Plan of Correction
Pasadena Park Healthcare & Wellness Center
Submitted on: April 5, 2024
Submitted by: Hugo Peña, Administrator

Pasadena Park Healthcare & Wellness Center submits this response and Plan of Correction as part of the requirements under the state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. 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 facility's allegation of compliance.

"Preparation, submission 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 conclusions 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 federal and state law."

Abbreviated Survey Complaint No. CA00886857

F880 Infection Prevention & Control

How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

- On 03/11/2024, Oxygen humidifier and nasal cannulas for resident 1 and resident 3 were replaced, labeled and dated.

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.

- The Infection Prevention (IP) nurse conducted a thorough review of all residents with prescribed oxygen therapy on 03/28/2024. This review included verifying the presence of dates on oxygen cannulas and humidifiers to ensure compliance with the weekly change protocol. IP nurse also inspected each oxygen concentrator setup to confirm that the humidifiers were securely fastened. No additional residents were found to be affected by this deficient practice.

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

- The Director of Nursing (DON) or designee provided an in-service education to nursing staff for review of Oxygen therapy policy with the emphases on the ff:
  1. Changing oxygen humidifiers, oxygen tubing, masks, nasal cannulas are labeled and dated each time they are changed.

2. Ensuring that humidifiers are appropriately fastened and secured to the oxygen concentrator.
3. Central supply manager or designee will be responsible for changing and labeling the oxygen tubing, masks, nasal cannulas and humidifiers, on a weekly basis or as needed. In-service conducted 3/12/2024

- The residents assigned Charge Nurse, while conducting her daily medication pass, will insure the changing of oxygen tubing, masks, nasal cannulas and humidifiers, and are labeled and dated within seven days. Any findings will be corrected, communicated on the clinical communication board and reported to the DON for review and recommendations. In-service conducted 3/12/2024
- During daily room rounds, conducted by department managers, they will monitor oxygen tubing, masks, nasal cannulas and humidifiers to ensure they have been changed weekly and labeled within seven days. Any findings will be documented, corrected and reported to the DON for review and recommendations. Inservice conducted 3/12/2024

How the facility plans to monitor its performance to make sure that solutions are sustained and integrated into the facility QA system

- On a Monthly basis, beginning April of 2024, and for the next 3 quarters, the DON or designee will review the daily room round reports conducted by the department managers. The reports will be reviewed to make sure the changing of oxygen tubing, masks, nasal cannulas and humidifiers, and that they were labeled and dated within seven days. Any negative findings Identified will be tracked, trended and reported at our quality assurance meeting for review and recommendations.

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F883 Influenza and Pneumococcal Immunizations

- **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice**
  - The Infection Prevention Nurse (IPN) offered Resident 2 the pneumococcal vaccine. The resident gave consent, and the vaccine was given 03/20/24.
- **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.**
  - The Director Of Nurses (DON) and designee reviewed all current residents to ensure that the facility offered and gave pneumococcal immunizations. This was done according to the Center for Disease Control and Prevention (CDC) recommendations, and unless it was medically contraindicated, or the resident had already been immunized. No other residents were affected by this deficient practice. Completed 03/26/2024.
- **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur**
  - The DON and designee provided inservice education to IPN and all licensed nurses, on the facility Policy and procedure "Pneumococcal disease prevention". This is to ensure that upon admission and readmission residents are offered pneumococcal immunization, consents are obtained and a vaccine is given. This will be carried out unless it is medically contraindicated, or the resident has already been immunized. Inservice completed on 03/31/2024.
  - IPN was given in-service education on reviewing all new resident admission and readmissions to ensure that pneumococcal immunizations were offered, education and consents were obtained, vaccines were given and documented. Starting March 20, 2024 IPN will update the "Resident Vaccine Log" weekly to ensure vaccines were offered and given timely. Any negative findings will be reported to the DON for review and recommendations.
- **How the facility plans to monitor its performance to make sure that solutions are sustained and integrated into the facility QA system**
  - On a Monthly basis, beginning April of 2024, and for the next 3 quarters, the DON or designee will review the "Resident Vaccine Log" completed by the IPN. This is to ensure that all new admission and readmissions were offered pneumococcal immunizations and following the facility "Pneumococcal disease prevention" policy and procedures. Any Identified findings will be immediately corrected and reported to the administrator. Any negative findings Identified by the IPA will be tracked, trended and reported at our quality assurance meeting for review and recommendations.

POC reviewed and accepted on 4/17/24 by: [redacted]

PRINTED: 03/27/2024
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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055548	A. BUILDING _____ B. WING _____	C 03/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASADENA PARK HEALTHCARE AND WELLNESS CENTER	2585 E. WASHINGTON BLVD. PASADENA, CA 91107

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for a complaint and a facility reported incident. Complaint Number: CA00887428 Facility Reported Incident Number: CA00886857 Representing the Department: Health Facilities Evaluator Nurse: [redacted] The inspection was limited to the specific complaint and facility reported incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for complaint CA00887428 and facility reported incident CA00886857 at F880 and F883.	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: §483.80(a)(1) A system for preventing, identifying,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

[redacted], RN | DON | 04/05/2024

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 880	Continued From page 1 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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the	F 880		

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F 880	Continued From page 2 corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 ensure infection control practices (a set of practices that prevent or stop the spread of infections and or diseases in the healthcare setting) were followed for two (2) of 2 sampled residents (Resident 1 and 3) in accordance with the facility ' s policy and procedure when: 1. Resident 1 ' s oxygen humidifier (a device used to make supplemental oxygen moist) was not dated to indicate it was changed every 7 days. 2. 2. Resident 3 ' s oxygen humidifier was found sitting on the floor instead of on top of the oxygen concentrator (a medical device that gives extra oxygen by taking and filtering air from the surroundings). These deficient practices had the potential for residents ' medical devices to be contaminated and placing residents at risk for infection. Findings: 1. A review of Resident 1 ' s Admission Record indicated the resident was admitted to the facility on 12/8/21 with diagnosis that included interstitial	F 880		

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F 880	Continued From page 3 pulmonary disease (disease that causes scarring of the lung making it difficult to breath and get oxygen to the bloodstream). A review of Resident 1 ' s History and Physical (H&P), dated 1/1/23, indicated Resident 1 did not have the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool), dated 12/13/2023, indicated the resident had severely impaired cognitive skills (ability to understand and make decision) for daily decision making. The MDS also indicated Resident 1 required substantial assistance (helper does more than half the effort) with shower, upper body, and lower body dressing, putting on/taking off footwear and personal hygiene. The MDS further indicated that Resident 1 required partial assistance (helper does less than half the effort) with toileting hygiene and required supervision (helper provides verbal cues) with oral hygiene. During an observation in Resident 1 ' s room on 3/11/24 at 11:15 AM, Resident 1 was observed sleeping in bed with oxygen via nasal cannula (NC, a device that delivers extra oxygen through a tube and into your nose) set at 2 liter per minute (L/min). The oxygen humidifier (a refillable plastic bottle that infuses the normal flow of oxygen with water droplets) which was attached to Resident 1 ' s NC was observed undated. During an interview on 3/11/24 at 11:25 AM, the Licensed Vocational Nurse 1 (LVN 1) stated the oxygen humidifier should be changed every seven (7) days and as needed. LVN1 stated the oxygen humidifier should be labeled and dated	F 880		

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F 880	Continued From page 4 once the humidifier was changed so staff were aware and know when to change the humidifier next. LVN 1 also stated that the oxygen humidifier should be placed on top of the oxygen concentrator (a medical device that gives extra oxygen by taking and filtering air from the surroundings). During an interview on 3/11/24 at 1:45 PM, the Director of Nursing (DON) stated the oxygen humidifier should be changed every Wednesday and labeled with the date changed so the staff were aware when the last time the humidifier was changed. The DON also stated the humidifier could build up molds and could be a carrier for infection. 2. A review of Resident 3 ' s Admission Record indicated the resident was initially admitted to the facility on 1/5/15 and readmitted on 1/16/24 with diagnosis that included pleural effusion (a buildup of fluid between the layers of tissue that line the lungs and chest cavity). A review of Resident 3 ' s History and Physical (H&P), dated 4/8/22, indicated Resident 3 did not have the capacity to understand and make decisions. A review of Resident 3's MDS, dated 2/23/24, indicated the resident had severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 3 required substantial assistance with upper body dressing and was dependent (helper does all the effort) with oral and personal hygiene, shower, lower body dressing, putting on/taking off footwear. During a concurrent observation and interview in Resident 3 ' s room on 3/11/24 at 2 PM, LVN 2	F 880		

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F 880	Continued From page 5 stated Resident 3 ' s oxygen humidifier was on the floor while Resident 3 received oxygen via NC at 1.5 L/min. LVN 2 stated the humidifier should not be on the floor since the floor had germs and Resident 3 could potentially get an infection from having the humidifier placed on the floor. During an interview on 3/11/24 at 2:20 PM, the DON stated the oxygen humidifier should not be left on the floor because the floor was a breeding ground for bacteria to grow on. A review of the undated facility ' s policy and procedure (P&P) titled, "Nasal Cannula," indicated as one of the procedures was to attach pre-filled bubble humidifier to the oxygen concentrator. A review of the facility ' s P&P titled, "Oxygen Therapy," revised November 2017, indicated that oxygen was administered under safe and sanitary conditions to meet resident ' s needs. The policy also indicated that the humidifier equipment will be maintained and/or changed per manufacturer ' s guidelines for no more than every 7 days and dated each time they are changed.	F 880		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza	F 883		

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F 883	Continued From page 6 immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal	F 883		

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F 883	Continued From page 7 immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to offer pneumococcal vaccine (prevents infection by Streptococcus (bacterium that causes one of the most common and severe forms of pneumonia) to one (1) of six (6) sampled residents (Resident 2) in accordance with the facility ' s policy and procedure. This deficient practice placed Resident 2 at a higher risk of acquiring and experiencing complications from pneumococcal pneumonia disease (bacterial lung disease) including transmitting pneumonia to other residents in the facility. Findings: A review of Resident 2 ' s Admission Record indicated the resident was admitted to the facility on 11/22/23 with diagnosis that included pulmonary hypertension pulmonary hypertension (increase of blood pressure in the lungs) and chronic bronchitis (a lung condition that develops over time in which the large air passages that lead to the lungs become inflamed and scarred). A review of Resident 2 ' s History and Physical (H&P), dated 11/23/23, indicated Resident 2 had the capacity to understand and make decisions. A review of Resident 2's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool), dated 1/4/24, indicated the resident had an intact cognitive skill	F 883		

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F 883	Continued From page 8 (ability to understand and make decision) for daily decision making. The MDS also indicated Resident 2 was dependent (helper does all the effort) with toileting hygiene, shower, lower body dressing, putting on/taking off footwear and required substantial assistance (helper does more than half the effort) with eating, oral hygiene, and upper body dressing. During an interview on 3/11/24 at 12:32 PM, Resident 2 stated she was not offered the pneumococcal vaccine by any staff while she was in the facility. During a concurrent interview and record review on 3/11/24 at 2:40 PM, the Infection Prevention Nurse (IPN) stated Resident 2 was not offered the pneumococcal vaccine since admission to the facility. The IPN stated the vaccine should have been offered to Resident 2 upon admission to the facility to protect the resident against pneumonia and complications such as meningitis (swelling of the protective membranes covering the brain and spinal cord). The IPN also stated Resident 2 ' s records indicated she was recommended to get the pneumococcal vaccine and the California Immunization Registry (CARE) indicated Resident 2 did not have any documented evidence indicating Resident 2 receiving the pneumococcal vaccine. During an interview on 3/11/24 at 2:50 PM, the Director of Nursing (DON) stated the pneumococcal vaccine should be offered during admissions and readmissions. The DON also stated that pneumococcal vaccines was necessary to provide protection to Resident 2 from pneumonia and meningitis complications. The DON further stated that Resident 2 had the	F 883		

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F 883	Continued From page 9 right to be offered and receive and/or refuse the pneumococcal vaccine. A review of the facility ' s policy and procedure titled," Pneumococcal Disease Prevention," revised 2/18/21 indicated that to minimize the risk of residents acquiring, transmitting or experiencing complications from pneumococcal disease, the facility will offer pneumococcal immunization to each resident, according to Centers for Disease Control and Prevention (CDC) recommendation, unless it is medically contraindicated, or the resident has already been immunized.	F 883		