

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

PRINTED: 07/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/25/2024
NAME OF PROVIDER OR SUPPLIER RIO HONDO SUBACUTE & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 273 E BEVERLY BOULEVARD MONTEBELLO, CA 90640		
(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 for one Facility Reported Incident (FRI). FRI number: CA00906146 Representing the Department: Health Facilities Evaluator Nurse [REDACTED] The inspection was limited to the specific FRI investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for FRI number CA00906146 (Refer to fTag 880). F 880 Infection Prevention & Control SS=D 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	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 in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law. This Plan of Correction constitutes the facility's credible allegation of compliance.		
F 880 SS=D		F 880	F 880 Immediate corrective action(s) for the said deficient practice: On 06/25/2024 CNA 1 was given a 1:1 by the Infection Control Nurse regarding importance of wearing an N95 mask. Plan/Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken: All residents have the potential to be affected by the alleged deficient practice.		

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>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;</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>	F 880	<p>No residents were affected by this deficient practice.</p> <p>Facility measures and systemic changes to ensure the deficient practice does not recur:</p> <p>On 06/20/2024 Infection Control Nurse began in servicing staff on wearing N95 masks and Covid Outbreak.</p> <p>All employees have been required to wear N95 masks while facility is under outbreak protocol.</p> <p>Any employee found not to be wearing an N95 mask will be addressed immediately, and Administrator will be notified.</p> <p>Facility Plan to monitor corrective actions and sustain compliance; integrate QA Process:</p> <p>To ensure compliance the Administrator and/or Designee will be responsible to correct any findings immediately.</p>		

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F 880	<p>Continued From page 2</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 its infection control policy to wear appropriate Personal Protective Equipment (PPE) to help prevent the spread and transmission of infections to residents, staff members, visitors in accordance with the facility 's policy and procedure on infection control by failing to:</p> <p>1. Ensure Certified Nursing Assistant (CNA1) wore the N95 respirator mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of air particles) that covered the nose and mouth while in the facility during an active Coronavirus (COVID-19, an infectious disease caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2 virus)) outbreak.</p> <p>This deficient practices had the potential to increase the number of infected residents and spread the infection to the residents, staff, and other visitors in the facility.</p> <p>Findings:</p> <p>During an observation on 6/25/2024 at 11:12 AM, CNA 1 was observed pushing a linen cart in the</p>	F 880	<p>The Administrator will report monthly to QAPI for further review and corrective actions in the next 3 months or until the goals are achieved.</p> <p>Date of Compliance: 6/25/2024</p>		

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F 880	<p>Continued From page 3</p> <p>hallway near COVID-19 resident rooms, wearing the N95 respirator mask below her chin and not covering the mouth and nose. CNA 1 was not wearing any other mask.</p> <p>During an interview on 06/25/24 at 11:13 AM, CNA 1 stated she took off the N95 mask because she was sweating and needed to breathe. CNA 1 stated it was important to wear an N95 respirator during a COVID-19 outbreak to protect oneself and patients from infection.</p> <p>During an interview with the Infection Prevention Nurse (IPN) on 6/25/2024 at 12:30 PM, the IPN stated staff should be wearing N95 masks especially in the COVID-19 area of the facility. The IPN stated the purpose of wearing a mask/N95 is to prevent infection from spreading.</p> <p>During a telephone interview with the facility's assigned Public Health Nurse (PHN) on 6/25/2024 at 3:25 PM, the PHN stated she provided recommendations to the facility that all staff and everyone in the building should wear an N95 mask. The PHN stated everyone was required to wear a mask anywhere in the facility because of the shared indoor space.</p> <p>A review of the facility's undated policy and procedure (P&P) titled "Personal Protective Equipment (PPE)," indicated PPE required for transmission-based precautions is maintained outside and inside the resident's room, as needed.</p> <p>A review of the facility's P&P titled "Infection Prevention and Control Program," dated 9/18/2023 indicated important facets of infection prevention include educating staff and ensuring</p>	F 880			

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F 880	Continued From page 4 they adhere to proper techniques and procedures.	F 880			