bacteria gets in the urine and travels up to the bladder), encephalopathy (any brain disease that alters brain function or structure), hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), and hypertension (high blood pressure). (continued on next page)

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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F 0880 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 3's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 4/10/2022 indicated the resident had moderately impaired cognition (decisions poor, cues/supervision required), and required extensive assistance with one person assist for personal hygiene, dressing, bed mobility, transfer, and toilet use. A review of the Situation Background Assessment and Response (SBAR) form dated 6/20/2022 indicated Resident 3 tested positive for COVID-19 and was transferred to the red zone. A review of the progress note dated 6/20/2022 at 11:11 PM indicated Resident 3 had a non-productive cough, chest congestion and fatigue. A review of progress note dated 6/24/2022 at 6:11 PM indicated Resident 3 stated she was feeling depressed because of her medical condition. Resident 3 expressed that she was having trouble falling asleep, felt tired or having little energy, had poor appetite and she was having trouble concentrating on things. The progress note indicated Resident 3 stated she was feeling restless because of her current situation being in the facility and being far from family. During a telephone interview on 7/20/2022 at 12:35 PM, Resident 3's family member (FM) stated he visited Resident 3 on 6/19/2022 and on 6/20/2022. The FM stated he started developing COVD-19 symptoms two days after his visit. A review of Resident 4's Admission Record indicated the facility admitted the resident to the green zone on 4/16/2022 with diagnoses including open wound right lower leg, Type II diabetes mellitus (a disease that occurs when your blood sugar is too high) and hypertension. A review of Resident 4's MDS dated [DATE] indicated the resident had mildly impaired cognition (some difficulty in new situations only) and required extensive assistance with one person assist for dressing, bed mobility, transfer, and toilet use. A review of Resident 4's SBAR dated 6/25/2022 indicated Resident 4 tested positive for COVID-19 and was transferred to the red zone. A review of progress note dated 6/25/2022 indicated Resident 4 had a non-productive cough and sneezing. The progress note timed at 11:43 PM indicated Resident 4 was experiencing weakness and feeling cold. On 6/27/2022 at 5:11 AM the progress note indicated Resident 4 exhibited COVID-19 symptoms of fatigue, was weak during shift requiring more assistance during shift while using bathroom. A review of Resident 5's Admission Record indicated the facility admitted the resident on 6/19/2022 with diagnoses including heart failure (a condition in which the heart does not pump blood as well as it should), chronic kidney disease (damage to kidneys that happens slowly over a long period of time, can cause wastes to build up in the body), Type II diabetes and was admitted to the green zone. A review of Resident 5's MDS dated [DATE] indicated the resident had severely impaired cognition (never / rarely made decisions) and required extensive assistance with one person assist for toilet use, dressing, bed mobility and transfer. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Few	A review of facility's Line Listing (used for infection control surveillance purposes) dated 6/27/2022 indicated 10 in-house residents and seven staff members tested COVID-19 positive. On 6/28/2022 the Line Listing indicated the 11 residents and four additional staff members tested positive for COVID-19. During an observation of the facility's red zone on 6/27/2022, 6/28/2022 and 7/6/2022 at 11:19 AM, at the end of the red zone was an attempt to create a designated staff break room. This makeshift breakroom was deficient in that the barrier was not from floor to ceiling, had no door, and had an open walkway exposing the break room to the red zone. During an interview on 6/27/2022 at 2:45 PM, the facility's Infection Preventionist Nurse (IPN) stated for the facility's current outbreak which started on 6/1/2022, the facility did not designate a separate room as the red zone break room. The IPN stated, The facility separated the end of the third-floor hallway of the red zone with a divider and created a break area. As the number of positive COVID-19 residents increased, the facility increased the number of rooms in the red zone, however, did not make any modifications to the break room / area. A review of the Nurses Progress Note dated 6/28/2022 indicated Resident 5 was transferred to the yellow zone because she was exposed to a COVID-19 positive roommate. During an interview on 6/28/2022 at 1:15 PM, the IPN stated staff members remove their masks and face shields while in the break area and the facility was trying to designate a resident room in the red zone as a break area, so the nurses can take their breaks safely, and entirely separate from the red zone. The IPN stated the facility was in the process of planning to designate an additional room in the red zone as a break room. A review of Resident 5's SBAR dated 6/30/2022 indicated, the resident tested positive for COVID-19 and had fever and on 7/1/2022 Resident 5 was transferred to the red zone. A review of progress note dated 6/30/2022 at 6:40 PM indicated Resident 5 had a temperature of 101. 7-degree Fahrenheit and was COVID-19 positive. Resident 5 was screaming and was verbally aggressive to the nurses. It was explained why he needed to be moved but still refused three times and screamed at the nurses. During an observation of the red zone on 7/6/2022 at 11:19 AM, the doors of the three resident rooms, including Resident 5's room, near the makeshift break room were wide open. During a concurrent observation Certified Nurse Assistant 3 (CNA3) was seated in the red zone break area without a mask while eating. The three open resident rooms were noted directly across and beside the makeshift red zone break area. During an interview on 7/6/2022 at 11:21 AM, CNA3 stated it was her first day working in the red zone and she was told to take her break in the designated break area at the end of the red zone hallway. During an interview in the red zone on 7/6/2022 at 11:24 AM, when asked whether an employee sitting in the break area without a mask on could be exposed to COVID-19, IPN 2 did not answer the question. IPN 2 stated the resident room doors in the red zone were required to always be closed to prevent transmission of COVID-19 virus throughout the facility. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Few	During an interview with Licensed Vocational Nurse 4 (LVN4) on 7/6/2022 at 11:32 AM, LVN 4 stated he was assigned to work in the red zone today and that he had worked in the yellow zone the day before on 7/5/2022. LVN 4 stated that taking breaks with no mask in the designated red zone break area was not safe when the resident room doors were open. LVN 4 stated resident room doors in the red zone were required to remain closed to prevent the spread of virus in the hallway and break area. During an observation and concurrent interview with RNA 1 on 7/6/2022 at 12:29 PM, RNA 1 was observed not wearing a gown or eye protection while entering a resident room in the yellow zone. RNA 1 was observed standing immediately next to a resident who was eating her lunch. RNA 1 stated it was required to wear a gown and face shield or goggles inside the resident room in the yellow zone. RNA 1 stated she forgot to wear her gown and goggles. During an interview on 7/6/2022 at 1:03 PM, the IPN stated staff were required to wear gown and face covering when entering resident room in the yellow zone. The IPN stated RNA 1 did not follow the facility's policy and procedure for COVID-19 and stated the potential outcome was the spread of infection to residents and staff. During an interview with the facility's Administrator (ADM) and Director of Nursing (DON) on 7/6/2022 at 2:23 PM, the DON stated on 6/28/2022 the facility was planning to designate a room in the red zone as the staff break room. However, an additional resident tested positive and was transferred to the room planned to serve as the break room. The ADM stated, The ideal situation for the red zone break room is a closed-door separate room so staff can safely take their masks off and have their breaks. The facility is trying to designate a room with closed door for the red zone break room if possible. The ADM stated resident room doors in the red zone were to be kept closed to act like a barrier for airborne transmission of the virus into hallways and break room. During a review of the facility Line Listing and a concurrent interview with the IPN on 7/6/2022, the facility had 17 COVID-19 positive residents, 38 residents in the yellow zone, and 11 COVID-19 positive staff. On 7/15/2022, at 11:43 AM., during an observation and interview, CNA 1A was observed on the second floor of the hallway without a face shield or a N95 respirator mask. CNA 1A stated she was in a hurry to clock in after returning from her break and did not put on a N95 respirator mask or a face shield. CNA 1A stated she was informed of the requirement to wear a N95 mask and face shield while in the facility and in resident care areas. CNA 1 confirmed and stated she failed to follow facility's personal protective equipment requirement for the use of N95 mask and face shield to protect herself, other staff and residents from the spread of COVID-19. During a telephone interview on 7/21/2022 at 1:26 PM, CNA5 stated she worked both in the red and the yellow zones on the third floor. CNA5 stated, At the beginning of the COVID-19 outbreak in the facility, staff assigned to the red zone did not have a room as their break area. The facility separated the end of the red zone hallway as a break area. We used to take off our masks and eat in that area. We did not even have a microwave to heat up our food and we had to go downstairs to use the first-floor bathroom. I voiced my complaints multiple times, but nothing happened. It was not safe at all to take our masks off to take a break, but we had no choice. We needed to provide financially for our families. Eventually no nurses wanted to work in the red zone anymore and the facility placed a microwave for us. CNA5 stated, A lot of nurses and residents tested positive. (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Few	A review of the Nursing Staffing Assignment and Sign in sheet indicated CNA5 was assigned to the red zone on 6/1/2022. The staffing assignment sheet indicated CNA5 was assigned to Resident 4 on 6/8, 6/9, 6/10, 6/13, 6/14, 6/15, 6/21 and 6/22 in the green zone. CNA5 was assigned to the red zone on 6/25, 6/26, 6/27 and 6/29 after Resident 4 contracted COVID-19. On 7/29/2022, at 1:18 PM., during an observation and interview, Housekeeper (HK) 1 was observed in the yellow zone Room A without an isolation gown, gloves, or face shield. HK1 stated Room A was a droplet isolation room for COVID-19 and she was cleaning the room and throwing out the trash. HK1 stated she failed to wear the isolation gown, gloves, and face shield. On 7/29/2022, at 1:48 PM., during an interview, the IPN stated all facility staff were required to use a N95 respirator mask and face shield while in the facility and use isolation gown and gloves and face shield when entering droplet isolation rooms. The IPN stated CNA 1 and HK 1 failed to follow facility's policy and procedures for infection control and PPE by not using a N95 respirator mask and face shield while in the facility and isolation gown, gloves, and face shield while in the droplet isolation Room A. The IPN stated the potential outcome could lead to the spread of infection including COVID-19 to all residents and staff. During a telephone interview on 8/15/2022 at 10:17 AM, the IPN stated all residents in the red zone, except for COVID-19 positive admissions, acquired COVID -19 in the facility and at 10:30 AM, the IP stated the facility currently had 28 COVID-19 positive residents. The IPN stated facility staff who were working in the red zone, were also working in the yellow zone or green zone the following day and this pattern of shifts and working in various zones may be the reason for a staff member to transmit COVID -19 to another resident. The IPN stated, We try to avoid assigning staff to different zones and for staff who work double shifts, we try to assign the staff to the same zone in order to avoid exposing residents in other zones to COVID -19. An attempt to conduct an interview with the facility's Medical Director (MD) was made on 8/15/2022 at 9:58 AM to and 12:43 PM, to inquire if the MD was made aware of the outbreak and what was done. Another attempt was made on 8/16/2022 at 9:45 AM and 3:06 PM. The MD did not respond. A review of Center for Disease Control and Prevention guideline titled, Nursing Home COVID-19 Infection Control Assessment And Response (ICAR) Tool Facilitator Guide, indicated while it was generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for individuals who are up to date with all recommended COVID-19 vaccine doses in healthcare facilities located in counties with low to moderate community transmission. Health Care Personnel (HCP) who are up to date with all recommended COVID-19 vaccine doses should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors). https://www.cdc.gov/infectioncontrol/pdf/icar/nursing-home-icar-facilitator-guide-2022-508.pdf (continued on next page)

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F 0880 Level of Harm - Actual harm Residents Affected - Few	A review of facility's policy and procedure titled, Infection Prevention and Control: Novel Coronavirus (COVID-19), revised on 10/30/2020 indicated in the yellow zone, staff were required to wear goggles/face shields when providing care within six feet of residents. In the yellow zone gowns should be worn with only single patient. COVID-19 positive residents (asymptomatic or symptomatic) will be placed in a separate area (building, unit, or wing) of the facility (Red Zone) and have dedicated staff who do not provide care for residents in other cohorts and should have separate break rooms and restrooms if possible. In the red zone, staff only respite area away from resident care area staff storage, breaks, etc. separate from other staff working in the yellow and green zones. A review of the facility's policy and procedures titled, COVID-19 Routine Diagnostics or Surveillance Testing and COVID-19 Response Testing Policy, revised 1/6/2022, indicated all staff, regardless of vaccination status, must wear a medical grade surgical/procedure mask or N95 respirator for universal source control at all times while they are in the facility, or in accordance with current federal, state, or local health department guidance. A review of the facility's policy and procedures titled, COVID-19 General Guidelines, dated 1/6/2022, indicated all staff members, must don (put on) and doff (remove) gowns each resident encounter with symptomatic residents and/or asymptomatic, recently exposed or in accordance with the current federal, state or local health department and guidance.