

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

POC ACCEPTED 07/26/24

PRINTED: 07/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555690	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2024
NAME OF PROVIDER OR SUPPLIER ALAMEDA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 925 W. ALAMEDA AVE. BURBANK, CA 91506		
(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. Complaint Number: CA00909215 Representing the Department: Health Facilities Evaluator Nurse: 46445 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for complaint number: CA00909215 (F880).	F 000	Disclaimer: The signing of this plan of correction is not an admission or agreement of this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction constitutes Facility's written credible allegation of compliance for the deficiencies noted.		
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	F880 Immediate Correction: On 7/12/24 Kitchen cook, dietary aid and EVS staff was noted proper PPE mask not worn the correct way. Deficient practice immediately corrected. Reviewed current and updated Infection control Policies on Personal Protective Equipment -Using Face mask.	4-25-24	

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

TITLE

(X6) DATE

Barbara Conville Administrator 7-25-24

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 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 corrective actions taken by the facility. §483.80(e) Linens.	F 880	Root cause analysis was conducted concerning the deficient practice and interventions that address the result of the RCA will be added to the plan of care and QAPI program. <u>Identification of Others at Risk</u> Infection Control Nurse/ Administrator/ Director of Nursing made rounds no further deficient practice was found. No residents were also found affected. Random assessment of residents does not show signs and symptoms of GAS infection. <u>Process to Prevent Recurrence</u> On 7/12/24 Infection Preventionist provided one to one in service to kitchen cook and dietary staff one on one on proper PPE use (mask).	125-24	

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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 observation, interview, and record review, the facility failed to maintain an infection prevention and control program regarding Invasive Group A Streptococcal disease (iGAS - occurs when GAS bacteria get into parts of the body where these bacteria were not usually found and cause severe infection) for one of five sampled residents (Resident 5) by failing to:</p> <p>a. Ensure facility staff's personal protective equipment (PPE - equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) was worn inside the facility. Housekeeping 1's (HKP 1) face mask was not covering the nose while talking to Resident 5. Resident 5 was not wearing a face mask. Kitchen Cook (KC) was not wearing a face mask while inside the facility kitchen.</p> <p>b. Ensure the facility staff performed hand hygiene (hand washing with soap and water and use of alcohol-based hand sanitizer) before and after touching the used face mask.</p> <p>These deficient practices placed the residents and staff at risk for exposure and contracting iGAS.</p> <p>Findings:</p> <p>A review of Resident 5's Admission Record indicated the facility admitted the resident on</p>	F 880	<p>On 7/18/24 Infection Preventionist provided one to one in service EVS staff on proper PPE use (mask).</p> <p>On 7/10/24-7/19/24 staff were re-in serviced by Infection Preventionist on PPE use (mask).</p> <p>Director of Staff Development/Infection Preventionist will conduct random competency check on facility staff knowledge and skills in donning and doffing of PPE specifically mask.</p> <p>IP and/or DSD will provide weekly update to facility staff on the current and updated Infection Control Policies Policies</p> <p>Reeducation of the facility staff will immediately be done upon observation of incorrect proper PPE use (mask)</p>	7-25-24	

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F 880	<p>Continued From page 3</p> <p>1/25/2023 with diagnoses including unspecified dementia (a confusion or mild cognitive impairment cannot be clearly diagnosed as a specific type of dementia), major depressive disorder (mental health condition that causes a persistently low or sad mood and a loss of interest in activities that once brought joy), and primary osteoarthritis (condition that causes the joints to become very painful and stiff) of the left ankle and foot.</p> <p>A review of Resident 5's History and Physical, dated 11/29/2021, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 5's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 5/3/2024, indicated the resident's cognition (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was severely impaired.</p> <p>On 7/12/2024 at 11:34 a.m., during a concurrent observation and interview, observed HKP 1 pulled her face mask down exposing HKP 1's nose. Resident 5 was talking to HKP 1 in the hallway without a face mask covering both nose and mouth. HKP 1 did not perform hand hygiene after she touched her mask and adjusted it up to cover the nose then touched the housekeeper cart. HKP 1 stated touching her mask and not performing hand hygiene had the potential to contaminate and spread infection to other residents and staff.</p> <p>On 7/12/2024 at 12:02 p.m., during a concurrent observation and interview, Kitchen Cook (KC)</p>	F 880	<p><u>Monitoring of Performance</u></p> <p>Administrator and /or Infection Control Nurse during the daily stand-up meeting with Department Managers will discuss problems/issues related to proper PPE use (mask)and implement measures to correct any deficient practice until the outbreak resolves.</p> <p>Results of Root cause analysis, observation and monitoring, infection control meeting will be included in the QAA committee monthly meeting for further recommendations x 3 months then quarterly thereafter until the problem is resolved.</p> <p><u>Date of Completion</u> 7-25-24.</p>		

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F 880	<p>Continued From page 4</p> <p>was observed without a face mask inside the facility kitchen. Kitchen Aide 1 (KA 1) was observed inside the facility kitchen with face mask pulled down exposing KA 1's nose. Observed KA 1 touched her face mask and adjusted it to cover her nose. KA 1 did not perform hand hygiene after touching her face mask. KA 1 stated that her face mask was below the nose after she bent over to check the food tray.</p> <p>On 7/12/2024 at 12:06 p.m., during an interview, KC stated he did not have his face mask on before the surveyor went inside the kitchen. KC stated that not wearing a face mask had the potential to contaminate the food and spread infection to all the residents.</p> <p>On 7/12/2024 at 12:43 p.m., during an interview, the Infection Preventionist Nurse (IPN) stated face mask were supposed to be worn above the nose and below the chin covering both the nose and mouth. The IPN stated that the outside of the face mask was considered dirty and contaminated. The IPN stated hand hygiene should be done before and after touching the face mask. The IPN further stated infection could potentially spread to other residents and staff. The IPN stated the facility failed to ensure face masks were worn properly and infection control protocol were followed.</p> <p>A review of the facility's policy and procedure titled, "Infection Control," dated 1/10/2024, indicated the facility had established and will maintain an infection control program designed to provide safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p>	F 880			

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F 880	Continued From page 5 A review of the facility's policy and procedure titled, "Personal Protective Equipment - Using face Masks," dated 1/10/2024, indicated the objective to prevent transmission of infectious agents through the air, to protect the wearer from inhaling droplets, and to prevent transmission of some infections that are spread by direct contact with mucous membrane. The policy indicated to be sure that face mask covers the nose and mouth while performing treatment or services for the patient. The policy indicated to avoid unnecessary handling of the mask and to wash hands.	F 880			