

01/14/25

PRINTED: 01/03/2025

FORM APPROVED

OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/24/2024
NAME OF PROVIDER OR SUPPLIER ARARAT NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 15099 MISSION HILLS ROAD MISSION HILLS, CA 91345		
(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 during an abbreviated standard survey. Complaint Numbers: CA00936326 and CA00936752. The inspection was limited to the specific complaints and does not represent the findings of a full inspection of the facility. No deficiencies were issued for complaint number: CA00936326. One deficiency was issued for complaint number: CA00936752 (Refer to Ftag 880).	F 000			
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	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	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 interview and record review, the facility failed to implement infection control measures for one of three sampled residents (Resident 2) by failing to ensure Resident 2 was included in the line list report (a table that organizes information about people or cases of disease during an outbreak investigation) submitted to the Public Health Nurse (PHN) for possible exposure to scabies (a contagious skin condition caused by microscopic [so small as to visible only with microscope] mites [tiny bugs] burrowing [made a hole] into the skin.</p> <p>This deficient practice resulted to incomplete line listing report submitted to the PHN and had the potential for spread of infection among residents and staff.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the facility admitted Resident 2 on 4/7/2021, with diagnoses that included atherosclerosis heart disease (a condition that occurs when the walls of the arteries that supply blood to the heart thicken and narrow), history of falling and unspecified (unconfirmed) dementia (a progressive state of decline in mental abilities).</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>During a review of Resident 2's History and Physical (H&P), dated 4/29/2024, the H&P indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 11/11/2024, the MDS indicated Resident 2's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was moderately impaired. The MDS indicated Resident 2 was dependent on staff for toileting, dressing, and hygiene.</p> <p>During a review of Resident 2's Physician Order, dated 10/14/2024, the Physician Order indicated an order for skin scraping (a procedure that involves scraping the skin to collect a sample for examination under a microscope) to rule out (eliminate) scabies and an order for spinosad (medication used to treat head lice and scabies infestations [the state of being invaded or overrun by pests or parasites]) 0.9 percent (% - by a specified amount in or for every hundred) topical suspension (are liquid preparations that contain solid particles dispersed in a liquid vehicle intended for application to the skin), apply to neck to toes, allow to absorb in the skin and wash off after eight hours for scabies prophylaxis (an attempt to prevent disease).</p> <p>During a review of Resident 2's Laboratory Result, dated 10/15/2024, the Laboratory Result indicated no sarcoptes scabiei (an itch mite is a parasitic mite found in all parts of the world that burrows into skin and causes scabies).</p> <p>During a review of Resident 2's Physician Order, dated 10/29/2024, the Physician Order indicated</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>Elimite (medication used to treat head lice and scabies) 5% cream, apply from neck to toes, wash off eight to 12 hours after and repeat dose in one week for scabies prophylaxis.</p> <p>During a review of Resident 2's Physician Order, dated 11/28/2024, the Physician Order indicated Elimite 5% cream, apply from neck to toes tonight only (11/28/2024) and give a shower tomorrow morning (11/29/2024) for scabies prophylaxis.</p> <p>During a review of Resident 2's Physician Order, dated 12/20/2024, the Physician Order indicated Elimite 5% cream, apply from neck to toes tonight only (12/20/2024), and give a shower tomorrow morning (12/21/2024) and repeat dose in one week (12/27/2024), for scabies prophylaxis.</p> <p>During a review of facility's Scabies Outbreak Line lists, dated 10/15/2024 and 10/21/2024, were reviewed. The Line Lists indicated Resident 2 was not on the list on 10/2024 and 12/2024.</p> <p>During a concurrent interview and record review on 12/24/2024, at 10:11 a.m., with Licensed Vocational Nurse 1 (LVN 1), Resident 2's Physician Orders dated 10/14/2024 and 12/20/2024 were reviewed. Resident 2's Physician Order, dated 10/14/2024, indicated contact isolation precaution (a set of steps that healthcare staff and visitors take to prevent the spread of germs to others by isolating patients with infections that can be spread through direct or indirect contact) for possible scabies. Resident 2's Physician Order, dated 12/20/2024, indicated contact isolation precautions for seven days. LVN 1 stated Resident 2 was on contact isolation for possible scabies. LVN 1 stated recent contact isolation order was dated 12/20/2024.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>During an interview on 12/24/2024, at 11:32 a.m., the Infection Preventionist (IP) stated latest line list report emailed to PHN was on 12/18/2024. The IP stated Resident 2 was not in the line list report on 12/2024.</p> <p>During an interview on 12/24/2024, at 11:56 a.m., the IP stated Resident 2 should be in the line list report on 12/20/2024 when the Physician ordered the Elimite cream and contact isolation.</p> <p>During an interview on 12/24/2024, at 1:18 p.m., the IP stated, she (IP) should have notified PHN that Resident 2 had an order for Elimite and contact isolation on 12/20/2024. The IP stated it is important to notify PHN on any new updated line list to control the spread of infection. The IP stated the outbreak from 10/3/2024 was still open. The IP admitted it was her (IP) error of not notifying the PHN of Resident 2.</p> <p>During an interview on 12/24/2024, at 2:48 p.m., the Director of Nursing (DON) stated the IP should have checked the line list report. The DON stated their policy only indicated notifying the Public Health of positive cases of scabies.</p> <p>During an interview on 12/24/2024, at 3:07 p.m., the IP stated on 12/20/2024, Resident 2 complained of itching and the Physician ordered contact isolation and apply Elimite cream. The IP stated there were a total of 44 symptomatic residents who had Elimite cream for scabies prophylaxis and two residents tested positive for scabies from 10/3/2024. The IP stated she should have double checked that line list report was send out to PHN. The IP stated Resident 2 was not on the line list on 10/2024 and 12/2024. The</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>IP stated line listing should be complete and accurate.</p> <p>During a concurrent interview and record review on 12/24/2024, at 3:13 p.m., with the IP, facility's Rash/Scabies Outbreak Notification letter (OB letter), dated 10/15/2024 was reviewed. The OB letter indicated, "Each scabies outbreak is unique and requires an individualized approach. PHN 1 will be working with you (the facility) to develop a plan specifically for your facility. However, listed below are the number of actions you (the facility) can take immediately:</p> <p>13. Provide a line listing of symptomatic (showing symptoms) patients and health care workers and a separate list of their contacts to your assigned PHN. Please include date of onset, type of treatment or prophylaxis provided and date of such treatment.</p> <p>14. Report any new symptomatic patients to your assigned PHN and send weekly updates on the facility regardless of any new cases.</p> <p>The IP stated she should have reported to PHN when Resident 2 had symptoms of scabies on 12/20/2024.</p> <p>During a review of facility's policy and procedure (PP) titled, "Scabies," dated 8/1/2014 and reviewed on 1/23/2023, the PP indicated, "The Facility works to prevent the spread of scabies in the facility by strictly adhering to the standards set out by the Centers for Disease Control and Prevention and State of California Department of Public Health.</p> <p>IV. The Infection Control Coordinator will follow the guidance provided in the following publications to prevent and minimize the outbreak</p>	F 880			

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F 880	<p>Continued From page 7 of scabies:</p> <p>A. IC (Infection Control) -16 -Form A-Increased Scabies Outbreaks in Healthcare Facilities B. IC -16 -Form B -Prevention and Control of Scabies in California Long-Term Care Facilities C. IC -16 -Form C -Management of Scabies Outbreaks in California Healthcare Facilities.</p> <p>During a record review of facility's Infection Control (IC)-16-Form B- Prevention and Control of Scabies in California Long Term Care Facilities, dated 3/2008, the Prevention and Control of Scabies in California Long Term Care Facilities indicated, "As soon as a possible case of scabies is identified, the infection control practitioner should develop a contact identification list. This list should identify every resident, health care worker, visitor and volunteer who may have had direct, physical contact with the case within the previous month. Initially, the contact identification list should be limited to the nursing unit where the suspect or confirmed case resides. This list should contain the following:</p> <ol style="list-style-type: none"> 1. Include the nursing unit, room number, name, date of onset of symptoms, results of skin scrapings, date of initial treatment, date of follow-up treatment, results of treatments (example given condition resolved or not resolved) and the date and results of repeat skin scrapings, if performed. 2. Identify roommates of the case. Include roommates who have been discharged, moved to other nursing units or to another health care facility within the previous month." <p>During a record review of facility's "IC-16 Form C -Management of Scabies Outbreaks in California Healthcare Facilities," dated 2008, was reviewed. The Management of Scabies Outbreaks in</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>California Healthcare Facilities indicated, "The following information should be collected on all patients who are diagnosed, clinically symptomatic or who may have been exposed to a scabies case:</p> <ul style="list-style-type: none"> o Patient's name. o Room and bed number. o Nursing unit or other service e.g., chronic dialysis. o Date of admission. o Nursing units transfers including emergency department: o Date(s) of transfer between nursing units. o Diagnostic and therapeutic services utilized (radiology, physical therapy,). o Date of previous admission if within past 1-8 weeks. o Symptoms (rash, pruritus). o Classified as typical (common), atypical (uncommon), or crusted scabies. o Date of onset of symptoms. o Date of skin scrapings. o Results of skin scrapings (positive, negative, or not done). o Date of first treatment. o Treatment (permethrin or ivermectin (medication used to treat scabies). o Date of second treatment if recommended. o Follow-up treatment and/or evaluation and dates. o Family members or visitors contacted and offered prophylaxis. <p>During a record review of facility's PP titled, "Infection Prevention and Control Program," dated 10/24/2022, the PP indicated "Surveillance data are provided to the Infection Control Coordinator (ICC or IP) regularly. The ICC communicates surveillance data to the Attending</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Physicians, the Administrator (ADM), Director of Nursing Services, and the local and state health department as necessary.</p> <p>During a record review of facility's PP titled, "Communicable Disease Outbreak," dated 3/6/2023, the PP indicated "Outbreaks of communicable diseases within the facility are promptly identified and appropriately treated and reported.</p> <p>I. Contact tracing between the infected individuals and other residents and staff is initiated.</p> <p>II. Symptomatic residents and employees are to be considered potentially infected and are assessed for appropriate actions.</p> <p>III. The Administrator will be responsible for:</p> <p>C. Submitting periodic progress reports to the health department, as requested. Calling emergency meetings of the Infection Control Committee.</p> <p>F. Updating the Department of Public Health, as required.</p> <p>V. The Infection Preventionist (IP) and Director of Nursing Services are responsible for:</p> <p>A. Receiving surveillance information and tabulating data.</p> <p>B. Maintaining a line listing of identified cases on the appropriate Line Listing Reports (IC - 09 - Forms A- E - Outbreak of Communicable Disease - Line Listing Report)."</p>	F 880			



ARARAT NURSING FACILITY makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this Plan of Correction is an admission otherwise. ARARAT NURSING FACILITY is submitting this Plan of Correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them. This Plan of Correction constitutes ARARAT NURSING FACILITY's written credible allegation of compliance for the deficiencies noted.

**Intake Numbers: CA00936326
CA00936752**

F-880

It is the facility's policy to establish and maintain an infection prevention and control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections, including maintaining accurate line listing reports and timely notification to public health authorities.

Corrective Action for Affected Residents: On 12/24/2024, the Infection Preventionist updated the line listing report to include Resident 2 and submitted it to the Public Health Nurse. The report included Resident 2's onset date of symptoms, treatment details, and isolation status. The IP reviewed Resident 2's medical record to ensure all necessary infection control measures were in place and being followed.

Identifying other Residents having the Potential to be Affected: The IP conducted a comprehensive review of all residents with orders for scabies treatment or prophylaxis from 10/3/2024 to present to ensure they were properly included in line listing reports submitted to Public Health. The review was completed on 12/26/2024.

Measures put into place or Systemic Changes:

1. The Director of Clinical Service in-serviced the Infection Prevention Nurse on proper documentation and reporting requirements for communicable diseases, including maintaining accurate line listing reports and timely notification to public health authorities 12/24/2024.
2. The facility's policy under "Infection Control" for scabies will be reviewed and updated if needed to ensure requirements for maintaining and updating line listing reports, including daily review of new orders for scabies treatment or prophylaxis or accurate.
3. A new tracking tool was implemented on 1/7/2025 to monitor all residents on contact precautions and ensure their inclusion in appropriate line listing reports.

Plan to Monitor Performance:

1. The Infection Prevention Nurse will audit all line listing reports for completeness and accuracy weekly for 4 weeks, then monthly for 2 months or until 100% compliance is achieved.
2. The Infection Control Nurse will review all new orders for scabies treatment or prophylaxis daily to ensure proper inclusion in line listing reports for 4 weeks, then weekly for 2 months or until 100% compliance is achieved.
3. Results of these audits will be reported to the Performance Improvement Quality Improvement (PIQI) Committee monthly for review and recommendations. The PIQI Committee will determine the need for ongoing monitoring based on audit results.

The Director of Clinical Services is responsible for implementing this plan of correction by 1/10/2025.

Cynthia Lauer - DCS

Director of Clinical Services

01-06-2025⁴

Date