

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/26/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 21414 S. VERMONT AVENUE TORRANCE, CA 90502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health (Department) during an investigation of a Complaint numbered CA00914587. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for complaint number CA00914587. See Tag F880.	F 000	This written Plan of Correction (POC) serves as the facility's credible allegation of compliance for the deficiency noted. By submitting this POC, the licensee does not waive any objection to the merits of the deficiency or the allegations and the basis of the allegations contained in the deficiency. Moreover, the licensee does not waive its right to contest the merits of the deficiency nor does it waive its rights to pursue an appeal of the deficiency as allowed under State and Federal law.		
F 880 SS=D	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 §483.71 and following accepted national standards;				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

MARNE CMOY BATO

DDN

9/20/24

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 880	<p>Continued From page 1</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p>	F 880	<p>• Affected Resident</p> <p>Resident 1 is no longer a resident of the facility. CNA1 was given 1:1 training on 9/11/2024 on the importance of hand washing using soap and water after providing care to a resident on contact and spore precautions. The training emphasized the direct and indirect mode of transmission of clostridium difficile bacteria from contaminated food, surfaces and any objects that can be spread to other residents if proper hand hygiene is not done after care provision.</p> <p>• Other Residents</p> <p>All residents who received care from CNA1 on 8/26/2024, have the potential to be affected by the same alleged deficient practice. The residents under the care of CNA 1 were evaluated on 8/26/24, none has signs and symptoms of infection. On 8/26/2024, the Infection Control Prevention Nurse provided in-service training to CNAs, RNs and LVNs on contact and spore precautions with emphasis on hand washing using soap and water, the direct and indirect clostridium difficile mode of transmission to prevent spread of infection.</p> <p>In addition, the Infection Control Prevention Nurse provided an in-service on 9/12/2024 to Nursing, Rehabilitation, EVS, Activity and Dietary departments on contact and spore precaution, direct and indirect mode of transmission, hand</p>	9/26/2024	

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure Certified Nursing Assistant 1 (CNA 1) followed proper hand hygiene for contact isolation (the use of personal protective equipment [PPE - gown, mask, and gloves] for patients with diseases [illness or sickness characterized by specific signs or symptoms] caused by bacteria [germs] and viruses [a type of germ which causes disease] that are spread through direct and indirect contact) for Clostridioides difficile ([C. diff] a bacteria that causes diarrhea [the passage of three or more loos or liquid stools in one day or more frequent passage than is normal for the individual] and inflammation [the body's immune system's (body's protection against germs) response to an irritant] in the large intestine) for one of three sampled residents (Resident 2) when CNA 1 did not wash her hands with soap and water after providing direct care to Resident 2.</p> <p>This deficient practice has the potential to spread contagious bacteria and spores such as C.diff to other residents.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (Face Sheet), the Face Sheet indicated Resident 2 was admitted to the facility on 8/13/2024 with diagnoses including enterocolitis (inflammation in the intestines) due to C.diff.</p> <p>During a review of Resident 2's Minimum Data</p>	F 880	<p>washing with soap and water and emphasizing that ABHR is not enough in preventing the spread of infection.</p> <ul style="list-style-type: none"> Systemic Changes: At the beginning of each shift during the huddle report, the Charge Nurse and /or RN Supervisor will remind CNAs to perform hand hygiene in between residents and to emphasize that ABHR is not enough in preventing the spread of infection. <p>The Charge Nurse assigned to each hallway will ensure that CNAs are reminded throughout the shift to perform hand hygiene between residents and to emphasize that ABHR is not enough in preventing the spread of infection.</p> <ul style="list-style-type: none"> Monitoring: The Infection Control Prevention Nurse and /or designee, DSD and RN supervisors during daily rounds will randomly monitor five CNAs at different areas while providing care to residents to ensure hand hygiene is being performed in between residents. Any findings will be corrected immediately by letting the CNAs perform hand hygiene. In addition, all findings will be forwarded to the QA&A Committee for trending analysis, recommendations, corrective actions, and continuous quality improvement. <ul style="list-style-type: none"> Completion Date: 		

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F 880	<p>Continued From page 3</p> <p>Set ([MDS] a standardized assessment and care screening tool) dated 7/1/2024, the MDS indicated Resident 2 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired and Resident 2 was dependent (helper does all the effort) on facility staff for completion of activities of daily living ([ADLs] eating, personal hygiene, and transfers).</p> <p>During a review of Resident 2 ' s Order Summary Report (Physician ' s Order), dated 8/13/2024, the Physician ' s Order indicated Resident 2 required contact isolation for C.diff.</p> <p>During a review of the Isolation Sign (a sign placed outside of a patient ' s room indicting what type of precaution they are on, and which PPE should be used upon entering the room) outside of Resident 2 ' s room, the Isolation Sign indicated Resident 2 was on Contact and Spore (a cell which certain bacteria produce to defend itself) Precautions. The Isolation Sign indicated facility staff and visitors should be cleaning hands with soap and water upon exiting the room.</p> <p>During an observation on 8/26/2024 at 12:29 p.m. outside of Resident 2 ' s room, CNA 1 was observed removing her gown and gloves, applied hand sanitizer to both of her hands, then proceeded to walk down the hallway to get Resident 2 some blankets. CNA 1 did not wash her hands with soap and water upon exiting Resident 2 ' s room.</p> <p>During an interview on 8/26/2024 at 12:29 p.m., CNA 1 stated she knew Resident 2 was on contact isolation for C.diff and only used hand</p>	F 880	The corrective action will be completed on September 26, 2024		

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F 880	<p>Continued From page 4</p> <p>sanitizer upon exiting Resident 2 ' s room but should have washed her hands with soap and water. CNA 2 stated all staff should wash their hands upon exiting Resident 2 ' s room to prevent the spread of germs to residents and staff.</p> <p>During an interview on 8/26/2024 at 2:43 p.m., the Director of Nursing (DON) stated C.diff cannot be killed by hand sanitizer alone, staff should be washing their hands with soap and water after providing care to residents in contact isolation for C.diff. The DON stated if staff do not preform the correct hand hygiene, there is a risk of transferring germs and bacteria to residents and staff.</p> <p>During a review of facility ' s policy and procedure (P/P) titled "Handwashing/Hand Hygiene" undated, the P/P indicated when there is likely exposure to spores (i.e., C-diff) all employees must wash their hands for 30-60 seconds with soap and water as alcohol-based hand rubs are inactive against the effective removal of spores.</p>	F 880			