

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2025
NAME OF PROVIDER OR SUPPLIER  Bellflower Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  9710 E. Artesia Ave Bellflower, CA 90706	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</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 - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation. interview and record review, the facility failed to implement infection control measures by failing to:A. Ensure implementing the water management plan (comprehensive plan aimed to prevent waterborne illnesses by controlling germs in the water) by monitoring and documenting control measures (actions taken to eliminate or reduce the likelihood or severity of exposure to a hazard) and limit (a specific, measurable, and quantitative range for a particular parameter that indicates when a water system is operating acceptably). B. Identify, follow through, and report Resident 1's positive result of Legionella (a type of bacteria that is naturally found in [NAME] environments) Urine Antigen Test [UAT-a diagnostic test used to detect Legionella (bacteria in the urine of individuals suspected of having Legionnaires' disease (a severe form of a lung infection called pneumonia that is caused by a bacterium known as legionella)] to California Department of Public Health (CDPH-the state department responsible for public health in California) as an Unusual Occurrence (a form used to report unusual or significant events that occur in healthcare facilities, residential care facilities, and other licensed facilities in California) within 24 hours.C. Review, revise, and update the water management program and infection control and prevention policy annually.These failures had the potential to result in compromised infection control measures to prevent the potential spread of Legionnaires' disease among residents, staff, and visitors.Findings:During a review of Resident 1's admission Record, the admission Record indicated, Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including pneumonia (an infection/inflammation in the lungs), sepsis (a life-threatening blood infection), and chronic pulmonary edema (a condition where fluid accumulates in the lungs over an extended period, leading to shortness of breath and other symptoms).During a review of Resident 1's History and Physical (H&amp;P), dated 10/8/2024, the H&amp;P indicated, Resident 1 had baseline cognitive impairment (a decline in one or more cognitive functions, such as memory, attention, language, problem-solving, and decision-making).During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 10/13/2025, the MDS indicated Resident 1 required dependent assistance (Helper does all of the effort) from two or more staff for dressing, maximal assistance (Helper does more than half the effort) from one staff for bed mobility, bathing/shower, toilet hygiene, and supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and /or contact guard assistance as resident competes activity) from one staff for eating.A. During a concurrent interview and record review on 10/17/2025 at 12:47 p.m., with the Maintenance Supervisor (MS), the facility's Water Management Binder, dated from 2/2025 to 10/2025 was reviewed. The Water Management Binder indicated, there were daily water temperature logs for documenting water temperature for shower rooms, kitchen, resident room (randomly selected), and laundry. There were no other monitoring logs for control measures and control limits. The MS stated, he was not sure what other control measures and limits should be monitored. The MS stated, the facility did not have a customized water management plan.During a concurrent interview and record review on 10/17/2025 at 3:05 p.m. with the Infection Preventionist Nurse (IPN), the CDC's Developing a Water Management Program to Reduce Legionella Growth &amp; Spread in Buildings, dated 6/5/2017, was reviewed. The Developing a Water Management Program to Reduce Legionella Growth &amp; Spread in Buildings indicated, Control measures and limits should be established for each control point. You will need to monitor to ensure your control measures are performing as designed. Control limits, in which a chemical or physical parameter must be maintained, should include a minimum and a maximum value. Water quality should be measured throughout the system to ensure that changes that may lead to Legionella growth (such as a drop in chlorine levels) are not occurring. Water heaters should be maintained at appropriate temperatures. Disinfectant (a chemical liquid that destroys bacteria) and other chemical levels should be continuously maintained and regularly monitored. Surfaces with any visible biofilm (slime) should be cleaned. The IPN stated, the facility did not have the water management policy and followed CDC's water management program guidelines. The IPN stated, the facility should have implemented all control measures and control limit according to CDC's guidelines since the facility followed as the policy and procedures. The IPN stated, the MS should have monitored and documented the water quality, water temperature, and disinfectant level to reduce risk of Legionella growth. During a review of the facility's Policy and Procedures(P&amp;P) titled, Policy for Legionnaire's Disease, revised 6/2017, the P&amp;P indicated, Process to Develop a Water Management Program: The facility will determine risk areas by completing the Building</p>		