STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055262	A. Building B. Wing	03/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lomita Post-Acute Care Center	1955 Lomita Blvd Lomita, CA 90717

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443 Based on observation, interview, and record review, the facility failed to ensure a contact precaution sign indicating the personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) that needed to be worn prior to visitors entering the room was posted for one of seven sampled residents (Resident 6) who tested positive for clostridium difficile (C. Diff - a highly contagious bacteria that causes severe diarrhea). This deficient practice had the potential to spread C. diff to other residents, visitors, and staff. Findings: During a review of Resident 6 ' s Admission Record (Face Sheet), the Face Sheet indicated, Resident 6 was admitted to the facility on [DATE] with diagnoses including encounter for orthopedic aftercare following surgical amputation (a medical visit or series of visits after a limb amputation to focus on healing, recovery, and rehabilitation) and type 2 Diabetes Mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 6 ' s History and Physical (H&P), dated 2/18/2025, the H&P indicated, Resident 6 had the capacity to understand and make decisions. During a review of Resident 6 ' s Minimum Data Set (MDS - a resident assessment tool), dated 2/21/2025, the MDS indicated, Resident 6 cognition (thinking) was intact, and had the ability to understand and be understood by others. During a review of Resident 6 ' s Lab Results Report, dated 3/19/2025, the Lab Results Report indicated, Resident 6 tested positive for C. Diff on 3/19/2025. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 3/28/2025 at 4:52 a.m., with the Registered Nurse (RN), in the hallway in front of Resident 6 ' s room, a stop sign was observed located on the right side of the door frame indicating staff to follow instructions on back of the sign and to wash their hands before and after entering the room. The back of the stop sign indicated contact isolation for C. Diff and for staff to apply PPE. The sign did not indicate that visitors are required to wear PPE. The RN stated she did not see instructions for visitors to apply PPE upon entering the room. The RN stated it was important to have a contact isolation sign for the visitors so that they are aware of what PPE to apply so that they are protected from becoming infected with C. Diff is and potentially spreading it other residents, their families, and staff. During a review of the facility ' s policy and procedure (P&P) titled, Infection Prevention and Control Program and Transmission-Based Precautions, revised 3/2024, the P&P indicated it is the policy of this facility to implement infection control measures to prevent the spread of communicable diseases and conditions. Transmission based precautions are the second tier of basic infection control and used in addition to standard precautions for patients who are or may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. During a review of the facility ' s P&P titled, Visitation, Infection Control During, revised 4/2024, the P&P indicated the facility shall establish appropriate guidelines for visitors to try and prevent the transmission of communicable diseases. Family members and visitors who are providing care or have very close contact with the resident will be trained regarding the appropriate use of infection control barriers such as personal protective equipment.