

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055728	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/04/2024
NAME OF PROVIDER OR SUPPLIER SANTA CLARITA POST-ACUTE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 23801 NEWHALL AVENUE NEWHALL, CA 91321		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a COVID-19 Complaint and Facility Reported Incident for INFECTION CONTROL. Complaint Number: CA00900908 Facility Reported Incident: CA00900772 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 42311 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 Complaint number CA00900908 and Facility Reported Incident: CA00900772 (Please refer to Flag 880).	F 000			
F 880 SS=E	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:	F 880			

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

TITLE

(X6) DATE

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	Continued From page 1 §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; (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.	F 880			

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F 880	<p>Continued From page 2</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. 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, interview, and record review, the facility failed to implement infection control measures for five of seven sampled staff (Medical Records Assistant [MRA], Licensed Vocational Nurse 1 [LVN 1], LVN2, LVN 3 and Director of Staff Development Assistant [DSDA]) while the facility had a Coronavirus Disease 2019- (COVID-19, highly contagious viral respiratory infection that spreads from person to person through droplets releases when an infected person coughs, sneezes or talks) outbreak (more cases of a disease than expected in a specific location over a specific time period) when:</p> <ol style="list-style-type: none"> 1. Medical Records Assistant (MRA) was walking in the hallway by the front lobby with no protective mask. 2. Licensed Vocational Nurse 1 (LVN 1) standing outside Resident 1's room preparing medications beside a medication cart with N95 hanging on her neck with nose and mouth visible. 3. LVN 2 standing in front of Resident 3's room 	F 880			

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F 880	<p>Continued From page 3</p> <p>with his medication cart. LVN 2's N95 is hanging on his neck with nose and mouth visible.</p> <p>4. LVN 3 seated by Nurse's Station B, in front of a computer with no protective mask.</p> <p>5. Director of Staff Development Assistant (DSDA) observed inside the Director of Nursing's (DON) office with N95 hanging on her neck. The DSDA's nose and mouth were visible, talking beside Activity Director's (AD).</p> <p>These deficient practices had the potential to result in the spread of the COVID-19 to all residents and staff.</p> <p>Findings:</p> <p>a. During an observation on 6/4/2024 at 8 a.m., by the front lobby, observed Medical Records Assistant (MRA) walking in the hallway of the front lobby with no protective mask, headed towards the Director of Nursing's (DON) office then she turned right and went inside the nurse's station and grab an N95.</p> <p>During an interview on 6/4/2024 at 8:30 a.m., the MRA stated she was aware of COVID-19 positive resident inside the facility. The MRA stated she went inside the facility and placed her bag in the storage room beside Nurses Station A in the front lobby and was about to get an N95 but there was none in the receptionist desk. The MRA stated she should have called for a supply of N95. The MRA stated they have to wear N95 while they still have positive COVID-19 residents. The MRA stated N95 mask is to protect the resident and herself from respiratory virus.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>b. During a concurrent observation and interview on 6/4/2024 at 8:01 a.m., with Director of Staff Development (DSD), in front of Resident 1's room. Observed Licensed Vocational Nurse 1's (LVN 1) standing by Resident 1's door with the medication cart blocking the door. Observed LVN 1's N95 hanging on her neck with her nose and mouth visible. The DSD stated staff should wear the N95 covering their mouth and nose in front of the rooms.</p> <p>During an interview on 6/4/2024 at 8:02 a.m., the DSD stated the facility had four COVID-19 positive residents inside the facility. The DSD stated the facility had an ongoing COVID-19 outbreak.</p> <p>During an interview on 6/4/2024 at 8:51 a.m., LVN 1 stated she was aware of COVID-19 outbreak inside the facility. LVN 1 stated their current masking policy was to wear n95 when inside the facility. LVN 1 stated she took a sip of water and had forgot to put back her N95 to cover her nose and mouth. LVN 1 stated importance of wearing N95 during COVID -19 outbreak is for infection control.</p> <p>c. During an observation on 6/4/2024 at 8:06 a.m., observed LVN 2 standing in front of Resident 3's room preparing medication on top of the medication cart. Observed LVN 2's N95 hanging on his neck with his nose and mouth visible.</p> <p>During an interview on 6/4/2024 at 8:07 a.m., LVN 2 stated he was aware that there were positive COVID-19 residents inside the facility. LVN 2 stated he just barely took off his N95.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>d. During an observation and interview on 6/4/2024 at 8:08 a.m., with LVN 3, in the Nurse's Station B. Observed LVN 3 seated in front of the computer with no protective mask on. LVN 3 stated she is already done with her shift and should not be in the facility anymore. LVN 3 ask Surveyor's identity and then immediately applied a surgical mask covering her nose and mouth.</p> <p>During a concurrent observation and interview on 6/4/2024 at 8:09 a.m. with the DSD, in Nurses Station B. Observed LVN 3 now wearing a surgical mask. The DSD stated it is ok to wear surgical mask in the nurse's station.</p> <p>e. During an observation on 6/4/2024 at 9:08 a.m., in the Director of Nursing's (DON) office. Observed the Director of Staff Development Assistant (DSDA) standing inside the DON's office with her N95 hanging on her neck, her mouth, and nose were visible. Observed DSDA talking then placed her right arm to Activity Director's (AD) right shoulder.</p> <p>During an interview on 6/4/2024 at 9:09 a.m., DSDA stated they were doing a huddle in the DON's office. The DSDA stated to her knowledge it was allowed not to wear a protective mask when inside the office. The DSDA stated AD was the one standing on her right side. The DSDA stated she was aware of the positive COVID-19 residents inside the facility and their policy is to only wear N95 when in the hallway, resident's room or when giving care. The DSDA stated the importance of wearing N95 is to prevent the spread of COVID-19.</p> <p>During an interview on 6/4/2024 at 9:13 a.m., the AD stated their policy is to wear N95 at all times</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>except when eating or when on break. The AD stated she saw DSDA put down her N95 inside the DON's office and got close to her. The AD stated she told the DSDA to put her mask back, but she did not listen and kept talking.</p> <p>During an interview on 6/4/2024 at 9:16 a.m., the Infection Preventionist (IP) stated the facility is still on COVID-19 outbreak and had four COVID-19 positive residents inside the facility and two positive staff. The IP stated their current policy for masking while on COVID-19 outbreak is to wear an N95 on resident care areas. The IP stated LVN 1 and LVN 2 standing outside the room, MRA walking in the hallway and LVN 3 seated in Nurse's Station B should all be wearing N95, covering their nose and mouth. The IP stated the DSDA who was inside the DON's office should wear a mask covering her nose and mouth. The IP stated wearing protective mask or wearing an N95 is to prevent the spread of respiratory illness. The IP stated the possible effect of staff's noncompliance with masking policy is the continuous spread of COVID-19 and respiratory virus to staff and residents.</p> <p>A review of facility's policy and procedure titled, "COVID-19, Prevention and Control," dated and revised on 4/24/2024, indicated, "During a COVID-19 outbreak, or when a COVID-19 positive staff or resident is identified, all staff must wear a well fitted N95 respirators in all areas in the COVID-19 isolation area or non-COVID-19 care or quarantine rooms when caring for any resident or when in resident care areas."</p> <p>A review of Los Angeles County of Department of Public health (LAC DPH)'s COVID-19 Outbreak Notification letter address to Skilled Nursing</p>	F 880			

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F 880	Continued From page 7 facility 1 (SNF 1) dated 5/20/2024, indicated, "Based on the preliminary investigation, LAC DPH requires the following control measures and actions: 5. Face Mask Use C. in other areas of the facility, staff are required to wear a surgical /procedure mask as per LAC DPH's Masking in healthcare and Direct Care Settings health Officer Order and as described in the source control section of LAC DPH's guidelines for preventing and managing COVID-19 in SNF's."	F 880			



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F880 Infection Prevention and Control

How corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

On 6/4/24 DSD in service MRA regarding Infection Control Measures and Prevention focusing on wearing well fitted mask such as N 95 during Covid Outbreak.

On 6/4/24 DSD in service LVN 1 regarding Infection Control Measures and Prevention focusing on wearing well fitted mask such as N 95 during Covid Outbreak.

On 6/4/24 DSD in service LVN 2 regarding Infection Control Measures and Prevention focusing on wearing well fitted mask such as N 95 during Covid Outbreak.

On 6/4/24 DSD in service LVN 3 regarding Infection Control Measures and Prevention focusing on wearing well fitted mask such as N 95 during Covid Outbreak.

On 6/4/24 DSD in service DSDA regarding Infection Control Measures and Prevention focusing on wearing well fitted mask such as N 95 during Covid Outbreak.

On 6/4/24 and 6/5/2024 DSD in service All Staff regarding Infection Control Measures and Prevention focusing on wearing well fitted mask such as N 95 during Covid Outbreak.

All department heads made rounds to remind all staff to wear well fitted masks (N95) for Infection Control.

How the facility will identify other residents having the potential to be affected by the same deficient;

All residents could be affected by the deficient practice.

What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur;

DSD and IP will make rounds to ensure all staff are wearing well fitted masks during the Covid outbreak.

DSD/IP will conduct Infection Control Orientation/education for the new hire.

DSD will conduct Skills check regarding Infection control measures and prevention upon hire, as needed and annually.

Department Heads will make rounds daily and assist in making sure all staff are wearing well-fitted masks during covid outbreak.

Nurse Consultant will make rounds and check staff are wearing well fitted mask to ensure compliance.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

Trends or concerns related to Infection Control Prevention will be communicated monthly to the QA & A Committee for further evaluation and recommendations. If it is determined that we have



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accomplished the objectives in the POC above and the results are successful, then the facility will consider the matter resolved. The QA & A committee will continue to review until such time that the deficiency has been proven to be resolved for 2 consecutive months and/or advised by the QA & A Committee

Completion of corrective action: June 21, 2024

A handwritten signature in black ink, appearing to read 'David Slavin', with a long horizontal flourish extending to the right.

David Slavin, Admin

6/24/24