

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  The Californian Pasadena Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Bellefontaine Street Pasadena, CA 91105	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure infection prevention control practices (a set of practices that prevent or stop the spread of infections and or diseases in the healthcare settings) were followed in accordance with the facility ' s policy and procedure by failing to ensure the Certified Nursing Assistant 3 (CNA 3) wore an isolation gown while passing water pitcher inside a residents room with a resident (Resident 2) who was positive for Coronavirus-19 (Covid-19, an acute respiratory illness in humans caused by a coronavirus, capable of producing severe symptoms and in some cases death, especially in older people and those with underlying health conditions).</p> <p>This deficient practice had a potential to spread infection to all residents, staff, and visitors in the facility.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] with a diagnosis that included Klebsiella Pneumoniae (a type of bacteria that can cause many different infections that are more likely gets picked up while in the hospital) and resistance to multiple antimicrobial drugs (bacteria no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death).</p> <p>A review of Resident 2's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 7/2/24, indicated Resident 2 had moderately impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene and shower, lower body dressing, and putting on/taking off footwear. The MDS further indicated Resident 2 required partial assistance (helper does less than half the effort) with oral and personal hygiene and upper body dressing.</p> <p>A review of Resident 2's Physician's Order, dated 7/11/24, timed at 2:47 PM, indicated an order for contact and droplet standard precautions (preventative steps needed to be taken by healthcare team to prevent the spread of infection) for ten (10) days every shift for COVID-19 positive.</p> <p>A review of Resident 2's Laboratory Report titled, Provider Report of Covid-19 Laboratory Results, collected on 7/11/24, indicated Resident 2 was positive for Covid-19.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  The Californian Pasadena Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Bellefontaine Street Pasadena, CA 91105	

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>During a concurrent observation and interview on 7/11/24 at 4:30 PM, CNA 3 was seen with a cart full of water pitchers for the residents in the resident hallway. CNA 3 was then observed entering Resident 2's room with a pitcher of water from the cart without wearing an isolation gown. Outside Resident 2's room had a Norovirus isolation sign and instructions indicating gloves, mask, gowns should be worn prior to entering. CNA 3 stated he was not aware the resident was positive for Covid-19 and stated he should have worn a gown to protect himself, other staff, and residents. CNA 3 also stated he did not pay attention to read the precaution sign by the door outside Resident 2's room.</p> <p>During an interview on 7/11/24 at 4:40 PM, the Licensed Vocational Nurse 2 (LVN 2) stated she should have informed CNA 3 who were the residents positive for Covid-19. LVN 2 stated CNA 3 should have used a gown before going inside Resident 2's room to prevent spread of germs to other residents.</p> <p>During an interview on 7/11/24 at 4:58 PM, the Director of Nursing (DON) stated CNA 3 should be educated on the use of Personal Protective Equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) to protect himself and not spread the infection to other residents.</p> <p>During an interview on 7/11/24 at 5:45 PM, the Administrator (ADM) stated the staff should know their residents and what type of isolations they are on. The ADM also stated the staff should be aware of what isolation precaution and what PPE to use when providing care to the resident.</p> <p>A review of the facility's Policy and Procedure titled, Covid-19, Prevention and Control, revised 6/10/24, indicated as part of transmission-based precautions for Covid-19, gowns shall be worn prior to providing direct care or entering rooms/care areas where residents are in isolation (Covid-19 Cohort or isolating in place). Care areas include but are not limited to resident rooms, shower rooms, rehab gyms, etc.</p>