

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Intercommunity Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12627 Studebaker Road Norwalk, CA 90650	

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>Based on observation, interview, and record review the facility failed to ensure that signs were posted at the facility entrance indicating the presence of Coronavirus Disease ([COVID-19] a potentially severe respiratory illness caused by coronavirus and characterized by fever, coughing, and shortness of breath) cases in the facility. This deficient practice had the potential to increase the risk of further spreading COVID-19 to visitors, staff, family members, and the community. Findings:During an observation on 9/26/2025 at 8:08 a.m., at the facility entrance, there were no postings indicating there were COVID-19 cases in the facility. During a review of the facility's COVID-19 Line List, dated 9/2025, the Line List indicated there were two residents (Resident's 1 and 2) who tested positive for COVID-19. The Line List indicated Resident 1 tested positive on 9/23/2025 and Resident 2 tested positive on 9/25/2025. During an interview on 9/25/2025 at 9:58 a.m., the Infection Preventionist (IP) stated Resident 1 tested positive for COVID-19 on 9/23/2025 and Resident 2 tested positive on 9/25/2025. The IP confirmed that no public notifications or postings were made upon entrance to the facility to inform staff, residents, or visitors about the outbreak or the presence of COVID-19 after Resident's 1 and 2 tested positive for COVID-19.During an interview on 9/26/2025 at 2:45 p.m., the Director of Nursing (DON), stated the facility should provide COVID-19 outbreak postings to safeguard the public, staff, and visitors about the potential risk for infections upon entry in the facility. During a review of the facility's policy and procedure (P&P) titled, COVID-19 Policy, dated 5/1/2025, the P&P indicated the facility will notify residents/responsible parties of the facility COVID status as needed. The P&P indicated the facility will post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, social distancing, etc. The P&P indicated the facility will follow CDC/CDPH guidelines, notifying residents/responsible parties of COVID cases.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055457	If continuation sheet Page 1 of 1