

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Rosemead Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4096 Easy Street El Monte, CA 91731	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48905</p> <p>Based on observation, interview, and record review, the facility failed to implement its Mitigation Plan regarding visitation guidelines for Coronavirus (COVID-19, highly contagious disease caused by the SARS-CoV-2 virus that is spread through inhalation or contact of droplet particles into eyes, nose, or mouth) for one of four sampled residents (Resident 4) by allowing two family members (FM 1 and FM 2) to be inside Resident 4's Novel Respiratory Precaution (newly identified respiratory organism that causes acute respiratory infections which require the use of a N95 [PPE that is used to provide a tight seal on the person's face to prevent particles or liquid contamination of the face], face shield, gown and gloves prior to entering the room) room without donning (put on) on personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses).</p> <p>This failure had the potential to result in the spread of COVID-19 virus to residents, staff, and visitors in the facility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/2/2024 at 11 AM with FM 1 and CNA 4 outside of Resident 4's room a purple sign that indicated Stop, Novel Respiratory Precautions; clean hands, wear a gown, N95, face shield, and gloves on entry was observed to be outside of Resident 4's room. Certified Nursing Assistant (CNA 1) was observed to don on PPE consisting of an N95, face shield, gown, and gloves, and entered Resident 4's room. FM 1 and FM 2 were observed to be in Resident 4's room with a surgical face mask. FM 1 stated staff members did not inform FM 1 or FM 2 to don on PPE prior to entering Resident 4's room. FM 1 stated FM 1 and FM 2 have been with Resident 4 for about 20 to 30 minutes.</p> <p>During an interview on 7/2/2024 at 11:20 AM with CNA 1, CNA 1 stated Resident 4 was recently admitted to the facility and in the yellow zone for observation for COVID-19. CNA 1 stated FM 1 and FM 2 were not wearing the appropriate PPE for a Novel Respiratory Precaution room. CNA 1 stated family members are allowed to visit but would need to wear the appropriate PPE prior to entering a yellow zone room. CNA 1 stated the risk of not following the PPE that is listed on the door is that potential COVID-19 virus can spread to the family members, staff, and residents.</p> <p>During an interview on 7/2/2024 at 11:34 AM with the Assistant Director of Nursing (ADON), the ADON stated visitors must wear PPE prior to entering a yellow zone room. The ADON stated the risk of not following the precautions for a yellow room is that potential COVID-19 virus could spread.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/2/2024 at 12:43 PM with the Infection Preventionist Nurse (IPN), the IPN stated yellow zones are used for observation and or exposure to COVID-19 virus. The IPN stated family member are allowed to visit residents in the yellow zone but are required to use PPE, a gown, gloves, face shield, and mask. The IPN stated it is not acceptable for FM 1 and FM 2 to be in Resident 4's room without the proper PPE and stated FM 1 and FM 2 could potentially spread COVID-19 virus, especially if FM 1 and FM 2 used the facility restroom.</p> <p>During a review of the facility's MP titled, Coronavirus Disease 2024 (COVID-19) Mitigation Plan, the MP indicated visitors should be provided PPE (gloves, gown, eye protection, and N95 respirator) and instructed in a N95 respirator seal check for visitation of residents in isolation areas.</p>