

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2024
NAME OF PROVIDER OR SUPPLIER ARARAT NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 15099 MISSION HILLS ROAD MISSION HILLS, CA 91345		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of two Facility Reported Incidents. Facility-Reported Incident Number:CA00924411 Facility-Reported Incident Number:CA00924899 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. No deficiencies were issued for facility-reported incident: CA00924411 Four deficiencies were identified as a result of facility-reported incident CA00924899 (Please refer to Ftag 580, 755, 880, and 842). Notify of Changes (Injury/Denial/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)	F 000			
F 580 SS=D	§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			

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 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 interview and record review, the facility failed notify the primary physician (PP) of a significant change of condition (major decline or improvement in a resident's status that will not resolve itself without intervention) for one of three</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>sampled residents (Resident 1) by:</p> <p>1. Failing to ensure the PP was notified on 9/26/2024, when Resident 1 was prescribed (to tell somebody to take a particular medicine or have a particular treatment) with permethrin cream (medication used to treat scabies [a contagious skin condition caused by mites burrowing into the skin and laying eggs characterized by intense itching and a rash of small red bumps and blisters]) by the dermatologist (a doctor who has special training to diagnose and treat skin problems).</p> <p>2. Failing to ensure the PP was notified on 10/7/2024 when Resident 1 tested positive for scabies.</p> <p>These deficient practices had the potential to result in the delay of obtaining appropriate treatment instructions from the physician and the spread of scabies among residents and staff.</p> <p>Findings:</p> <p>During a record review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 1/17/2023, with diagnoses that included fracture of right pubis (break in one of the three main bones that make up the pelvis), vascular dementia (occurs when blood vessels in the brain are damaged, which can reduce the brain's supply of oxygen and nutrients) and unspecified (unconfirmed) pruritus (itching).</p> <p>During a record review of Resident 1's care plan (CP) on history of skin rashes and itching dated 8/2/2023, the CP indicated an intervention to</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>assess skin and notify the physician of any new outbreaks in skin and or if complaint of itching.</p> <p>During a record review of Resident 1's History and Physical (H&P) dated 8/17/2024, the H&P indicated Resident 1 had capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/23/2024, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was moderately impaired. The MDS indicated Resident 1 required maximum assistance from staff for dressing and personal hygiene.</p> <p>During a record review of Resident 1's Physician Order dated 9/26/2024, the Physician Order indicated an order to apply permethrin cream from neck to toes and leave for eight hours today (9/26/2024) and repeat application in one week (10/3/2024).</p> <p>During a record review of Resident 1's Physician Progress Note dated 9/26/2024, the Progress Note indicated Resident 1 was diagnosed (the act of identifying a disease, illness, or problem by examining someone or something) with pruritus of unknown etiology (cause), rule out drug eruption (a skin reaction to a medication that can be ruled out by a physical exam, history, and other diagnostic tests), rule out scabies (a healthcare provider can examine your skin for symptoms and take a sample to look for mites or eggs under a microscope).</p> <p>During a record review of Resident 1's Nurses</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>Progress Notes dated 9/26/2024, the Progress Notes indicated, on 9/26/2024, Resident 1 was picked up at 10:30 a.m., for 11 a.m., appointment with the Dermatologist (Derma-a medical doctor who specializes in treating the skin, hair, and nails). The Progress Notes indicated, on 9/26/2024 at 1:30 p.m., Resident 1 returned to the facility with new orders for skin care.</p> <p>During a record review of Resident 1's Pathology Report (a medical report about a piece of tissue, blood, or body organ that has been removed from your body) dated 10/3/2024, the Pathology Report indicated Resident 1 tested positive for scabies.</p> <p>During a concurrent interview and record review on 10/11/2024, at 9:25 a.m., with the Infection Preventionist (IP), Resident 1's Pathology Report dated 10/3/2024, and Progress Notes dated 9/26/2024, and 10/7/2024, were reviewed. The IP stated the Progress Notes dated 9/26/2024 and 10/7/2024, did not indicate the primary physician (PP) was notified on 9/26/2024 when the Dermatologist ordered permethrin cream for the resident and on 10/7/2024, when the Pathology Report received by the facility indicated the resident tested positive for scabies. The IP stated the PP should have been notified when the resident had a change in condition so the PP can give new orders.</p> <p>During a concurrent interview and record review on 10/11/2024, at 11:49 a.m., with the Director of Nursing (DON), the facility's policy and procedure (PnP) titled, "Change in Condition Notification" dated 1/1/2017, was reviewed. The PnP indicated, "An acute change in condition is a sudden, clinically important deviation from a patients baseline in physical, cognitive, behavioral</p>	F 580			

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F 580	Continued From page 5 or functional domains. Clinically important means a deviation that, without intervention, may result in complications or death. The Licensed Nurse will notify the residents Attending Physician when there is an...F. A need to alter treatment significantly (example given based on laboratory or Xray result, a need to discontinue an existing form of treatment due to a change in condition). The Attending Physician will be notified timely with a residents change in condition. A licensed nurse will document the following: ...ii. time the attending physician was contacted, the method by which he was contacted, the response time and whether or not orders were received." The DON stated when Resident 1 came back from the Dermatologist appointment on 9/26/2024, with orders for permethrin cream, the nurse should have notified the physician because the resident was prescribed a new treatment. The DON further stated the nurse who received the Pathology Report on 10/7/2024, indicating Resident 1 tested positive for scabies, should have notified the physician to obtain further orders.	F 580			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures	F 755			

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F 755	<p>Continued From page 6</p> <p>that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) for one of three sampled residents (Resident 1) by failing to follow the physician's order for permethrin cream (medication used to treat scabies [a contagious skin condition caused by mites burrowing into the skin and laying eggs characterized by intense itching and a rash of small red bumps and blisters]) treatment to Resident 1.</p> <p>This deficient practice resulted in the delay of Resident 1's treatment and had the potential for the spread of scabies (an itchy rash due to mites</p>	F 755			

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F 755	<p>Continued From page 7 that live under your skin) among residents and staff.</p> <p>Findings:</p> <p>During a record review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 1/17/2023, with diagnoses that included other specified fracture of right pubis (break in one of the three main bones that make up the pelvis), vascular dementia (occurs when blood vessels in the brain are damaged, which can reduce the brain's supply of oxygen and nutrients) and unspecified (unconfirmed) pruritus (itching).</p> <p>During a record review of Resident 1's History and Physical (H&P) dated 8/17/2024, the H&P indicated Resident 1 had capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/23/2024, the MDS indicated resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was moderately impaired. The MDS indicated Resident 1 required maximum assistance from staff for dressing and personal hygiene.</p> <p>During a record review of Resident 1's Physician Order dated 9/26/2024, the Physician Order indicated an order to apply permethrin cream (medication used to treat scabies [an itchy rash due to mites that live under your skin] from neck to toes and leave for eight hours today (9/26/2024) and repeat application in one week (10/3/2024).</p>	F 755			

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F 755	<p>Continued From page 8</p> <p>During a concurrent interview and record review on 10/11/2024, at 10:47 a.m., with the Director of Staff Development (DSD), Resident 1's Treatment Administration Record (TAR) dated 9/2024-10/2024 and the Progress Notes dated 10/4/2024 was reviewed. The TAR dated 9/27/2024 indicated permethrin cream was administered to Resident 1 on 9/27/2024 at 9 p.m. The TAR dated 10/2024, did not indicate the treatment order for permethrin. The DSD stated permethrin cream is a medication used to treat scabies. The DSD stated the second application of permethrin was due on 10/4/2024, one week after the first application. The DSD stated the TAR dated 10/2024 did not list permethrin as one of the resident's medications. The DSD stated if the medication or treatment is not documented it means it was not given. The DSD stated the Progress Notes dated 10/4/2024 did not indicate permethrin was applied to Resident 1.</p> <p>During an interview on 10/11/2024, at 11:43 a.m., with Registered Nurse 1 (RN 1), RN 1 stated she worked on 10/7/2024 and when she checked Resident 1's TAR dated 10/2024, she found out that permethrin was not given to the resident on 10/4/2024. RN 1 stated she called the pharmacy and the pharmacy confirmed permethrin was not delivered to the facility on 10/4/2024. RN 1 stated she (RN 1) requested permethrin to be delivered that day, on 10/7/2024 and informed Treatment Nurse 1 (TN 1) to give the medication as soon as it is delivered because the resident did not receive the treatment on 10/4/2024.</p> <p>During an interview on 10/11/2024, at 11:49 a.m., with the Director of Nursing (DON), the DON stated the nurses should have followed the</p>	F 755			

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F 755	Continued From page 9 physicians order to administer permethrin one week after the first application, to Resident 1. During a review of facility's policy and procedure (PnP) titled, "Medication Administration", dated 7/1/2016, the PnP indicated, "Medication will be administered by a licensed nurse per the order of an attending physician or licensed independent practitioner." During a record review of facility's PnP titled "Scabies" dated 8/1/2014, the PnP indicated, "The Infection Control Coordinator will follow the guidance provided in the following publications to prevent and minimize the outbreak of scabies: B. Infection Control-16-Form B- Prevention and Control of Scabies in California Long Term Care Facilities." During a record review of facility's PnP titled, "Prevention and Control of Scabies in California Long Term Care Facilities" dated 3/2008, the PnP indicated, "The current recommended treatment for scabies is five percent (%- unit of measurement) permethrin cream, a synthetic pyrethroid (man-made chemical insecticides that are similar to the natural pesticide pyrethrins, which come from chrysanthemum flowers). When applied to the skin as directed, it is approximately 90 % effective after one application. Two applications may be required and is often recommended to assure complete eradication (the process of getting rid of something completely or of destroying something bad)."	F 755			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information.	F 842			

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F 842	<p>Continued From page 10</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(h) Medical records.</p> <p>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p>	F 842			

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F 842	<p>Continued From page 11</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(h)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in confusion in the care and services rendered to Resident 1 and resulted in inaccurate information entered into Resident 1's medical record.</p> <p>Findings:</p>	F 842			

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F 842	<p>Continued From page 12</p> <p>During a record review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 1/17/2023, with diagnoses that included fracture of right pubis (break in one of the three main bones that make up the pelvis), vascular dementia (occurs when blood vessels in the brain are damaged, which can reduce the brain's supply of oxygen and nutrients) and unspecified (unconfirmed) pruritus (itching).</p> <p>During a record review of Resident 1's History and Physical (H&P) dated 8/17/2024, the H&P indicated Resident 1 had capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/23/2024, the MDS indicated resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was moderately impaired. The MDS indicated Resident 1 required maximum assistance from staff for dressing and personal hygiene.</p> <p>During a record review of Resident 1's Physician Order dated 9/26/2024, the Physician Order indicated an order to apply permethrin cream (medication used to treat scabies [an itchy rash due to mites that live under your skin] from neck to toes and leave for eight hours today (9/26/2024) and repeat application in one week (10/3/2024).</p> <p>During a concurrent interview and record review on 10/11/2024, at 10:47 a.m., with the Director of Staff Development (DSD), Resident 1's Treatment Administration Record (TAR) dated</p>	F 842			

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F 842	<p>Continued From page 13</p> <p>9/2024-10/2024 and Progress Notes dated 10/4/2024 were reviewed. The TAR dated 9/27/2024 indicated permethrin cream was administered to Resident 1 on 9/27/2024 at 9 p.m. The TAR dated 10/2024, did not indicate the treatment order for permethrin. The DSD stated permethrin cream is a medication used to treat scabies. The DSD stated the second application of permethrin was due on 10/4/2024, one week after the first application. The DSD stated the TAR dated 10/2024 did not list permethrin as one of the resident's medications. The DSD stated if the medication or treatment is not documented it means it was not given. The DSD stated the Progress Notes dated 10/4/2024 did not indicate permethrin was applied to Resident 1.</p> <p>During an interview on 10/11/2024, at 11:43 a.m., with Registered Nurse 1 (RN 1), RN 1 stated on 10/7/2024, pharmacy did not deliver the permethrin so she (RN 1) called and informed Treatment Nurse 1 (TN 1) to give the medication as soon as it is delivered.</p> <p>During an interview on 10/11/2024, at 11:49 a.m., with the Director of Nursing (DON), the DON stated nurse should document medication or treatment given according to the physician's order.</p> <p>During an interview on 10/11/2024, at 12:43 p.m., with Treatment Nurse 1 (TN 1), TN 1 stated she (TN 1) gave Resident 1 permethrin on 10/8/2024 at 8 p.m., because Resident 1 was due for shower the following day on 10/9/2024. TN 1 stated she (TN 1) forgot to document that she (TN 1) administered permethrin to Resident 1 on 10/8/2024.</p>	F 842			

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F 842	Continued From page 14 During a record review of facility's policy and procedure (PnP) titled "Nursing Documentation" dated 1/1/2016, the PnP indicated, "Nursing documentation will be concise, clear, pertinent and accurate. Medication administration record and treatment administration records are completed with each medication or treatment completed. Treatments completed and documented as per physician's order. Documentation will be complete by the end of the shift."		F 842		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</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</p>		F 880		

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F 880	<p>Continued From page 15</p> <p>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> <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</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement infection control measures for one of three sampled residents (Resident 1), who tested positive for scabies (a contagious skin condition caused by microscopic [so small as to visible only with microscope] mites [tiny bugs] burrowing [made a hole] into the skin) by failing to ensure a contact isolation (a safety measure as certain germs can be spread by contact) signage was posted outside Resident 1's room.</p> <p>This deficient practice had the potential for staff to be unaware of the necessary infection control measures to observe when caring for Resident 1 and increase the risk of the spread of infection among residents and staff.</p> <p>Findings:</p> <p>During a record review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 1/17/2023, with diagnoses that included fracture of right pubis (break in one of the three main bones that make up the pelvis), vascular dementia (occurs when blood vessels in the brain are damaged, which can reduce the brain's supply of oxygen and nutrients) and unspecified (unconfirmed) pruritus (itching).</p> <p>During a record review of Resident 1's History and Physical (H&P) dated 8/17/2024, the H&P indicated Resident 1 had capacity to understand and make decisions.</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/23/2024, the MDS indicated resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was moderately impaired. The MDS indicated Resident 1 required maximum assistance from staff for dressing and personal hygiene.</p> <p>During a record review of Resident 1's Physician Order dated 9/26/2024, the Physician Order indicated an order to apply permethrin cream (medication used to treat scabies) from neck to toes and leave for eight hours today (9/26/2024) and repeat application in one week (10/3/2024).</p> <p>During a record review of Resident 1's Physician Progress Note dated 9/26/2024, the Progress Note indicated Resident 1 was diagnosed (the act of identifying a disease, illness, or problem by examining someone or something) with pruritus of unknown etiology (cause), rule out drug eruption (a skin reaction to a medication that can be ruled out by a physical exam, history, and other diagnostic tests), rule out scabies (a healthcare provider can examine your skin for symptoms and take a sample to look for mites or eggs under a microscope).</p> <p>During a record review of Resident 1's Pathology Report (a medical report about a piece of tissue, blood, or body organ that has been removed from your body) dated 10/3/2024, the Pathology Report indicated Resident 1 tested positive for scabies.</p> <p>During a concurrent observation and interview on 10/11/2024 at 8:34 a.m., with Licensed Vocational Nurse 1 (LVN 1), observed an Enhanced Barrier</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>Precaution (EBP-an infection control practice that involves wearing gowns and gloves during high-contact activities with residents in nursing homes) signage posted outside of Resident 1's room. LVN 1 stated Resident 1 was positive for scabies and was placed on contact isolation. LVN 1 stated the signage posted should have indicated contact isolation. LVN 1 stated the difference between EBP and contact isolation, is that for EBP, a gown is worn when providing direct care, whereas for contact isolation, a gown is worn before entering the room.</p> <p>During an interview on 10/11/2024 at 10:47 a.m. with the Director of Staff Development (DSD), the DSD stated residents with scabies should be placed on contact isolation. The DSD stated the signage posted outside of Resident 1's room should be for contact isolation. The DSD stated the importance of correct signage is to remind nurses on what personal protective equipment (PPE-clothing and equipment that is worn or used to provide protection against hazardous substances and or environments) to use to prevent the spread of infection.</p> <p>During an interview on 10/11/2024 at 11:49 a.m., with the Director of Nursing (DON), the DON stated residents with scabies should be on contact isolation. The DON stated the importance of correct signage is to prevent the spread of infection among staff and residents.</p> <p>During a review of facility's policy and procedure titled, "Resident Isolation-Categories of Transmission Based Precautions", dated 7/1/2023, the PnP indicated, "Contact precautions are implemented for residents known or suspected to be infected or colonized with</p>	F 880			

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F 880	Continued From page 19 microorganisms that are transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment. Examples of infections requiring Contact precautions include but are not limited to: ...i. Scabies. The facility also ensures that the residents care plan indicates the type of precaution implemented for the resident. "	F 880			



"Ararat Nursing Facility 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 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 it 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."

F-580 Notify of Changes (injury/decline/room, etc.)

A) 1. An in-service was held 10/30/2024 to instruct and educate licensed nurses on the importance of notification of changes. Instruction and education were given to the license nurses regarding the importance of notifying the primary physician and family for any significant changes. Informed the licensed nurses they failed to notify the physician on 09//26/2024 and 10/7/2024 regarding positive scabies. Also discussed documentation criteria.

2. An in-service on 10-30/2024 was held to instruct licensed nurses on wound care audit, foley catheter audit, and MAR/TAR audit. On 10/11/2024 an in-service was held for licensed nurses on scabies, infection control, deep cleaning standards and procedures. On 10/10/2024 an in-service was held on enhanced barrier precautions.

B) 1. A line listing was initiated on 10/11/2024 on the residents that were exposed and that exhibited symptoms (10/15/24, 10/16/24, 10/21/64).

2. On 10/10/2024-10/15/2024, a line listing was identified that identified the residents and staff that were exposed to scabies.

3. On 10/10/2024 at 2:59p.m., DPH-LACSNF were notified regarding a few residents that were complaining of rashes and one confirmed case positive for scabies on 10/03/2024.

4. All symptomatic residents and staff, including ancillary, were treated with Permethrin cream.

Symptomatic residents were placed on contact isolation as well as those being treated prophylactically.

C) 1. Effective immediately all admissions coming to the facility will be placed on 72-hour contact isolation and will be given the initial dose of Permethrin cream. This will continue to ensure no exposures of scabies are being sent back to the facility after admissions to the hospital.

D) 1. The facility will monitor all admissions to track and trend scabies exposures monthly for 3 months or until 100% compliance is met. The results will be reported to the DCS and Administrator, who will then present findings to the Performance Improvement Quality Improvement (PIQI) committee monthly and quarterly for at least eight quarters until substantial compliance of 100% is achieved.

E) Date of Completion: November 1, 2024

F-755 Pharmacy SRVCS (Procedures/Pharmacist/Records)

A. Corrective Action

1. Licensed nurses were given an in-service on 10/30/2024. The F Tag 755 was reviewed and instructions given on the importance of following physician's orders, assuring the TAR (Treatment Authorization Request) gets filled out correctly after administering of the cream. Also discussed was the importance of documenting on the TAR, the crease applied and notifying the physician of the missed dose and any significant change that is documented x 72 hours. The TAR audit, foley catheter audits, and EBP (enhanced barrier precautions) audits were reviewed with the licensed nurses and explained the importance of indicators.

B.

1. A review of the TARS has been initiated and an audit form has been created to audit 2 x week x 3 months or until 100% is met. PIQI (Performance Improvement Quality Improvement) nurses will be auditing any non-compliance or holes in the TAR will be addressed immediately by notifying the RN supervisor so that corrections can be made.

C. Measures in Place Systemic Changes

1. Auditing of all TARS has been initiated on 10/25/24. PIQI nurse will continue to audit the TARS and document "holes" identified. The TAR findings will be given to the RN Supervisors on all shifts to address the holes and document the corrections with the staff involved.

D. Monitoring:

1. The PIQI nurse will audit the TAR 2 x a week x 3 months or until 100% compliance is met. The results will be reported to the DCS and Administrator who will then present the findings to the PIQI committee monthly and quarterly for at least 8 quarters until substantial compliance of 100% is achieved.

E. Date of Completion: November 1, 2024

F-842 Resident Records: Identifiable Information

A. Corrective Action:

1. Licensed nurses were given an in-service on 10/30/2024. F-Tag 842 was reviewed and instruction/education given on following physician orders regarding treatment of scabies. Staff Licensed nurse were informed that an initial order for Permethrin cream treatment was given on 9/27/2024 at 9:00pm. The medication was not recapped and missed thus not appearing on the 10/24/2024 TAR (Treatment Authorization Request) and the second treatment ordered for 10/4/2024 was not given. The RN called the pharmacy to get the medication delivered for AM shift, but it was delivered for PM shift. The treatment nurse administered the Permethrin cream but failed to document it on the TAR.

2. Treatment Nurse was counselled and educated on her missed documentation on the TAR on 10/30/2024.

3. A TAR audit form was created on 10/25/2024. The PIQI Nurse will be tracking the TAR to ensure that no holes have been identified. Any lack of documentation will be reported to the RN supervisors who will address the holes on the TAR directly with the nurses involved.

B. Identification of others at Risk

1. The TAR audit form was reviewed on 10/25/2024. All residents receiving the treatment were listed on the TAR audit form to ensure no other treatments were missed.

C. Measures in place systemic changes:

1. The TAR audit tool was reviewed starting 10/25/24. PIQI nurses will be reviewing the TARs and document any “holes” identified. The TAR findings will be given to the RN supervisors on all shifts to address the holes and document corrections with staff involved.

D. Monitoring

1. The PIQI nurse will audit the TAR 2x per week x 3 months or until 100% compliance is met. The results will be reported to the DCS and the Administrator will then present the findings to the PIQI committee monthly and quarterly for at least 8 months until substantial compliance of 100% is achieved.

E. Date of Completion: November 1, 2024

F-880 Infection Prevention and Control

A. Corrective Action

1. The Enhanced Barrier Precautions (EBP) signage was replaced immediately with the correct signage of “Contact Isolation”.

2. An In-service was conducted on 10/30/2024 on the importance of posting correct signage for Contact Isolation.

3. An EBP audit was initiated on 10/24/2024 where indicators were reviewed to ensure residents were meeting the Enhanced Barrier Precautions. Orders were being checked to ensure Contact Isolation vs. Enhanced Barrier Precautions were documented.

B. Identification of others at risk.

1. All residents who tested positive for Scabies (I) were placed in “Contact Isolation” and the correct signage was posted and Personal Protective Equipment (PPE) were readily available for staff prior to entering resident rooms.

2. A line listing was initiated per Public Health recommendation on 10/10/2024 for residents/staff exposed to Scabies.

3. On 10/10/2024 at 2:59 p.m., DPH-LACSNF was notified regarding a few residents that were complaining of rashes and the confirmed cases positive for Scabies on 10/03/2024.

4. All symptomatic residents were placed in contact isolation as well as those being treated prophylactically. After 7 days residents and staff received 2nd dose of Permethrin cream.

C. Measures in place systemic changes

1. All staff were in-serviced and educated on EBP vs Contact Isolation. Appropriate Signage has been in place for the Scabies Outbreak.

D. Monitoring

1. The Enhanced Barrier Precautions will be monitored monthly x 3 months or until 100% compliance is met. The results will be reported to the DCS and the Administrator who will then present the findings to the PIQI (Performance Improvement Quality Improvement) committee monthly and quarterly for at least 8 months until substantial compliance of 100% is achieved.

E. Date of Completion: November 1, 2024