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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</b></p> <p>This is a repeat deficiency from the Recertification Survey conducted on 4/18/2024.</p> <p>Based on observation, interview, and record review, the facility failed to implement interventions to prevent and control scabies (a highly contagious skin condition caused by the itch mite that infests and irritates your skin), per the facility policy and procedure (P&amp;P) titled, Scabies Identification, Treatment and Environmental Cleaning, for four of four sampled residents (Residents 1, 2, 3 and 4), by failing to:</p> <ul style="list-style-type: none"> <li>-Identify and detect symptoms of scabies and provide treatment for Resident 1 when the resident had a skin rash on 6/7 and 6/8/2024.</li> <li>-Control the spread of scabies by placing Resident 1 on contact precautions (isolation precautions, actions taken to prevent the or control infections) when Resident 1 was being treated with Elimate and Ivermectin on 6/11/2024 and diagnosed with scabies on 6/13/2024.</li> <li>-Maintain contact precautions, per the Physician's Order on 6/13/3024</li> <li>-Implement control measures to prevent the transmission of scabies among residents in the facility, staff, and visitors.</li> </ul> <p>These deficient practices resulted in the facility not adhering to its Scabies P&amp;P and had a potential of transmitting scabies to 86 inhouse residents, the staff, and community.</p> <p>On 6/26/2024 at 5:39 PM, an Immediate Jeopardy (IJ - a situation in which the provider's non-compliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident) was identified in the presence of the Administrator (ADM) and the Director of Nursing (DON) for the facility's failure to implement measures to prevent the transmission of scabies which threatened the health and safety of the 86 residents, staff, and family.</p> <p>On 6/28/2024 at 4:17 PM, while onsite at the facility, the IJ was removed in the presence of the ADM and the DON, after the facility submitted an acceptable IJ Removal Plan (interventions and implementation to correct the deficient practices). The survey team verified and confirmed through observation, interview, and record review the implementation of the of the IJ removal plan. The accepted IJ removal plan included the following actions:</p> <p>(continued on next page)</p> |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>-On 6/27/2024 Licensed Nurses completed skin assessments for Residents 1, 2, 3, and 4.</p> <p>-Resident 1: Noted to have a generalized body rash secondary to diagnosis of eczematous dermatitis (a common condition that causes swelling and irritation of the skin. It has many causes and forms and often involves itchy, dry skin or a rash) from 5/25/2024 and 6/7/2024 upon re-admission from hospital, in addition to the recently treated scabies diagnosed on [DATE] and will be re assessed by a dermatologist after 14 days (about 2 weeks) after final treatment.</p> <p>-Resident 2: Noted to have body rash on chest, abdomen, arms, back and thighs secondary to dermatitis.</p> <p>-Resident 3: Noted to have a body rash on bilateral arm secondary to dermatitis.</p> <p>-Resident 4: Noted to have body rash extending from back to abdomen secondary to dermatitis</p> <p>-Treatment Plan for Residents 1, 2, 3 and 4 included:</p> <p>-Resident 1: Clobetasol Propionate External Cream (a medication used to reduce swelling, redness, itching or rashes) 0.05% to generalize body topically daily x 2, Permethrin External Cream (Elamite, a skin cream that treats scabies, infestations of small parasites [an organism that lives off a host]), 5% to neck and toes topically at bedtime every Thursday until 7/11/24 and Ivermectin 9 mg via GT every Wednesday until 7/12/24.</p> <p>-Resident 2: Refused treatment and was educated regarding risks of refusing treatment and the importance of receiving treatment. Resident 2 was subsequently placed in contact isolation pending test results.</p> <p>-Resident 3: Clobetasol Propionate External Cream 0.05% to arms twice daily.</p> <p>-Resident 4: Hydrocortisone Cream 0.1% and Clindamycin Phosphate External Gel 1% to abdomen and back.</p> <p>-On 6/27/2024, Residents 2, 3, and 4 had skin scraping (the collection of the superficial skin cells and further evaluation of the cells) completed, pending results.</p> <p>-On 6/27/2024, Environmental Service completed a deep cleaning of the room for Residents 1, 2, 3, and housekeeping department will continue with deep clean schedule for all resident care areas. Work areas were also deep cleaned 6/27/2024. Deep cleaning consisted of cleaning all contact surface areas and room furniture bedframe and nightstand, T.V/ remote, ceiling, vents, light fixtures, garbage cans, wipe down walls and base boards, privacy curtains, closets, restroom sink &amp; toilet grab bars, windows, call light, floor, resident multiple use items, wheelchairs. All personal clothing and linen are washed.</p> <p>-On 6/26/2024 the Infection Control committee, including the Medical Director held an ad hoc QAA meeting to review the IJ Removal Plan for further review and recommendations.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>-The Infection Control Nurse and/or designee connected with the Public Health Nurse for further recommendations and validation to confirm that the facility took all necessary steps for Residents 1, 2, 3, and 4.</p> <p>Findings:</p> <p>a. A review of Resident 1's admission record indicated the facility readmitted the resident on 6/7/2024 with diagnoses including chronic respiratory failure (a condition in which your lungs have a hard time loading your blood with oxygen or removing carbon dioxide), pneumonia and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen). The admission record also indicated the facility was Resident 1's responsible party.</p> <p>A review of Resident 1's General Body care plan initiated 3/22/2024, indicated the resident was diagnosed with dermatitis unspecified and had a positive skin scraping for scabies on 6/13/2024 (one week after admission). The care plan interventions indicated for staff to check resident's skin to determine affected areas, dermatologist consult, follow up treatment as needed, and the facility staff was to perform a skin scraping and to place Resident 1 on contact precautions (initiated on 6/13/2024).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and care screening tool) dated 4/10/2024, indicated Resident 1's cognition was severely impaired (never/rarely made decisions) and was totally dependent upon staff for all activities of daily living (ADLs - essential and routine activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). The MDS also indicated Resident 1 had one Stage IV pressure injury (full thickness tissue loss with exposed bone, tendon, or muscle).</p> <p>A review of Resident 1's Body Check form for readmission to the facility, dated 6/7/2024, indicated Resident 1 had a generalized body rash, but did not indicate the areas on the body where the rash was located. The Body Check form, dated 6/8/2024, indicated the resident was reassessed and a general rash. The body check form did not include a measurement for the rash.</p> <p>A review of Resident 1's History and Physical (H&amp;P), dated 6/8/2024 indicated the resident did not have the capacity to understand and make decisions. The H&amp;P did not address Resident 1's body rash in accordance with the Body Check form on 6/7/2024.</p> <p>According to a review of Resident 1's Body Check form, dated 6/11/2024, the resident's rash was diagnosed as dermatitis (a common condition that causes swelling and irritation of the skin. It has many causes and forms and often involves itchy, dry skin or a rash).</p> <p>A review Resident 1's Dermatology Progress Notes, dated 6/11/2024, indicated Resident 1 was diagnosed with generalized body dermatitis and the treatment included Elimite (generic name permethrin), topical steroids (anti-inflammatory preparation used to treat skin conditions), Ivermectin (medication used to treat diseases caused by parasites) and oral steroids.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>A review of Resident 1's Situation Background Assessment and Recommendation (SBAR - a documentation of a complete assessment in response to a change in condition [COC]), dated 6/11/2024 at 1 PM, indicated Resident 1 was seen by the dermatologist and was observed with a generalized rash. The resident received a shower and creams were applied to relieve the skin from further damage. The SBAR form indicated the Certified Nursing Assistants (CNAs) and family members were educated to be gentle with skin and not rub or scrub the skin.</p> <p>A review of the Physician's Order, dated 6/11/2024, indicated Resident 1 was to receive:</p> <ul style="list-style-type: none"> <li>-One tube of Elimite 5% cream applied from neck to toes, leave on for 12 hours then rinse and to repeat once a week for four weeks.</li> <li>- Three Ivermectin (an anti-parasitic medication used to treat worms, head lice and skin conditions) 3 milligram (mg) oral tablets for a total of 9 mg once a week for four weeks.</li> <li>- Clobetasol 0.05% cream applied to general body rash twice a day for four weeks.</li> <li>- Prednisone (a steroid medication) 20 mg tablet twice a day for five days.</li> </ul> <p>A review of Resident 1's Medication Administration Record (MAR) for June 2024 indicated the resident received three Ivermectin three mg tablets for a total of a nine mg dose via g-tube once a week every Wednesday for three doses on 6/12 and 6/19/2024.</p> <p>According to a review of Resident 1's Treatment Administration Record (TAR) for June 2024, the resident received two of four total doses ordered of Elimite treatment on 6/13 and 6/20/2024.</p> <p>A review of the Physician's Order, dated 6/12/2024, indicated Resident 1 was to have a skin scraping to rule out scabies.</p> <p>A review of Resident 1's SBAR a form, dated 6/12/2024 at 12 AM, indicated, There were no situational facts given for the SBAR. A further review of the SBAR indicated the primary physician ordered the medications Ivermectin and Elimite and ordered Resident 1 to receive a skin scraping.</p> <p>A review of the Physician's Order, dated 6/13/2024, indicated the facility was to place Resident 1 on contact precautions due to the resident being positive for scabies.</p> <p>A review of Resident 1's Laboratory Result, dated 6/13/2024, indicated the resident was examined for scabies and the results indicated Resident 1 was positive for scabies adults and eggs.</p> <p>A review of the At Risk for further Skin Breakdown Care Plan, initiated 6/26/2024, indicated the goal was for Resident 1's skin condition to resolve with no further damage. The care plan interventions included for Resident 1 to avoid scratching and keep hands and body parts from excessive moisture and to keep fingernails short. The treatment order included to cleanse with normal saline, pat dry, paint with betadine, apply xeroform and cover with a dry dressing.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>b. A review of Resident 2's admission record (roommate of Resident 1) indicated the facility readmitted the resident on 6/9/2022, with diagnoses including presence of a tracheostomy (a surgical opening created through the neck into the windpipe to allow air to fill the lungs), hepatomegaly (enlargement of the liver beyond its normal size) and diabetes (high blood sugar).</p> <p>A review of Resident 2's H&amp;P dated 6/5/2024, indicated the resident had the capacity to understand and make decisions. The H&amp;P also indicated the resident had the current skin conditions of eczema (skin dryness) and moisture associated skin damage (MASD, inflammation of the skin caused by sources of moisture such as urine, perspiration, stool or mucus).</p> <p>A review of the Physician's Orders, dated 6/11/2024, indicated Resident 3 was to receive application of Permethrin External cream (Elimite) 5% from neck to toes, leave on for 12 hours, then rinse and to repeat once a week for four weeks.</p> <p>A review Resident 2's Dermatology Progress Notes, dated 6/11/2024 indicated Resident 2 was diagnosed with generalized body dermatitis and the treatment included Elimite, topical steroids (anti-inflammatory preparation used to treat skin conditions), Ivermectin and oral steroids.</p> <p>According to a review of Resident 2's Treatment Administration Record (TAR) for June 2024, the resident received two of four total doses ordered of Elimite treatment on 6/13/2024 and 6/20/2024.</p> <p>c. A review of Resident 3's admission record (roommate of Resident 1) indicated the facility readmitted the resident on 12/14/2022 with diagnoses including cellulitis (skin infection), quadriplegia, epilepsy, and dementia.</p> <p>A review of Resident 3's MDS, dated [DATE], indicated the resident's cognition was severely impaired (never/rarely made decisions) and the resident was completely dependent upon staff for all ADLs. The MDS further indicated Resident 3 did not have an open lesion or laceration.</p> <p>A review of the Resident 3's Body Check form, dated 6/8/2024, indicated the resident had skin issues and a generalized rash, but there was no measurement for the rash or location of the rash specified.</p> <p>A review of Resident 3's Dermatology Progress Notes, dated 6/11/2024, indicated Resident 3 had folliculitis on her abdomen and back.</p> <p>A review of the Physician's Orders, dated 6/13/2024, indicated the following:</p> <ul style="list-style-type: none"> <li>- Resident 3 was to have skin scraped to rule out scabies and</li> <li>- Resident 3 was to be placed on contact precautions due to exposure to scabies positive roommate.</li> <li>- The facility was to apply Elimite 5% topical cream apply from neck to toes then to rinse after 12 hours for one administration due to exposure.</li> </ul> <p>According to a review of Resident 3's Treatment Administration Record (TAR) for June 2024, the resident was treated with Elimite treatment on 6/14/2024.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>d. A review of Resident 4's admission record (roommate of Resident 1) indicated the facility readmitted the resident on 10/11/2023 with diagnoses including chronic respiratory failure, atrial fibrillation, and ventilator dependent.</p> <p>A review of Resident 4's MDS, dated [DATE], indicated Resident 1's cognition was severely impaired, was totally dependent upon staff for all ADLs and the resident had a Stage IV pressure injury. The MDS further indicated Resident 4 did not have an open lesion or laceration.</p> <p>A review of Resident 4's Dermatology Progress Report, dated 6/11/2024, indicated Resident 4 was diagnosed with eczema on her arms.</p> <p>A review of the Physician's Orders, dated 6/13/2024, indicated the following:</p> <ul style="list-style-type: none"> <li>- Resident 4 was to have her skin scraped to rule out scabies</li> <li>- Resident 4 was to be placed on contact precautions due to exposure to scabies positive roommate.</li> <li>- The facility was to apply Permethrin 5% topical cream apply from neck to toes then to rinse after 12 hours for one administration due to exposure.</li> </ul> <p>A review of Resident 4's Treatment Administration Record (TAR) for June 2024 indicated the resident was treated with Elimite treatment on 6/13/2024.</p> <p>During an interview on 6/26/2024 at 8:40 AM, the Infection Preventionist (IP) stated Resident 1 was recently readmitted to the facility. Resident 1 was evaluated by the dermatologist (DERM), who also evaluated Residents 2, 3, and 4, who were all roommates. The IP stated Resident 1's test for scabies was positive. The IP further stated Resident 1 was never isolated from the other roommates and Resident 1 never had a room change. The IP stated, We began to test the whole unit for scabies on 6/12/2024.</p> <p>During an initial tour of the facility on 6/26/2024 at 8:51 AM, Residents 1, 2, 3 and 4's room was observed. Resident 1, 2, 3, 4 were present in their respective beds. During observation, there was signage outside of the room which indicated Resident 1, 2, 3 and 4 were on enhanced barrier precautions which required everyone to clean their hands, including before entering and when leaving the room. The signage did not indicate staff or visitors were required to wear gown and gloves at all times when in the room.</p> <p>During an interview on 6/26/2024 at 8:56 AM, Licensed Vocational Nurse (LVN) 1 stated Resident 1 returned to the facility after hospitalization with a rash. Resident 1 returned to the same room with the same roommates and had never changed rooms. LVN 1 stated Resident 1 was tested for scabies a week after returning to the facility and was positive.</p> <p>During an observation on 6/26/2024 at 9:07 AM with Treatment Nurse (TN) 1, Resident 1's skin assessment was observed. During a concurrent interview, TN 1 stated Resident 1 had new body scratches. TN 1 stated Resident 1's medial thigh had multiple scratches that removed the top layer of skin, and the surrounding area was very red. TN 1 also stated Resident 1 had open scratches to her mid back, right and left buttocks and left hip.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>On 6/27/2024 at 10:10 AM, during a concurrent interview and record review with LVN 1, Resident 1's electronic chart was reviewed. For the SBAR form dated 6/11/2024, LVN 1 stated that on 6/11/2024 there was a change in Resident 1's skin condition and the doctor diagnosed Resident 1 with unspecified dermatitis due to a general body rash. After review of Resident 1's physician's orders, LVN 1 stated the physician ordered a skin scraping for Resident 1 on 6/12/2024 and on 6/13/2024 the physician ordered contact isolation precautions for Resident 1. LVN 1 stated the contact isolation order was discontinued on 6/26/2024 at 8:28 PM. LVN 1 stated, Yesterday (6/26/2024), Resident 1 should have still had contact isolation in place during our conversation on 6/26/2024 at 8:56 AM. LVN 1 stated not following contact precautions could place Resident 1's roommates at risk of scabies.</p> <p>During an interview on 6/27/2024 at 12:26 PM, the IP stated contact isolation precautions was initiated late, and the contact isolation should have been initiated when Resident 1 was suspected of having scabies. The IP stated contact isolation should have been initiated on 6/12/2024 when the resident was suspected of having scabies. The IP stated the rule was contact isolation should be in place until 24 hours post treatment with the Elimate cream and the contact precautions were initiated for scabies to protect the spread to other residents.</p> <p>During a phone interview on 6/27/2024 at 2:58 PM, Resident 3's attending physician (PHY 1) stated he was not involved in ordering Elimate for Resident 2. PHY 1 stated he was told that the facility dermatologist would address that.</p> <p>During an observation on 6/27/2024 at 3:05 PM, Resident 2 was observed sitting in a wheelchair and Resident 2 had a diffuse rash on both her arms. During a concurrent interview, Resident 2 stated that the rash itches badly.</p> <p>During an interview on 6/27/2024 at 3:15 PM, TN 1 stated scabies was transferred through contact and required contact precautions which included the use personal protective equipment, with gown and gloves whenever entering the resident's room. TN 1 stated enhanced precautions did not demand putting on a gown or gloves every time when one entered the resident's room. TN 1 stated enhanced precautions were not as strict and with contact precautions, You really have to wear it - gown, gloves, everything should be covered.</p> <p>On 6/28/2024 at 12:22 PM, during a phone interview, the Medical Director (MD) stated he was first notified about Resident 1's scabies diagnosis around 5 PM on 6/26/2024. The MD stated he believed it was nursing protocol to initiate contact isolation when suspicion for scabies was high and it was the IP role to guide the facility in which measures to take.</p> <p>During an interview on 6/28/2024 at 2:34 PM, the Director of Nursing (DON) stated staff should have initiated contact precautions for Residents 1, 2, 3 and 4 on 6/11/2024 when the dermatologist ordered skin scrapings for Residents 1 and 2. The DON stated contact isolation was used to prevent the spread of scabies in the facility. During a concurrent review of the facility's P&amp;P, Scabies Identification, Treatment and Environmental Cleaning, the DON stated, per the policy residents with scabies were placed on contact precautions during the treatment period, 24 hours after application of 5% Elimate cream or 24 hours after last application of scabicides (a medication used to treat scabies) requiring more than one application.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>During a phone interview on 6/28/2024 at 4:07 PM, the Dermatologist stated he was suspicious that Resident 1 had scabies on 6/11/2024 and so the prophylactic treatment for scabies was started. The Dermatologist stated he told TN 1 to complete a skin scraping to rule out scabies and residents with scabies was placed on contact precautions and isolated until 24 hours after treatment has started to prevent the spread of the infection.</p> <p>A review of the Center for Disease Control and Prevention (CDC) Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions (EBP) in Nursing Homes, dated 6/28/2024, EBP was a less restrictive approach to Multiple Drug Resistant Organisms (MDRO) prevention that places fewer limitations on resident activities than Contact Precautions (<a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html#:~:text=Contact%20Precautions%20has%20created%20challenges,resident%20activities%20than%20Contact%20Precautions">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html#:~:text=Contact%20Precautions%20has%20created%20challenges,resident%20activities%20than%20Contact%20Precautions</a>).</p> <p>A review of the facility's P&amp;P titled, Scabies Identification, Treatment and Environmental Cleaning, reviewed 3/21/2024, indicated the purpose of this procedure was to treat residents infected with and sensitized to <i>Sarcoptes scabiei</i> and to prevent the spread of scabies to other residents and staff. This P&amp;P indicated Scabies was spread by skin-to-skin contact with the infected area, or through contact with bedding, clothing, privacy curtains and some furniture. Place residents with typical scabies on contact precautions during the treatment period; 24 hours after application of 5% permethrin cream or 24 hours after last application of scabicides requiring more than one application.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Isolation - Categories of Transmission-Based Precautions (TBP), 9/2022, indicated transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. The P&amp;P also indicated When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.</p> <p>Signs and notifications comply with the resident's right to confidentiality or privacy. Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The individual on contact precautions is placed in a private room if possible. If a private room is not available, the infection preventionist will assess various risks associated with other resident placement options (e.g., cohorting, placing with a low-risk roommate).</p> <p>Based on observation, interview, and record review, the facility failed to implement interventions to prevent and control scabies (a highly contagious skin condition caused by the itch mite that infests and irritates your skin), per the facility policy and procedure (P&amp;P) titled, Scabies Identification, Treatment and Environmental Cleaning, for four of four sampled residents (Residents 1, 2, 3 and 4), by failing to:</p> <p>-Identify and detect symptoms of scabies and provide treatment for Resident 1 when the resident had a skin rash on 6/7 and 6/8/2024.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>-Control the spread of scabies by placing Resident 1 on contact precautions (isolation precautions, actions taken to prevent the or control infections) when Resident 1 was being treated with Elimate and Ivermectin on 6/11/2024 and diagnosed with scabies on 6/13/2024.</p> <p>-Maintain contact precautions, per the Physician's Order on 6/13/3024</p> <p>-Implement control measures to prevent the transmission of scabies among residents in the facility, staff, and visitors.</p> <p>These deficient practices resulted in the facility not adhering to its Scabies P&amp;P and had a potential of transmitting scabies to 86 inhouse residents, the staff, and community.</p> <p>On 6/26/2024 at 5:39 PM, an Immediate Jeopardy (IJ - a situation in which the provider's non-compliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident) was identified in the presence of the Administrator (ADM) and the Director of Nursing (DON) for the facility's failure to implement measures to prevent the transmission of scabies which threatened the health and safety of the 86 residents, staff, and family.</p> <p>On 6/28/2024 at 4:17 PM, while onsite at the facility, the IJ was removed in the presence of the ADM and the DON, after the facility submitted an acceptable IJ Removal Plan (interventions and implementation to correct the deficient practices). The survey team verified and confirmed through observation, interview, and record review the implementation of the of the IJ removal plan. The accepted IJ removal plan included the following actions:</p> <p>-On 6/27/2024 Licensed Nurses completed skin assessments for Residents 1, 2, 3, and 4.</p> <p>-Resident 1: Noted to have a generalized body rash secondary to diagnosis of eczematous dermatitis (a common condition that causes swelling and irritation of the skin. It has many causes and forms and often involves itchy, dry skin or a rash) from 5/25/2024 and 6/7/2024 upon re-admission from hospital, in addition to the recently treated scabies diagnosed on [DATE] and will be re assessed by a dermatologist after 14 days (about 2 weeks) after final treatment.</p> <p>-Resident 2: Noted to have body rash on chest, abdomen, arms, back and thighs secondary to dermatitis.</p> <p>-Resident 3: Noted to have a body rash on bilateral arm secondary to dermatitis.</p> <p>-Resident 4: Noted to have body rash extending from back to abdomen secondary to dermatitis</p> <p>-Treatment Plan for Residents 1, 2, 3 and 4 included:</p> <p>-Resident 1: Clobetasol Propionate External Cream (a medication used to reduce swelling, redness, itching or rashes) 0.05% to generalize body topically daily x 2, Permethrin External Cream (Elamite, a skin cream that treats scabies, infestations of small parasites [an organism that lives off a host]), 5% to neck and toes topically at bedtime every Thursday until 7/11/24 and Ivermectin 9 mg via GT every Wednesday until 7/12/24.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>-Resident 2: Refused treatment and was educated regarding risks of refusing treatment and the importance of receiving treatment. Resident 2 was subsequently placed in contact isolation pending test results.</p> <p>-Resident 3: Clobetasol Propionate External Cream 0.05% to arms twice daily.</p> <p>-Resident 4: Hydrocortisone Cream 0.1% and Clindamycin Phosphate External Gel 1% to abdomen and back.</p> <p>-On 6/27/2024, Residents 2, 3, and 4 had skin scraping (the collection of the superficial skin cells and further evaluation of the cells) completed, pending results.</p> <p>-On 6/27/2024, Environmental Service completed a deep cleaning of the room for Residents 1, 2, 3, and housekeeping department will continue with deep clean schedule for all resident care areas. Work areas were also deep cleaned 6/27/2024. Deep cleaning consisted of cleaning all contact surface areas and room furniture bedframe and nightstand, T.V/ remote, ceiling, vents, light fixtures, garbage cans, wipe down walls and base boards, privacy curtains, closets, restroom sink &amp; toilet grab bars, windows, call light, floor, resident multiple use items, wheelchairs. All personal clothing and linen are washed.</p> <p>-On 6/26/2024 the Infection Control committee, including the Medical Director held an ad hoc QAA meeting to review the IJ Removal Plan for further review and recommendations.</p> <p>-The Infection Control Nurse and/or designee connected with the Public Health Nurse for further recommendations and validation to confirm that the facility took all necessary steps for Residents 1, 2, 3, and 4.</p> <p>Findings:</p> <p>a. A review of Resident 1's admission record indicated the facility readmitted the resident on 6/7/2024 with diagnoses including chronic respiratory failure (a condition in which your lungs have a hard time loading your blood with oxygen or removing carbon dioxide), pneumonia and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen). The admission record also indicated the facility was Resident 1's responsible party.</p> <p>A review of Resident 1's General Body care plan initiated 3/22/2024, indicated the resident was diagnosed with dermatitis unspecified and had a positive skin scraping for scabies on 6/13/2024 (one week after admission). The care plan interventions indicated for staff to check resident's skin to determine affected areas, dermatologist consult, follow up treatment as needed, and the facility staff was to perform a skin scraping and to place Resident 1 on contact precautions (initiated on 6/13/2024).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and care screening tool) dated 4/10/2024, indicated Resident 1's cognition was severely impaired (never/rarely made decisions) and was totally dependent upon staff for all activities of daily living (ADLs - essential and routine activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). The MDS also indicated Resident 1 had one Stage IV pressure injury (full thickness tissue loss with exposed bone, tendon, or muscle).</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>A review of Resident 1's Body Check form for readmission to the facility, dated 6/7/2024, indicated Resident 1 had a generalized body rash, but did not indicate the areas on the body where the rash was located. The Body Check form, dated 6/8/2024, indicated the resident was reassessed and a general rash. The body check form did not include a measurement for the rash.</p> <p>A review of Resident 1's History and Physical (H&amp;P), dated 6/8/2024 indicated the resident did not have the capacity to understand and make decisions. The H&amp;P did not address Resident 1's body rash in accordance with the Body Check form on 6/7/2024.</p> <p>According to a review of Resident 1's Body Check form, dated 6/11/2024, the resident's rash was diagnosed as dermatitis (a common condition that causes swelling and irritation of the skin. It has many causes and forms and often involves itchy, dry skin or a rash).</p> <p>A review Resident 1's Dermatology Progress Notes, dated 6/11/2024, indicated Resident 1 was diagnosed with generalized body dermatitis and the treatment included Elimate (generic name permethrin), topical steroids (anti-inflammatory preparation used to treat skin conditions), Ivermectin (medication used to treat diseases caused by parasites) and oral steroids.</p> <p>A review of Resident 1's Situation Background Assessment and Recommendation (SBAR - a documentation of a complete assessment in response to a change in condition [COC]), dated 6/11/2024 at 1 PM, indicated Resident 1 was seen by the dermatologist and was observed with a generalized rash. The resident received a shower and creams were applied to relieve the skin from further damage. The SBAR form indicated the Certified Nursing Assistants (CNAs) and family members were educated to be gentle with skin and not rub or scrub the skin.</p> <p>A review of the Physician's Order, dated 6/11/2024, indicated Resident 1 was to receive:</p> <ul style="list-style-type: none"> <li>-One tube of Elimate 5% cream applied from neck to toes, leave on for 12 hours then rinse and to repeat once a week for four weeks.</li> <li>- Three Ivermectin (an anti-parasitic medication used to treat worms, head lice and skin conditions) 3 milligram (mg) oral tablets for a total of 9 mg once a week for four weeks.</li> <li>- Clobetasol 0.05% cream applied to [NAME][TRUNCATED]</li> </ul> |   |  |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44253</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist Nurse (IP) completed the required specialized training related to infection control on an annual basis. This deficient practice resulted in contact precautions not being maintained for Resident 1, who was diagnosed with scabies (a highly contagious skin condition caused by the itch mite that infests and irritates your skin) and had the potential to spread infection and disease throughout the facility.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the facility readmitted Resident 1 on 6/7/2024 with diagnoses that included chronic respiratory failure (a condition in which your lungs have a hard time loading your blood with oxygen or removing carbon dioxide), pneumonia and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen).</p> <p>A review of Resident 1's General Body care plan initiated 3/22/2024, indicated the resident was diagnosed with dermatitis unspecified and had a positive skin scraping for scabies on 6/13/2024 (one week after admission). The care plan interventions indicated for staff to check resident's skin to determine affected areas, dermatologist consult, follow up treatment as needed, and the facility staff was to perform a skin scraping and to place Resident 1 on contact precautions (initiated on 6/13/2024).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and care screening tool) dated 4/10/2024, indicated Resident 1's cognition was severely impaired (never/rarely made decisions) and was totally dependent upon staff for all activities of daily living (ADLs - essential and routine activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). The MDS also indicated Resident 1 had one Stage IV pressure injury (full thickness tissue loss with exposed bone, tendon, or muscle).</p> <p>A review of Resident 1's Body Check form, dated 6/7/2024, indicated Resident 1 had a generalized body rash, but did not indicate the areas on the body where the rash was located. The Body Check form, dated 6/8/2024, indicated the resident was reassessed, had a sacro-coccyx pressure injury, and a general rash. The body check form did not include a measurement for the rash.</p> <p>According to a review of the Physician's Order, dated 6/13/2024, the facility was to place Resident 1 on contact precautions due to the resident being positive for scabies.</p> <p>A review of Resident 1's Laboratory Result, dated 6/13/2024, indicated the resident was examined for scabies and the results indicated Resident 1 was positive for scabies adults and eggs.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an initial tour of the facility on 6/26/2024 at 8:51 AM, Residents 1, 2, 3 and 4's room was observed. Resident 1, 2, 3, 4 were present in their respective beds. During observation, there was signage outside of the room which indicated Resident 1, 2, 3 and 4 were on enhanced barrier precautions which required everyone to clean their hands, including before entering and when leaving the room. The signage did not indicate staff or visitors were required to wear gown and gloves at all times when in the room.</p> <p>During a interview on 6/27/2024 at 12:26 PM, the IP stated he was required to complete ten continuing education units (CEUs) every year in infection control. During a concurrent record review of the IP's Certificate of Training in Infection Prevention and Control, the IP stated he originally completed the Infection Preventionist training on 5/22/2018. The IP stated he had taken courses but could not show the CEUs earned for 2023. The IP stated it was important to obtain continuous training on infection control and prevention to know of any changes or updates, and to know any new guidelines. The IP stated it was important to stay updated on the changes to help prevent the spread of infection in the facility.</p> <p>During an interview on 6/28/2024 at 2:34 PM, the Director of Nursing (DON) stated she was not sure about the CEU requirements for the IP, but it was important for the IP to be up to date with infection control issues. The DON stated IP 's main role was to ensure infections in the facility were controlled and managed well per guidelines. The DON also stated the facility should have initiated contact precautions for Residents 1 (including Resident 2, 3 and 4 the roommates) on 6/11/2024, when the Dermatologist ordered skin scrapings for Residents 1 and 2. The DON stated contact isolation should have been used to prevent the spread of scabies in the facility.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Policies and Procedure - Infection Prevention and Control, dated 12/2023, indicated the policy was intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The P&amp;P indicated the objectives of the Infection Prevention and control policies and procedures were to provide evidence-based guidelines for infection prevention and control based on current best practices. The policy indicated the extent of personnel training on new or revised policies and procedures was consistent with job responsibilities and complexity of the policy and/or procedure. Competency demonstrations may be required for certain policies and procedures and inquiries concerning infection prevention and control.</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist Nurse (IP) completed the required specialized training related to infection control on an annual basis. This deficient practice resulted in contact precautions not being maintained for Resident 1, who was diagnosed with scabies (a highly contagious skin condition caused by the itch mite that infests and irritates your skin) and had the potential to spread infection and disease throughout the facility.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the facility readmitted Resident 1 on 6/7/2024 with diagnoses that included chronic respiratory failure (a condition in which your lungs have a hard time loading your blood with oxygen or removing carbon dioxide), pneumonia and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen).</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of Resident 1's General Body care plan initiated 3/22/2024, indicated the resident was diagnosed with dermatitis unspecified and had a positive skin scraping for scabies on 6/13/2024 (one week after admission). The care plan interventions indicated for staff to check resident's skin to determine affected areas, dermatologist consult, follow up treatment as needed, and the facility staff was to perform a skin scraping and to place Resident 1 on contact precautions (initiated on 6/13/2024).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and care screening tool) dated 4/10/2024, indicated Resident 1's cognition was severely impaired (never/rarely made decisions) and was totally dependent upon staff for all activities of daily living (ADLs - essential and routine activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). The MDS also indicated Resident 1 had one Stage IV pressure injury (full thickness tissue loss with exposed bone, tendon, or muscle).</p> <p>A review of Resident 1's Body Check form, dated 6/7/2024, indicated Resident 1 had a generalized body rash, but did not indicate the areas on the body where the rash was located. The Body Check form, dated 6/8/2024, indicated the resident was reassessed, had a sacro-coccyx pressure injury, and a general rash. The body check form did not include a measurement for the rash.</p> <p>A review of the Physician's Order, dated 6/13/2024, indicated the facility was to place Resident 1 on contact precautions due to the resident being positive for scabies.</p> <p>A review of Resident 1's Laboratory Result, dated 6/13/2024, indicated the resident was examined for scabies and the results indicated Resident 1 was positive for scabies adults and eggs.</p> <p>During an initial tour of the facility on 6/26/2024 at 8:51 AM, Residents 1, 2, 3 and 4's room was observed. Resident 1, 2, 3, 4 were present in their respective beds. During observation, there was signage outside of the room which indicated Resident 1, 2, 3 and 4 were on enhanced barrier precautions which required everyone to clean their hands, including before entering and when leaving the room. The signage did not indicate staff or visitors were required to wear gown and gloves at all times when in the room.</p> <p>During an interview on 6/27/2024 at 12:26 PM, the IP stated he was required to complete ten continuing education units (CEUs) every year in infection control. During a concurrent record review of the IP's Certificate of Training in Infection Prevention and Control, the IP stated he originally completed the Infection Preventionist training on 5/22/2018. The IP stated he had taken courses but could not show the CEUs earned for 2023. The IP stated it was important to obtain continuous training on infection control and prevention to know of any changes or updates, and to know any new guidelines. The IP stated it was important to stay updated on the changes to help prevent the spread of infection in the facility.</p> <p>During an interview on 6/28/2024 at 2:34 PM, the Director of Nursing (DON) stated she was not sure about the CEU requirements for the IP, but it was important for the IP to be up to date with infection control issues. The DON stated IP's main role was to ensure infections in the facility were controlled and managed well per guidelines. The DON also stated the facility should have initiated contact precautions for Residents 1 (including Resident 2, 3 and 4 the roommates) on 6/11/2024, when the Dermatologist ordered skin scrapings for Residents 1 and 2. The DON stated contact isolation should have been used to prevent the spread of scabies in the facility.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of the facility's policy and procedure (P&amp;P) titled, Policies and Procedure - Infection Prevention and Control, dated 12/2023, indicated the policy was intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The P&amp;P indicated the objectives of the Infection Prevention and control policies and procedures were to provide evidence-based guidelines for infection prevention and control based on current best practices. The policy indicated the extent of personnel training on new or revised policies and procedures was consistent with job responsibilities and complexity of the policy and/or procedure. Competency demonstrations may be required for certain policies and procedures and inquiries concerning infection prevention and control.</p> |