STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056237	A. BUILDING _____ B. WING _____	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TERRACE CONVALESCENT HOSPITAL	1240 S HOOVER ST LOS ANGELES, CA 90006

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of one complaint. Complaint Number: CA00902983. Representing the Department: Health Facilities Evaluator Nurse 43454 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for the Complaint Number: CA00902983 (Refer to F656, F880).	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely as a requirement by the provisions of Health and Safety Code Section 1280 and 42C.F.R.405.1907. This plan of correction constitutes my written credible allegation of compliance for the deficiencies stated: Alden Terrace Convalescent Hospital submits the following plan of correction and hereby asserts that it is in substantial compliance with HCFA regulations within the required time frame	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656	**Corrective Action:** The DON and IPN gave in-service to all license nurses on 6/06/24 regarding the implementation of the Resident's 1 care plan to ensure that the resident will receive appropriate care and services. The DON and IPN gave in-service to all license nurses on 6/18/24 regarding developing and implementing a comprehensive person-centered individualized care plan and implanting the care plan to ensure that the resident can attain or maintain their highest practicable physical, mental and psychosocial well-being.	06/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 06/27/24

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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F 656	Continued From page 1 treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement a comprehensive care plan (CP: a plan of care that summarizes a resident's health conditions, specific care needs, and current treatments) that met resident's identified individual needs for one of four sampled residents (Resident 1). By failing to implement Resident 1's CP for scabies (a parasitic infestation caused by tiny mites that burrow into the skin and lay eggs, causing intense itching and a rash).	F 656	**Identification of Others:** On 06/06/24 the DON, RN Supervisor, and MDS nurses checked residents' charts to ensure that the care plan regarding isolation for residents with infection is being implemented; no other resident was identified to be affected. **Measure to Prevent Reoccurrence:** The DON and IPN nurse gave in-service to licensed nurses on 06/18/24regarding the policy and procedure of resident comprehensive care plan to ensure that any resident with infection requiring isolation or a care plan intervention will be implemented to ensure that the resident will receive appropriate care and services. The IPN will review 3 charts per week for 4 weeks then monthly for residents with infection with care plan intervention of isolation is being implemented to ensure the resident will receive appropriate care and services. Any deficient practice will be corrected immediately to ensure the resident will receive appropriate care and services.	

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F 656	Continued From page 2 This deficient practice had the potential to result negative impact on residents' health, safety, spread infection, and negatively impact the quality of care and services received. Cross reference: F880 Findings: A review of Resident 1's Admission Record indicated the resident was admitted on 8/10/2023 with diagnoses that included benign prostatic hyperplasia (BPH - is a condition that occurs when the prostate gland enlarges, potentially slowing or blocking the urine stream) and disturbance (conditions that disrupt a person's thinking, feeling, and general daily functioning). During a review of the Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 5/12/2024, indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were severely impaired and the resident required maximal assistance from staff for activities of daily living (ADL- shower/bathing, lower body dressing and putting on/taking off footwear). The MDS indicated Resident 1 required supervision with repositioning such as sit to stand, toilet transfer, and walking. A review of Resident 1's Order Audit Report order dated 6/3/2024, created on 6/4/2024 at 10:36 a.m. (late entry) indicated, Resident 1's physician ordered to isolate the resident from roommates when Elimite (medication used to treat scabies) was applied. A review of Resident 1's Care Plan for scabies dated 6/3/2024 indicated an approach of contact	F 656	**Monitoring Performance:** The IPN will review 3 charts per week for 4 weeks then monthly per residents with infection and with care plan intervention of isolation is being implemented. Ensuring the resident will receive appropriate care and services. Any corrective action will be taken immediately. The IPN will present the findings of the audit for residents identified with infection with care plan intervention of isolation is being implemented in the QA Committee meeting on a monthly basis for 3 months then quarterly for review and action as indicated.	

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F 656	Continued From page 3 isolation precautions (applies to any person with signs of an illness easily transmitted by direct patient contact or by indirect contact with items in the patient's environment) for 1 day for prophylaxis (an attempt to prevent disease) treatment. A review of Resident 1's Change of Condition (COC, a sudden clinically important decline from a patient's baseline in physical, cognitive, behavioral, or functional abilities) dated 5/30/2024, indicated Resident 1 was noted with scattered rashes on the torso. During an interview with Certified Nursing Assistant 1 (CNA1) on 6/4/2024 at 10:51 a.m., CNA1 stated Resident 1was showered in the morning (6/4/2024) and had multiple rashes on the torso and extremities. CNA1 stated Resident 1 was not on contact precautions (steps healthcare visitors and staff need to follow before going into a resident's room. It is intended to prevent transmission of infectious agents and includes use of personal protective equipment such as gloves and a gown before resident contact) and CNA1 did not wear any personal protective equipment (PPE: gowns, gloves, masks, googles) when giving resident 1 a shower. CNA1 stated Resident 1 had two roommates. During a concurrent observation of Resident 1 and interview on 6/4/2023 at 11:03 a.m., Resident 1 was observed with reddish/pink raised bumps on the skin of both upper legs and knees and all around the torso and back. Resident 1's room did not have any contact precaution signage posted and no PPE cart observed outside the room. Resident 1 was observed scratching both knees	F 656		

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F 656	Continued From page 4 and stated, "it itches". Resident 1's palms of both hands and fingers were observed with dry, crusted, and scaly skin. Resident 1 appeared uncomfortable due to constant scratching. During an interview on 6/4/2024 at 12:59 p.m., CNA4 stated, Resident 1 was scratching and had rashes all over the torso and legs. CNA4 stated, the Treatment Nurse 4 (TXN4) and another nurse applied a cream on Resident 1's body after the resident was showered the night before (6/3/2024). CNA4 stated Resident 1 was placed in a room with two roommates throughout the night and CNA4 did not see a PPE cart or isolation signage for isolation after the cream was applied. During an interview with Infection Preventionist Nurse (IPN) on 6/4/2024 at 10:17 a.m., the IPN stated Resident 1 was first observed with scattered skin rashes on 5/30/2024 and was started on hydrocortisone cream (medication used to treat a variety of skin conditions such as insect bites, poison oak/ivy, eczema, dermatitis, allergies, rash, and itching). The IPN stated Resident 1 went out on pass on 6/3/2024 and went to an appointment at a General Acute Care Hospital 1 (GACH1) where Resident 1 was ordered to be given Elimite treatment for scabies. The IPN stated the facility applied the Elimite cream on Resident 1 on the night of 6/3/2024. The IPN confirmed by stating Resident 1 was not put on contact isolation during the prophylaxis (attempt to prevent) treatment of scabies because based on facility policy isolation precautions were not necessary for prophylactic treatment. When asked if Resident 1 showed signs and symptoms of scabies, the IPN stated,	F 656		

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F 656	Continued From page 5 "yes". During a concurrent follow-up interview with the IPN and review of Resident 1's CP and Order Audit Report on 6/4/2024 at 1:55 p.m., the IPN stated Resident 1's order report indicated the resident was to be isolated from roommates when the Elimite was applied. The IPN stated the resident's care plan indicated Resident 1 was to be put on contact isolation. The IPN confirmed by stating Resident 1 was not isolated during the treatment of Elimite and was not put on contact isolation according to the CP. The IPN did not have a log/list of which facility staff were asked to monitor themselves in case they develop any rashes and shows s/sx of scabies. The IPN stated Resident 1 should have been placed on contact precautions as indicated in the CP. The IPN stated the facility staff should have been more vigilant and the IPN should have kept a log to monitor staff who were exposed to Resident 1. During an interview with the Director of Nursing (DON) on 6/4/2024 at 2:35 p.m., the DON confirmed by stating Resident 1's CP was not implemented. A review of the facility's policy and procedures (P&P) titled "The Resident Care Plan" reviewed on 5/21/2024, indicated "The resident care plan shall be implemented for each resident on admission and developed throughout the assessment process. It is the responsibility of the Director of Nursing to ensure that each professional involved in the care of the resident is aware of the written plan of care, including its location, the current problems of the resident, and the goals or objectives of the plan".	F 656		

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F 880 F 880 SS=E	Continued From page 6 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	F 880 F 880	**Corrective Action:** 1.The DON and IPN gave an in-service to license nurses on 06/18/24 and 06/19/24 regarding the policy and procedure on isolation precautions for resident with infection that requires isolation including but not limited to scabies. 2.The DON and IPN gave an in-service to license nurses on 06/18/24 and 06/19/24 regarding the policy and procedure of the proper donning and doffing of PPE when providing care to residents with isolation precaution including not limited to scabies. 3.The DON and IPN gave an in-service to license nurses on 06/18/24 and 06/19/24 regarding identification of the potential signs and symptoms of scabies to prevent spread of infection to residents, visitors, and the community. The RN Supervisor and treatment nurse re-assessed Resident 1 skin condition on 6/21/2024. Resident 1 has no signs and symptoms of scabies at this time. **Identification of Others:** On 6/5/2024, the treatment nurses, RN Supervisor, and IPN initiated a skin check for residents with rashes to see if there are any residents who have a possible signs and symptoms of scabies. There are no other residents affected by this deficiency. The IPN created a Line Listing for possible exposure to staff assigned and in contact with resident 1 and roommates of resident 1, initiated on 6/4/24 until 6/20/24. No signs and symptoms of scabies for all monitored was noted at this time. There are no other residents affected by this deficiency.	06/27/24

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F 880	Continued From page 7 (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review the facility failed provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of diseases for 2 sampled Residents (Resident1 and 2) in accordance with professional standards of practice by: 1. Failing to place Resident in isolation on	F 880	**Measure to Prevent Reoccurrence:** 1.The DON and IPN gave an in-service to license nurses on 06/18/24 and 06/19/24 regarding the policy and procedure on isolation precautions for resident with infection that requires isolation including but not limited to scabies. 2.The DON and IPN gave an in-service to license nurses on 06/18/24 and 06/19/24 regarding the policy and procedure of the proper donning and doffing of PPE when providing care to residents with isolation precaution including not limited to scabies. 3.The DON and IPN gave an in-service to license nurses on 06/18/24 and 06/19/24 regarding identification of the potential signs and symptoms of scabies to prevent spread of infection to residents, visitors, and the community. The IPN will review 3 charts per week, for 4 weeks then monthly for resident with skin rashes to ensure that resident suspected with scabies is placed on isolation to ensure that there is no potential to spread infection to the residents, visitors, and the community. Any corrective actions will be taken immediately. The IPN will do weekly and random observations on the license nurses and as well as the certified nursing assistants wearing appropriate PPE (Personal Protective Equipment) to minimize exposure to hazards that causes serious workplace injuries and illnesses. Any deficient practice will be corrected immediately.	

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F 880	Continued From page 8 5/30/2024 when the resident was suspected of having scabies (a parasitic infestation caused by tiny mites that burrow into the skin and lay eggs, causing intense itching and a rash) and showed signs and symptoms (S/Sx). 2. Failing to ensure staff wore appropriate Personal Protective Equipment (PPE- equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses, PPE may include respirators, gloves, overalls, boots, disposable gowns, and goggles) when providing care to residents with potential scabies exposure. 3. Failing to ensure nurses and other healthcare workers (HCW) were trained to recognize and report signs and symptoms compatible with scabies infestation according to the facility's policy and procedure (P&P) titled, "Scabies Outbreak Control Plan" reviewed on 5/21/2024. These deficient practices had the potential to spread infection to the residents, visitors, and the community. Cross Reference F656 Findings: A review of Resident 1's Admission Record indicated the resident was admitted on 8/10/2023 with diagnoses that included benign prostatic hyperplasia (BPH - is a condition that occurs when the prostate gland enlarges, potentially slowing or blocking the urine stream) and disturbance (conditions that disrupt a person's thinking, feeling, and general daily functioning). During a review of the Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 5/12/2024, indicated Resident 1's cognitive skill (mental action or process of acquiring	F 880	The IPN will do a random competency check on 3 license nurses and 5 other HCW weekly for 4 weeks then monthly to ensure that they are able to recognize and report signs and symptoms compatible with scabies infestation according to the facility's policy and procedure. Any deficient practice will be corrected immediately. Competency checks have been started and will be ongoing. **Monitoring Performance:** The IPN will audit 3 charts per week for 4 weeks then monthly per residents with skin rashes to ensure that resident infected of scabies is placed on isolation to ensure that there is no potential to spread infection to the residents, visitors, and the community. Any corrective action will be taken immediately. The IPN will present the findings of the audit for residents identified with skin rashes to ensure that resident suspected of scabies is placed on isolation to ensure that there is no potential to spread infection to the residents, visitors, and the community to the QA Committee meeting on a monthly basis for 3 months then quarterly for review and action as indicated. The IPN will do weekly and random observation audit on the license nurses and on the CNAs are wearing appropriate PPE to minimize exposure to hazards that causes serious workplace injuries and illnesses. Any deficient practice will be corrected immediately.	

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F 880	Continued From page 9 knowledge and understanding) for daily decision-making were severely impaired and the resident required maximal assistance from staff for activities of daily living (ADL- shower/bathing, lower body dressing and putting on/taking off footwear). The MDS indicated Resident 1 required supervision with repositioning such as sit to stand, toilet transfer, and walking. /4/2024 at 10:36 a.m. (late entry) indicated, Resident 1's physician ordered to isolate the resident from roommates when Elimite (medication used to treat scabies) was applied. A review of Resident 1's Care Plan for scabies dated 6/3/2024 indicated an approach of contact isolation precautions (applies to any person with signs of an illness easily transmitted by direct patient contact or by indirect contact with items in the patient's environment) for 1 day for prophylaxis (an attempt to prevent disease) treatment. A review of Resident 1's Change of Condition (COC, a sudden clinically important decline from a patient's baseline in physical, cognitive, behavioral, or functional abilities) dated 5/30/2024, indicated Resident 1 was noted with scattered rashes on the torso. During an interview with Certified Nursing Assistant 1 (CNA1) on 6/4/2024 at 10:51 a.m., CNA1 stated Resident 1was showered in the morning (6/4/2024) and had multiple rashes on the torso and extremities. CNA1 stated Resident 1 was not on contact precautions (steps healthcare visitors and staff need to follow before going into a resident's room. It is intended to prevent transmission of infectious agents and	F 880	The IPN will present the findings of the audit for license nurses and CNA observed wearing appropriate PPE to minimize exposure to hazards that causes serious workplace injuries and illnesses to the QA Committee meeting on a monthly basis for 3 months then quarterly for review and actions as indicated. The IPN will do an audit for 3 license nurses and 5 HCW competency check weekly for 4 weeks then monthly to ensure that the nursing staff are able to recognize and report signs and symptoms compatible with scabies infestation according to the facility policy and procedure. Any deficient practice will be corrected immediately. The IPN will present the findings of the audit for the competency check from the license nurses and HCW regarding their ability to recognize and report signs and symptoms compatible with scabies infection according to the facility policy and procedure to the QA Committee meeting on a monthly basis for 3 months then quarterly for review and action as indicated.	

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F 880	Continued From page 10 includes use of personal protective equipment such as gloves and a gown before resident contact) and CNA1 did not wear any personal protective equipment (PPE: gowns, gloves, masks, googles) when giving resident 1 a shower. CNA1 stated Resident 1 had two roommates. CNA1 stated facility administration had not asked if CNA1 had any signs or symptoms of scabies. During a concurrent observation of Resident 1 and interview on 6/4/2023 at 11:03 a.m., Resident 1 was observed with reddish/pink raised bumps on the skin of both upper legs and knees and all around the torso and back. Resident 1's room did not have any contact precaution signage posted and no PPE cart observed outside the room. Resident 1 was observed scratching both knees and stated, "it itches". Resident 1's palms of both hands and fingers were observed with dry, crusted, and scaly skin. Resident 1 appeared uncomfortable due to constant scratching. During an interview with Licensed Vocational Nurse 1 (LVN1) on 6/4/2024 at 11:12 a.m., LVN1 was assigned to care for Resident 1 and stated the resident was not on any contact precautions and there was no PPE cart outside the room. LVN1 confirmed by stating the resident was not on any isolation precautions and had two roommates. LVN1 stated facility administration had not asked if LVN1 had any signs or symptoms of scabies. During an interview on 6/4/2024 at 12:06 p.m., CNA2 was assigned to care for Resident 1 on 5/30/2024. CNA2 stated she first observed Resident 1's rashes on the torso, hands, and back and Resident 1 was scratching all day and	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056237	A. BUILDING _____ B. WING _____	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 11 made himself (resident 1) bleed. CNA2 stated she (CNA2) was not asked by facility administration to report any new skin rashes or complaints of itching. During an interview on 6/4/2024 at 12:59 p.m., CNA4 stated, Resident 1 was scratching and had rashes all over the torso and legs. CNA4 stated, the Treatment Nurse 4 (TXN4) and another nurse applied a cream on Resident 1's body after the resident was showered the night before (6/3/2024). CNA4 stated Resident 1 was placed in a room with two roommates throughout the night and CNA4 did not see a PPE cart or isolation signage for isolation after the cream was applied. CNA4 further stated she (CNA2) was not asked by facility administration to report any new skin rashes or complaints of itching. During an interview with Infection Preventionist Nurse (IPN) on 6/4/2024 at 10:17 a.m., the IPN stated Resident 1 was first observed with scattered skin rashes on 5/30/2024 and was started on hydrocortisone cream (medication used to treat a variety of skin conditions such as insect bites, poison oak/ivy, eczema, dermatitis, allergies, rash, and itching). The IPN stated Resident 1 went out on pass on 6/3/2024 and went to an appointment at a General Acute Care Hospital 1 (GACH1) where Resident 1 was ordered to be given Elimite treatment for scabies. The IPN stated the facility applied the Elimite cream on Resident 1 on the night of 6/3/2024. The IPN confirmed by stating Resident 1 was not put on contact isolation during the prophylaxis (attempt to prevent) treatment of scabies because based on facility policy isolation precautions were not necessary for prophylactic treatment. When asked if Resident 1 showed	F 880		

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F 880	Continued From page 12 signs and symptoms of scabies, the IPN stated, "yes". During a concurrent follow-up interview with the IPN and review of Resident 1's CP and Order Audit Report on 6/4/2024 at 1:55 p.m., the IPN stated Resident 1's order report indicated the resident was to be isolated from roommates when the Elimite was applied. The IPN stated the resident's care plan indicated Resident 1 was to be put on contact isolation. The IPN confirmed by stating Resident 1 was not isolated during the treatment of Elimite and was not put on contact isolation according to the CP. The IPN did not have a log/list of which facility staff were asked to monitor themselves in case they develop any rashes and shows s/sx of scabies. The IPN stated Resident 1 should have been placed on contact precautions as indicated in the CP. The IPN stated the facility staff should have been more vigilant and the IPN should have kept a log to monitor staff who were exposed to Resident 1. During an interview with the Director of Nursing (DON) on 6/4/2024 at 2:35 p.m., the DON confirmed by stating Resident 1's CP was not implemented. A review of the facility's policy and procedures (P&P) titled "Scabies - Prevention and Control" reviewed on 5/21/2024, indicated "As soon as a case of scabies is confirmed or suspected, the following precautions should be implemented ... place symptomatic resident on contact isolation precautions. Restrict resident to his/her room for the duration of the first treatment period, usually eight to twelve hours. Education will be provided to staff as soon as possible after identification of scabies and for residents/ family members and	F 880		

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F 880	Continued From page 13 visitors regarding the control, prophylaxis, and prevention of the spread of scabies as soon as possible. The same P&P also indicated that, nurses and other HCW will be trained to recognize and report any patient, themselves or other HCW with S/Sx compatible with scabies infestation". A review of the facility's P&P titled "Infection Control" reviewed on 5/21/2024, indicated gowns and gloves are to be worn when providing care or working with environmental surfaces".	F 880		