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

P.O.C Accepted 3.15.2022

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056149	A. BUILDING _____ B. WING _____ by 42311	C 03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA HEALTHCARE AND REHABILITATION CENTER	6700 SEPULVEDA BLVD. VAN NUYS, CA 91411

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F 000	INITIAL COMMENTS The following reflect the findings of the California Department of Public Health during the investigation of one complaint. Complaint Number: 768499 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. Two deficiencies were written as a result of Complaint Number: 768499	F 000	California Healthcare and Rehabilitation Center submits this 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 shall not be construed as an admission of any alleged deficiency cited or any liability. The Provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider of its employee, agents, officers, directors, or shareholders.	03/11/22
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 600	**F 600 Free from Abuse and Neglect** **Corrective action:** CNA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 3/11/22

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 600	Continued From page 1 review, the facility failed to ensure that one of three sampled residents (Resident 1) had the right to be free from neglect by not providing personal hygiene. Resident 1 was observed with brown stains on his gown, pillowcase, towel, and right-side rail. Resident 1 was also observed with dark brown dirt underneath his fingernails. This deficient practice had the potential for Resident 1 to become hopeless and undignified. Findings: A review of Resident 1's Admission Record (face sheet) indicated the facility admitted the resident on 09/09/2021 with the diagnoses that included myocardial infarction (heart attack-lack of blood flow to heart muscle, diabetes (uncontrolled elevated blood sugar), and right eye blindness. A review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care-screening tool) dated 01/05/2022 indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 was totally dependent to staff for all activities of daily living (ADL-personal hygiene, bed mobility, dressing, and transfers). Resident 1 was always incontinent (unable to control of bowel and bladder functions). During an observation on 01/14/2022 at 08:23 a.m., inside Resident 1's room, observed Resident 1 with brown stains on his gown, pillowcase, towel spread on the right side of his head and right-side rails. Resident 1 observed with long nails on both hands with dark brown dirt	F 600	**Identification of other affected residents:** Director of Staff Development & RN Supervisor conducted 10 resident observations Concerning personal hygiene and none were identified with deficient practice. **Measures to prevent recurrence:** CNA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. Director of Nursing & Director of Staff Development gave nursing staff in service on 3/7, 8, 9/2022 regarding abuse prevention and resident Personal hygiene. Director Staff Development & RN Supervisor will conduct 10 resident observations weekly to monitor compliance to deficient practice.	03/11/22

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F 600	Continued From page 2 underneath his fingernails. During a concurrent observation and interview on 01/14/2022, at 08:32 a.m., with Licensed Vocational Nurse 1 (LVN 1), inside Resident 1's room. LVN 1 observed and stated that Resident 1 have dirty nails, dirty gown with brown spots on his right shoulder and pillowcase. LVN 1 stated CNA cleans, and trims nails as needed and changes gown and linen when it gets soiled. During an interview on 01/14/2022 at 09:27 a.m., with Social Service Director (SSD), SSD stated nails can be trimmed by CNA, no doctors order needed. During a concurrent observation and interview on 01/14/2022 at 09:53 a.m., with CNA 1, inside Resident 1's room. CNA 1 stated providing personal hygiene including nail care is done by CNA. A review of Resident 1's Care Plan about at risk for unavoidable decline initiated on 10/05/2021 indicated a goal that resident will be clean, dry and well-groomed daily. The Care Plan indicated an intervention to assists with grooming and trimming of fingernails. During an interview on 01/14/2022 at 10:41 a.m., with Director of Nursing (DON), DON stated CNA should make sure residents are clean and nails are trimmed to prevent infection. A review of facility's policy and procedure titled, "A.M. Care" reviewed on 11/23/2021, indicated to clean residents face and hands before breakfast. Provide a washcloth for each resident and assure that resident's hands and face are washed.	F 600	**Monitoring and integration into quality assurance system:** Director of Nursing and/or Designee will conduct 10 resident care observation to ensure compliance to deficient practice. Findings during weekly observation will be discussed in the Quality Assurance & Assessment Committee for review monthly for 3 months.	03/11/22

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F 600	Continued From page 3 A review of facility's policy and procedure titled, "Abuse and Mistreatment of Resident," reviewed on 11/23/2021, indicated, "Resident with special care needs and potential for neglect shall likewise be monitored in accordance with their plans of care and at a minimum, included in the regular monitoring of Charge Nurse during endorsements of care to nurses' aides."	F 600		
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 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:	F 880	**F 880 Infection Prevention & Control** **Corrective Action:** CNA 1 was given one on one In-service education on 1/14/2022 regarding Infection Control & Prevention and Donning & Doffing of PPE's. LVN 1 was given one on one in-service Education on 1/14/2022 regarding Infection Control & prevention & Managing of Covid 19 Infection, Donning & Doffing of PPE's. **Identification of others at risk:** Director of Staff Development & IP Nurse conducted 10 staff observation for wearing proper use of PPE's when in direct contact with residents in yellow zone and no staff were identified with deficient practice.	03/11/22

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F 880	Continued From page 4 (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 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:	F 880	**Measures to prevent recurrence:** CNA 1 was given one on one Inservice Education on 1/14/2022 regarding Infection Control & Prevention and Donning & Doffing of PPE's. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Infection Control & prevention & Managing of Covid 19 Infection, Donning & Doffing of PPE's. Director of Nursing & Dir. Of Staff Development gave in-service education to staff on 3/7, 8, 9/2022 regarding Infection Control & managing of Covid 19 infection and Donning & Doffing of PPE's. RN Supervisor, Director SD & IP Nurse and/or designee will conduct 10 staff observation weekly to monitor staff compliance with the deficient practice. Director of Staff Development and IP Nurse will conduct Annual Staff PPE Competency.	

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F 880	Continued From page 5 Based on observation, interview and record review, one of three Certified Nursing Assistant 1 (CNA 1) failed to observe infection control measures when CNA 1 did not wear gloves and gown before going inside Resident 1's room who was on isolation for possible Coronavirus disease (COVID-19, highly contagious viral respiratory infection that spreads from person to person through droplets released when an infected person coughs, sneezes or talks). This deficient practice can potentially result in the spread of COVID-19 to residents and staff. Findings: A review of Resident 1's Admission Record (face sheet) indicated the facility admitted the resident on 09/09/2021 with the diagnoses that included myocardial infarction (heart attack-lack of blood flow to heart muscle, diabetes (uncontrolled elevated blood sugar), and right eye blindness. A review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care-screening tool) dated 01/05/2022 indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 was totally dependent to staff for all activities of daily living (ADL-personal hygiene, bed mobility, dressing, and transfers). Resident 1 was always incontinent (unable to control of bowel and bladder functions). During an observation on 01/14/2022 at 08:25 a.m., in front of Resident 1's room, observed Certified Nursing Assistant 1 (CNA 1) going inside	F 880	Past noncompliance: no plan of correction required. **Monitoring and integration into quality assurance system:** Director of Nursing and/or Designee will conduct 10 staff observation on yellow zone weekly to ensure compliance to Infection Control and wearing Proper PPEs on Yellow Zone during patient care. Findings during weekly observation will be discussed in the Quality Assurance & Assessment Committee for review monthly for 3 months.	3/11/22

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F 880	Continued From page 6 an isolation room with no gloves and gown. CNA 1 picked up the food tray and left the room. During an interview on 01/14/2022 at 08:26 a.m., with CNA 1, CNA 1 stated he did not wear gown and gloves when going inside Resident 1's room to pick up the breakfast tray. CNA 1 stated he should have worn gloves and gown before going inside an isolation room to prevent the spread of Coronavirus Disease (COVID-19, highly contagious viral respiratory infection that spreads from person to person through droplets released when an infected person coughs, sneezes or talks). During a concurrent observation and interview on 01/14/2022, at 08:32 a.m., with Licensed Vocational Nurse 1 (LVN 1), outside of Resident 1's room. LVN 1 observed CNA 1 inside the resident's room with no gloves and gown. LVN 1 stated, Resident 1 is on isolation and all staff going inside need to wear gloves and gown together with mask and goggles or face shield to prevent the spread of COVID-19 to staff and residents. A review of Resident 1's Care Plan about at risk for COVID-19 initiated on 12/23/2021 indicated an intervention to isolate resident immediately if indicated, utilize appropriate personal protective equipment (PPE - equipment worn to minimize exposure to hazards like infections that cause serious workplace injuries and illnesses) and utilize contact (steps the healthcare facility and visitor need to follow before going inside an isolation room to prevent the spread of infection)/droplet (when resident is infected with germs that can be spread by speaking, sneezing and coughing) precaution.	F 880		

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F 880	Continued From page 7 A review of Resident 1's Care Plan about quarantine initiated on 12/23/2021 indicated an intervention, "Will observe contact isolation precaution and will isolate and or cohort resident as indicated". During an interview on 01/14/2022 at 09:10 a.m., with Infection Preventionist (IP), IP stated all residents inside the facility are on isolation for possible COVID-19 exposure. IP stated, all staff should wear N95 mask (respiratory protective device designed to achieve a very close facial fit and efficiently filter airborne particles), goggles, gloves, and gown when going inside each resident's rooms to prevent the spread of COVID-19. A review of facility's policy and procedure titled COVID-19 Preparedness, dated 12/30/2021 indicated, "PPE use based on cohorting, (Yellow Zone Cohort - for new admissions, exposed to COVID-19 residents, and symptomatic residents awaiting confirmation of test results) don/doff (put on/take off) gowns for each resident encounter. Gloves should be changed between every resident encounter including in multi-occupancy rooms. Gowns should be used for each resident encounter in Yellow and Red cohorts (area only for residents who have laboratory-confirmed COVID-19 with or without symptoms) for COVID-19 precaution."	F 880		