



Holiday Manor Care Center

20554 Roscoe Blvd, Canoga Park 91306

Phone# (818) 341-9800

Fax# (818) 341-1925

Holiday Manor Care Center submits this response and plan of correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It should not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan. Correction with the intention that it is inadmissible. By any third party to any civil, criminal action, or proceedings against the provider or its employees, agents, officers, director, or stakeholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider, either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facilities allegation of compliance.

“Preparation, Permission and or execution of this kind of correction does not constitute admission and/or agreement by the provider of the truth of the facts, allege or conclusion set forth in this statement of deficiencies. The plan of correction is prepared, submitted and/or executed solely because it is required by the provision of the federal and state law’.

FTAG 580 Notify of Changes (Injury/Damage/Room, Etc)

How corrective action will be accomplished for those residents found to be affected by the deficient practice:

- Resident #3 and resident #2 were immediately assessed by Treatment Nurse/Designee on 9/24/24. A change of condition was initiated, the attending physician was notified and gave orders for treatment, the Wound MD was notified, resident was seen by Wound MD and treatment was initiated, care plans were updated, RP was notified, and IDT was completed.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

- On 9/24/2024 a facility skin sweep was performed by the treatment nurse, DON and other licensed nurses which resulted in identifying a total of 9 residents with skin issues. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 9/27/2024 a second facility skin sweep was performed by treatment nurse and Wound Physician which resulted in identifying 4 new residents with rashes but also identified 3 cases

resolved which list was updated to reflect 10 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.

- On 9/28/2024 and 9/29/2024 during showers of all residents 1 new residents were identified with rashes which the list was updated to reflect 11 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 9/30/2024 a facility skin sweep was performed by treatment nurse and Wound Physician which resulted with no new findings.
- On 10/8/2024 a facility skin sweep was performed by the treatment nurse, DON and other licensed nurses which resulted in 3 new residents noted with rashes which the list was updated to reflect 14 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 10/15/2024 a facility skin sweep was performed by the treatment nurse, DON and other licensed nurses which resulted in 3 new residents noted with rashes but also identified 3 cases resolved which list was updated to reflect 14 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 10/17/2024 the line listing and mapping was finalized and sent to Public Health for review after weekly skin sweeps and noted resolved cases there is a total of 11 residents in the line-list for skin rashes. 7 residents in the line listing have received a skin scrapping with noted negative results for scabies, 4 residents have pending scrapping results.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

- On 9/25/24 Infectious Disease Expert provided an in-service to licensed nurses and certified nursing assistants emphasized on Infection Control/Skin Assessments/Reporting and Communication in addition identification of skin conditions during showers through the stop and watch Policy and Procedure.
- On 9/26/2024, 9/27/2024, 9/29/2024 and on-going the DON/Designee provided an in-service education to all license nurses and certified nursing assistants on Policy and Procedures as follows:
 - “Change in Resident’s Condition or Status” to ensure that certified nursing assistants communicate through the stop and watch document any change of skin condition and to ensure that license nurses initiate the change of condition by promptly notifying resident, attending physician, and the resident’s responsible party of changes in the resident’s

medical/mental condition and/or status (“Need to alter the resident’s medical treatment significantly”)

- Shift-to-Shift HUDDLE on basic reporting on any resident’s condition including skin issues observed during care using the “STOP & WATCH” communication system.
- On 9/30/2024 the DON/Designee provided an in-service education to all certified nursing assistants on updated shower schedule procedure with new shower audit tool to be used and to be maintained to ensure that all residents who refuse showers have a plan of care, change of condition, IDT, notification to attending physician and responsible party to discuss pros and cons.
- The Treatment Nurse/IP/Designee will conduct weekly skin sweeps to identify all skin conditions to ensure that all skin conditions are immediately addressed.

How the facility plans to monitor its performance to make sure the solutions are sustained:

- During Daily Nursing Shift to Shift Huddle 7 days a week the License Nurses and CNAs will discuss basic reporting on any resident’s condition including skin issues observed during care using the “STOP & WATCH” communication system to ensure all changes of condition are identified and promptly addressed.
- During the daily Clinical Meeting M-F the IDT will review and changes of condition in regard to skin issues and concerns to ensure that license nurses initiated the change of condition by promptly notifying resident, attending physician, and the resident’s responsible party of changes in the resident’s medical/mental condition and/or status (“Need to alter the resident’s medical treatment significantly”)
- During the daily Clinical Meeting M-F all cases of Infection Control that fall into the category of an infection that is highly communicable or has serious health implications will be identified and reported to the health department by the Administrator/DON/IP/Designee.
- The Administrator/DON/IP Designee will present the results to the Quality Assurance and Performance Improvement Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.

Completion/ Compliance Date: 10/20/2024

FTAG 880 Infection Prevention & Control

How corrective action will be accomplished for those residents found to be affected by the deficient practice:

- Resident #2 was immediately assessed by Treatment Nurse/Designee. A change of condition was initiated, the attending physician was notified and gave orders for treatment, the Wound MD was

notified, resident was seen by Wound MD and treatment was initiated, care plans were updated, RP was notified, and IDT was completed. Stat scrapping was completed with negative results for scabies.

- Resident #3 was immediately assessed by Treatment Nurse/Designee. A change of condition was initiated, the attending physician was notified and gave orders for treatment, the Wound MD was notified, resident was seen by Wound MD and treatment was initiated, care plans were updated, RP was notified, and IDT was completed. Stat scrapping was completed with negative results for scabies.
- Resident #5's mouthpiece was immediately discarded by LVN #1 and provided a new mouthpiece with tubing and stored in a bag with date.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

- On 09/24/2024 the Licensed Nurse/Designee conducted room rounds to ensure all mouthpieces and tubing was properly labeled with date and stored in plastic bag with resident's name and date on it. No other residents affected by the deficient practice were found.
- On 9/24/2024 a facility skin sweep was performed by the treatment nurse, DON and other licensed nurses which resulted in identifying a total of 9 residents with skin issues. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 9/27/2024 a second facility skin sweep was performed by treatment nurse and Wound Physician which resulted in identifying 4 new residents with rashes but also identified 3 cases resolved which list was updated to reflect 10 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 9/28/2024 and 9/29/2024 during showers of all residents 1 new residents were identified with rashes which the list was updated to reflect 11 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 9/30/2024 a facility skin sweep was performed by treatment nurse and Wound Physician which resulted with no new findings.
- On 10/8/2024 a facility skin sweep was performed by the treatment nurse, DON and other licensed nurses which resulted in 3 new residents noted with rashes which the list was updated to reflect 14 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.
- On 10/15/2024 a facility skin sweep was performed by the treatment nurse, DON and other licensed nurses which resulted in 3 new residents noted with rashes but also identified 3 cases

resolved which list was updated to reflect 14 residents with noted rashes. Change of Condition was completed, MD was notified, treatment was initiated, care plans were updated, RP was notified.

- On 10/17/2024 the line listing and mapping was finalized and sent to Public Health for review after weekly skin sweeps and noted resolved cases there is a total of 11 residents in the line-list for skin rashes. 7 residents in the line listing have received a skin scrapping with noted negative results for scabies, 4 residents have pending scrapping results.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

- On 9/24/2024 the DON/IP/Designee provided an in-service education on Policy and Procedure “Administering Medications through a Small Volume (Handheld) Nebulizer” emphasized on proper storing of equipment: in plastic bag with resident’s name and date on it and change equipment and tubing every seven days, or according to facility protocol.
- On 10/1/2024 the DON/Infection Preventionist Nurse/Designee provided an in-service to all staff on Policy and Procedure on “Infection Control” emphasized on maintaining infection control practices to maintain a safe, sanitary, and comfortable environment and help to prevent and manage transmission of diseases and infections.
- On 9/26/24 and 10/1/24 the Clinical Consultant provided in-service education to the Director of Nursing, new Infection Preventionist, and the new Interim Administrator on Policy and Procedure “Outbreak of Communicable Diseases” emphasized on, and outbreak is defined as one case of an infection that is highly communicable or has serious health implications which is reportable to the health department.
- On 09/25/2024 Infectious Disease Expert provided an in-service to licensed nurses and certified nursing assistants emphasized on Infection Control/Skin Assessments/Reporting and Communication in addition identification of skin conditions during showers through the stop and watch Policy and Procedure.
- On 9/26/2024, 9/27/2024, 9/29/2024 and on-going the DON/Designee provided an in-service education to all license nurses and certified nursing assistants on Policy and Procedures as follows:
 - “Change in Resident’s Condition or Status” to ensure that certified nursing assistants communicate through the stop and watch document any change of skin condition and to ensure that license nurses initiate the change of condition by promptly notifying resident, attending physician, and the resident’s responsible party of changes in the resident’s

medical/mental condition and/or status (“Need to alter the resident’s medical treatment significantly”)

- Shift-to-Shift HUDDLE on basic reporting on any resident’s condition including skin issues observed during care using the “STOP & WATCH” communication system.
- On 9/30/2024 the DON/Designee provided an in-service education to all certified nursing assistants on updated shower schedule procedure with new shower audit tool to be used and to be maintained to ensure that all residents who refuse showers have a plan of care, change of condition, IDT, notification to attending physician and responsible party to discuss pros and cons.
- The Department Heads will conduct daily room rounds Monday -Friday and will correct and notify the nursing department of any mouthpieces and tubing not properly labeled and or stored in a plastic bag to ensure it is addressed immediately.
- The Treatment Nurse/IP/Designee will conduct weekly skin sweeps to identify all skin conditions to ensure that all skin conditions are immediately addressed.

How the facility plans to monitor its performance to make sure the solutions are sustained:

- During Daily Nursing Shift to Shift Huddle 7 days a week the License Nurses and CNAs will discuss basic reporting on any resident’s condition including skin issues observed during care using the “STOP & WATCH” communication system to ensure all changes of condition are identified and promptly addressed.
- During the daily Clinical Meeting M-F the IDT will review and changes of condition in regard to skin issues and concerns to ensure that license nurses initiated the change of condition by promptly notifying resident, attending physician, and the resident’s responsible party of changes in the resident’s medical/mental condition and/or status (“Need to alter the resident’s medical treatment significantly”)
- During the daily Clinical Meeting M-F all cases of Infection Control that fall into the category of an infection that is highly communicable or has serious health implications will be identified and reported to the health department by the Administrator/DON/IP/Designee.
- The Administrator/DON/IP Designee will present the results to the Quality Assurance and Performance Improvement Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.

Completion/ Compliance Date: 10/20/2024

Gabriel Martinez, NHA

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

POC Accepted on 10/22/2024

PRINTED: 10/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555578	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/02/2024
NAME OF PROVIDER OR SUPPLIER HOLIDAY MANOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 20554 ROSCOE BLVD CANOGA PARK, CA 91306		
(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 the investigation of a complaint and a Facility Reported Incident (FRI). Complaint Number: CA00919809. FRI Number: CA00922656. The inspection was limited to the specific complaint and FRI investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were identified for Complaint Number: CA00919809 (F580 and F880). No deficiencies were identified for the FRI Number: CA00922656.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of	F 580			<i>10/20/24</i>

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

TITLE

(X6) DATE

Valerie L. Martinez Administrator 10/18/2024

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 580	<p>Continued From page 1</p> <p>treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to notify two of five sampled residents (Resident 2 and Resident 3) physician, when on 9/24/2024, Resident 2 and Resident 3 had changes in their skin condition.</p>	F 580		10/20/24	

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F 580	<p>Continued From page 2</p> <p>Resident 2 had dry flaky skin on both hands, itchiness, crust on both palms and Resident 3 had dry flaky skin on the right palm and itchiness.</p> <p>This deficient practice resulted in a delay of medical care and treatment which could have resulted in a negative impact to Resident 2 's and Resident 3 's well-being.</p> <p>Findings:</p> <p>a. During a review of Resident 2 's Admission Record indicated the facility originally admitted Resident 2 on 6/8/2022 and readmitted on 6/28/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems) and pruritis (medical term for itching, or the feeling on the skin that makes you want to scratch).</p> <p>During a review of Resident 2 's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/2/2024, indicated Resident 2 was usually able to make self-understood and understand others. The MDS indicated that Resident 2 was dependent on staff for showers, toileting hygiene, and oral hygiene.</p> <p>During a concurrent observation and interview on 9/24/2024 at 8:37 a.m. with Treatment Nurse 1 (TN 1) and Resident 2, observed Resident 2 's both hands had dry flaky skin and both palms were crusted. Resident 2 stated that his (Resident 2) skin was itchy, so he was scratching. When Resident 2 was asked how long his hands were dry and flaky, Resident 2 was unable to answer the question. TN 1 stated that there are no orders in place to address and treat Resident</p>	F 580		10/20/24	

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F 580	<p>Continued From page 3</p> <p>2 ' s dry flaky hands and crusted palms. TN 1 stated that he (TN 1) will immediately notify Resident 2 ' s physician to obtain treatment.</p> <p>b. During a review of Resident 3 ' s Admission Record indicated the facility originally admitted Resident 3 on 2/23/2024 and readmitted on 8/27/2024 with diagnoses that included Alzheimer ' s disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks) and type two diabetes mellitus (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel).</p> <p>During a review of Resident 3 ' s MDS dated 8/31/2024, indicated Resident 3 was usually able to make self-understood and understand others. The MDS indicated that Resident 3 was dependent on staff for showers, needed maximum assistance for toileting hygiene, and moderate assistance for oral hygiene.</p> <p>During a concurrent observation and interview on 9/24/2024 at 8:50 a.m., with Certified Nursing Assistant 1 (CNA 1), in Resident 3 ' s room, observed Resident 3 had dry flaky skin on the right palm. Resident 3 stated that her (Resident 3 ' s) right palm was itchy. CNA 1 stated that changes in Resident 3 ' s skin condition on the right palm was reported to TN 1 about two weeks ago (unable to recall specific date).</p> <p>During an interview with TN 1 on 9/25/2024 at 3:50 p.m., TN 1 stated that he (TN 1) did not receive the report from staff about Resident 3 ' s right palm until yesterday (9/24/2024). TN 1 stated he then notified Resident 3 ' s physician and obtained treatment for Resident 3 ' s right</p>	F 580			10/20/24

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F 580	Continued From page 4 palm. During an interview and record review with the Director of Nursing (DON) on 10/2/2024 at 1:40 p.m., the DON stated that the CNAs should have filled out the Stop and Watch form (an early warning tool that helps facility staff identify and communicate changes in a resident ' s condition) when they observed any changes including skin conditions. The DON stated that by not completing the Stop and Watch form and only notifying the licensed nurses verbally, the changes in residents ' condition could be omitted (leave unmentioned or undone) easily and not followed up. The DON further stated that she (DON) was not able to find documented evidence of the Stop and Watch form for Resident 2 and Resident 3 ' s skin conditions. The DON stated that the facility was not able to notify Resident 2 and Resident 3 ' s physician of the changes in Resident 2 and Resident 3 ' s skin condition. The DON stated that the facility did not start the care and treatment for both residents ' hands observed by the surveyor and findings confirmed by TN 1 on 9/24/2024 until after the surveyor ' s on site visit. During a review of the facility ' s policy and procedure titled "Change in a Resident ' s Condition or Status" last reviewed 7/30/2024, indicated, "Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident ' s medical/mental condition and/or status Need to alter the resident ' s medical treatment significantly."	F 580			10/20/24
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			

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F 880	<p>Continued From page 5</p> <p>§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.</p> <p>§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:</p> <p>§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;</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>	F 880		10/20/24	

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F 880	<p>Continued From page 6</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. 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 practices by:</p> <p>1. Failing to store a mouthpiece (used to inhale a mist of liquid medicine that is created by a handheld nebulizer [HHN - a small, portable device that turns liquid medication into a mist that can be inhaled into the lungs]) and tubing of HHN in a bag when not used for one of five sampled residents (Resident 5).</p>	F 880			10/20/24

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

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F 880	<p>Continued From page 7</p> <p>2. Failing to report more than two suspected cases of scabies (a contagious skin condition characterized by a rash [an area of the skin that has changes in texture or color and may look inflamed or irritated] and intense itching) for two of five sampled residents (Resident 2 and Resident 3).</p> <p>This deficient practice had the potential to result in the spread of cross contamination (the physical movement or transfer of harmful bacteria [germs] from one person, object, or place to another) and scabies among staff and other residents.</p> <p>Findings</p> <p>1. During a review of Resident 5's Admission Record indicated the facility originally admitted Resident 5 on 3/15/2023 and readmitted on 8/21/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems) and Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks).</p> <p>During a review of Resident 5's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/9/2024, indicated Resident 5's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS further indicated that Resident 5 needed supervision or touching assistance for oral hygiene, personal hygiene, and mobility (movement).</p>	F 880			10/20/24

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F 880	<p>Continued From page 8</p> <p>During a review of Resident 5's Physician's Order, with an order date of 8/21/2024, indicated to inhale (the process of drawing air into your lungs through your nose or mouth) Albuterol Sulfate (a medication used to prevent and treat difficulty breathing, wheezing [a symptom of a disease that obstructs the airways] and shortness of breath, coughing and chest tightness caused by lung diseases) five (5) milligrams (mg- unit of measure) 0.5% one inhalation orally via nebulizer every two hours as needed for dyspnea (difficulty breathing).</p> <p>During a concurrent observation and interview on 9/24/2024 at 9:00 a.m., with Licensed Vocational Nurse 1 (LVN 1), in Resident 5's room, observed that the mouthpiece and tubing of the HHN was stored (not in a bag and undated) inside Resident 5's nightstand, undated. LVN 1 stated that staff should have stored the mouthpiece and the tubing in a bag when not used for infection control. LVN 1 then stated that he (LVN 1) will discard the mouthpiece and tubing and provide a new mouthpiece and tubing for Resident 5.</p> <p>During an interview with the Director of Nursing (DON) on 9/24/2024 at 9:45 a.m., the DON stated that the mouthpiece with tubing for a HHN should be stored in a bag after labeling with the date to prevent the spread of germs. The DON further stated that not storing in a bag was against the infection prevention control program.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Administering Medications through a Small Volume (Handheld) Nebulizer" last reviewed 7/30/2024, indicated, "Rinse and disinfect the nebulizer equipment</p>	F 880		10/20/24	

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F 880	<p>Continued From page 9</p> <p>according to facility protocol, or: wash pieces with warm, soapy water When equipment is completely dry, store in a plastic bag with the resident's name and the date on it. Change equipment and tubing every seven days, or according to facility protocol."</p> <p>2. During a review of Resident 2's Admission Record indicated the facility originally admitted Resident 2 on 6/8/2022 and readmitted on 6/28/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems) and pruritis (medical term for itching, or the feeling on the skin that makes you want to scratch).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/2/2024, indicated Resident 2 was usually able to make self-understood and understand others. The MDS indicated that Resident 2 was dependent on staff for showers, toileting hygiene, and oral hygiene.</p> <p>During a concurrent observation and interview on 9/24/2024 at 8:37 a.m. with Treatment Nurse 1 (TN 1) and Resident 2, observed Resident 2's both hands had dry flaky skin and both palms were crusted. Resident 2 stated that his (Resident 2) skin was itchy, so he was scratching. When Resident 2 was asked how long his hands were dry and flaky, Resident 2 was unable to answer the question. TN 1 stated that there are no orders in place to address and treat Resident 2's dry flaky hands and crusted palms. TN 1 stated that he (TN 1) will immediately notify Resident 2's physician to obtain treatment.</p>	F 880			10/20/24

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F 880	<p>Continued From page 10</p> <p>During a review of Resident 2's Physician Order dated 9/24/2024 timed 9:24 a.m., indicated, "Stat (Immediately) Skin scraping to rule out (r/o - a medical abbreviation that means a doctor is trying to eliminate a possible diagnosis or treatment for a resident) scabies.</p> <p>During a review of Resident 3's Admission Record indicated the facility originally admitted Resident 3 on 2/23/2024 and readmitted on 8/27/2024 with diagnoses that included Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks) and type two diabetes mellitus (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel).</p> <p>During a review of Resident 3's MDS dated 8/31/2024, indicated Resident 3 was usually able to make self-understood and understand others. The MDS indicated that Resident 3 was dependent on staff for showers, needed maximum assistance for toileting hygiene, and moderate assistance for oral hygiene.</p> <p>During a concurrent observation and interview on 9/24/2024 at 8:50 a.m., with Certified Nursing Assistant 1 (CNA 1), in Resident 3's room, observed Resident 3 had dry flaky skin on the right palm. Resident 3 stated that her (Resident 3's) right palm was itchy. CNA 1 stated that changes in Resident 3's skin condition on the right palm was reported to TN 1 about two weeks ago (unable to recall specific date).</p> <p>During a review of Resident 3's Physician Order dated 9/24/2024, timed at 4:03 p.m. indicated to obtain a wound consult for Resident 3, and to</p>	F 880		10/20/24	

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F 880	<p>Continued From page 11</p> <p>administer Bactrim (used to treat a wide variety of bacterial infections) 800-160 mg one tablet by mouth two times a day for impetigo (an itchy, highly contagious skin infection).</p> <p>During a review of the facility's P&P titled, "Infection Control" last reviewed 7/30/2024, indicated, "This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections Prevent, detect, investigate, and control infections in the facility ...establish guidelines for implementing isolation precautions, including standard and transmission-based precautions,"</p> <p>During a review of the facility's P&P titled, "Outbreak of Communicable Diseases" last reviewed 7/30/2024, indicated, "An outbreak is defined as one of the following: One case of an infection that is highly communicable or has serious health implications The administrator is responsible for communicating data about reportable diseases to the health department,"</p>	F 880			10/20/24