STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055523	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendale Post Acute Center	250 N. Verdugo Road Glendale, CA 91206

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a plan that describes the process for conducting QAPI and QAA activities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44372 Based on interview, and record review the facility failed to ensure the facility ' s Quality Assurance Performance Improvement ([QAPI] takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes) committee failed to identify facility and resident care issues, develop, and implement appropriate plans of action to implement the facility ' s infection prevention and control program (IPCP), in accordance with the facility ' s policy and procedures on Continuous Quality Improvement Program (QAPI), by failing to: 1. Ensure the QAPI committee systematically implemented and evaluated preventative measures to address an outbreak (a greater number of disease cases than expected in a specific area or group of people over a given time period) of gastrointestinal (GI) illness (conditions affecting your digestive system) among residents and staff in the facility. 2. Ensure the QAPI Commitee conducted appropriate follow through in placing for 26 of 106 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ,11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26), and 16 of 150 facility staff (CNAs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, LVNs 1, 3, 4, and Ancillary Staff 1, who presented with GI illness (conditions affecting the digestive system) from 12/5/2024 to 12/18/2024 (14 days) on transmission-based precautions (precautions used to stop the spread of germs in a healthcare setting) who had signs and symptoms of vomiting and diarrhea (loose, watery, stools three or ore times a day), from 12/5/24 to 12/18/24 (14 days). 3. Ensure the QAPI Commitee conducted appropriate follow through to ensure appropriate notification was conducted to the local health department between 12/5/24 to 12/15/24, of the possible outbreak of GI illness among residents and staff, after the occurrence of three or more residents with GI symptoms in accordance with the facility ' s P&P on Outbreak of Communicable Diseases. As a result of these deficient practices, the facility placed 26 residents (Residents 1 to 26) and 16 staff (CNAs, LVNs and Ancillary Staff) at risk for complications from vomiting and diarrhea included dehydration (a condition that occurs when the body loses more fluids than it takes in) that could lead to hospitalization , and possible death. The facility also placed 80 remaining residents and 134 remaining staff at risk for GI infection. Findings: (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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendale Post Acute Center	250 N. Verdugo Road Glendale, CA 91206

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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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of a facility document titled, Gastrointestinal illness/Norovirus (a highly contagious viral disease that causes vomiting, diarrhea and stomach pain) Outbreak Line List for Healthcare Facilities-Patient/Residents, dated 12/16/2024, provided by the facility ' s IP nurse on 12/16/2024 at 5:11 PM, the List included 20 residents (Residents 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21) with their corresponding illness descriptions that included symptoms such as vomiting or diarrhea and onset dates. The following Line List indicated 13 residents had vomiting, six residents had diarrhea, and one resident had vomiting and diarrhea. The Line List indicated 10 of the 20 residents had unresolved vomiting and diarrhea as indicated below: Resident 2 (vomiting=Yes) (diarrhea=Yes) with onset date of 12/14/24 and resolved date indicated blank. Resident 3 (vomiting=Yes) (diarrhea =No) with onset date of 12/12/24 and resolved date indicated blank. Resident 4 (vomiting = Yes) (diarrhea = No) with onset date 12/13/24 and resolved date indicated blank. Resident 5 (vomiting = No) (diarrhea = Yes) with onset date 12/13/24 and resolved date indicated blank. Resident 6 (vomiting = No) (diarrhea = Yes) with onset date 12/14/24 and resolved date indicated blank Resident 7 (vomiting = No) (diarrhea = Yes) with onset date 12/13/24 and resolved date indicated blank Resident 8 (vomiting = Yes) (diarrhea = No) with onset date 12/15/24 and resolved date indicated blank Resident 9 (vomiting = No) (diarrhea = Yes) with onset date 12/15/24 and resolved date indicated blank Resident 10 (vomiting = No) (diarrhea = Yes) with onset date 12/15/24 and resolved date indicated blank Resident 11 (vomiting = Yes) (diarrhea = No) with onset date 12/08/24 and resolved date indicated blank Resident 12 (vomiting = No) (diarrhea = Yes) with onset date of 12/8/24 and resolved date of 12/16/24. Resident 13 (vomiting = Yes) (diarrhea =No) with onset date of 12/12/24 and resolved date of 12/15/24. (continued on next page)

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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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 14 (vomiting = Yes) (diarrhea = No) with onset date 12/12/24 and resolved date of 12/15/24. Resident 15 (vomiting = Yes) (diarrhea = No) with onset date 12/12/24 and resolved date of 12/15/24. Resident 16 (vomiting = Yes) (diarrhea = No) with onset date 12/13/24 and resolved date of 12/14/24. Resident 17 (vomiting = No) (diarrhea = Yes) with onset date 12/09/24 and resolved date of 12/13/24. Resident 18 (vomiting = Yes) (diarrhea = No) with onset date 12/10/24 and resolved date of 12/12/24. Resident 19 (vomiting = Yes) (diarrhea = No) with onset date 12/07/24 and resolved date of 12/09/24. Resident 20 (vomiting = Yes) (diarrhea = No) with onset date 12/06/24 and resolved date of 12/7/24. Resident 21 (vomiting = Yes) (diarrhea = No) with onset date 12/05/24 and resolved date of 12/7/24. During a concurrent interview with the IP nurse and review of a facility provided document titled, Gastrointestinal illness/Norovirus Outbreak Line List for Healthcare Facilities-Staff, on 12/16/2024 at 5:11 PM. The List included seven (7) facility staff written on a pre-made template with the staff ' s Demographics, Location [date last worked/returned to work], Illness Descriptions [vomiting or diarrhea, onset dates, and date symptoms resolved]. The Line List for Staff indicated 4 staff had vomiting, watery diarrhea, with date of symptoms resolved. However, the rest of the 3 staff (CNAs 5 and 6 and LVN 3) on the list remained blank on their illness descriptions, date of onset and date symptoms resolved. The IP nurse stated the Line List included six CNAs (CNAs 1, 2, 3, 4, 5, 6) and one LVN (LVN 3) with date of GI illness onset as follows: -CNA 1 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -CNA 2 - Date of Illness onset (12/9/24); Date symptoms resolved (12/14/24) -CNA 3 - Date of Illness onset (12/14/24); Date symptoms resolved (12/15/24) -CNA 4 - Date of Illness onset (12/11/24); Date symptoms resolved (12/14/24) -CNA 5 - Date of Illness onset (blank) -CNA 6 - Date of Illness onset (blank) -LVN 3 - Date of Illness onset (blank) (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of an email communication forwarded by the IP nurse received by the facility from the local health officer with jurisdiction to the facility, the email response dated 12/16/24 timed at 10:51 PM, indicated Thank you for reaching out to us for support for your outbreak of diarrhea and vomiting at the facility. The email communication indicated a link to an educational material regarding norovirus and an instruction to collect information about staff and residents who are sick including name, date of birth, date of illness onset, and symptoms. The email communication further indicated Los Angeles Department of Public Health (LACDPH) will reach out to you in the morning to assist with the outbreak. Please also report this outbreak to the Health Facilities Inspection Division: http://publichealth.lacounty.gov/hfd/. The email communication indicated the IP nurse wrote that the facility ' IP nurse reported the facility ' s outbreak of diarrhea and vomiting to the local health department via a phone call at night (no time) before (12/16/2024). During a review of a letter issued by the local health officer to the facility titled, Gastrointestinal Outbreak Notification Letter, dated 12/17/2024, the Outbreak Notification Letter indicated Based on the preliminary investigation, we [local health department (LADPH)] are recommending the following actions: -Close the facility to new admissions and transfers . -Staff, including kitchen and/or housekeeping staff, and visitors who are showing any of the symptom described above should stay home until they are symptom free for at least 48 hours. -Maintain the same staff-to-resident assignments. -Thoroughly clean and disinfect surfaces immediately after an episode of illness such as vomiting and diarrhea, by using a bleach solution . -Enforce strict handwashing procedures for all residents/staff, especially washing hands with warm water and soap before meals and after visiting the toilet. -Discontinue all group activities, including group dining . -Collect stool specimens as instructed by the Public Health Nurse. -Notify Public Health immediately about newly symptomatic residents and/or staff. During a review of an updated resident ' s line list dated 12/18/24, titled Gastrointestinal illness/Norovirus Outbreak Line List for Healthcare Facilities-Patients/Residents, provided by the IP nurse on 12/18/24. The List included an updated/revised residents information affected by GI illness from 12/5/24 to 12/18/24. The List indicated six (6) more residents (Residents 1, 22, 23, 24, 25, and 26) were added to the Outbreak Line List for Healthcare Facilities-Patients/Residents. The List dated 12/18/24 included a total of 26 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ,11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26),when the Line List for residents were revised on 12/18/24. Residents 1, 22, 23, 24, 25, and 26 illness description indicated the following information: (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1 (vomiting=No) (diarrhea=Yes) with onset date of 12/16/24 and resolved date indicated blank. Resident 22 (vomiting=No) (diarrhea =Yes) with onset date of 12/17/24 and resolved date indicated blank. Resident 23 (vomiting = No) (diarrhea = Yes) with onset date 12/17/24 and resolved date indicated blank. Resident 24 (vomiting = No) (diarrhea = Yes) with onset date 12/18/24 and resolved date indicated blank. Resident 25 (vomiting = No) (diarrhea = Yes) with onset date 12/18/24 and resolved date indicated blank Resident 26 (vomiting = No) (diarrhea = Yes) with onset date 12/18/24 and resolved date indicated blank During a review of an updated staff line list dated 12/19/24, titled Gastrointestinal illness/Norovirus Outbreak Line List for Healthcare Facilities-Staff provided by the IP nurse and the DSD on 12/19/24 at 5:30 PM. The List included an updated/revised facility staff information affected by GI illness from 12/6/24 to 12/18/24. The List indicated six (6) more CNAs (CNAs 7, 8, 9, 10, 11, 12), two (2) more LVNs (LVNs 1 and 4), and one (1) ancillary staff (Ancillary Staff 1) were added to the Outbreak Line List for Healthcare Facilities-Staff. The List dated 12/19/24 included a total of 16 facility staff members when the Line List for staff were revised. The following staff information with date of illness onset and dates GI symptoms resolved indicated as follows: -CNA 1 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -CNA 2 - Date of Illness onset (12/9/24); Date symptoms resolved (12/14/24) -CNA 3 - Date of Illness onset (12/14/24); Date symptoms resolved (12/15/24) -CNA 4 - Date of Illness onset (12/11/24); Date symptoms resolved (12/14/24) -CNA 5 - Date of Illness onset (12/12/24); Date symptoms resolved (12/15/24) -CNA 6 - Date of Illness onset (12/13/24); Date symptoms resolve (blank) -CNA 7 - Date of Illness onset (12/6/24); Date symptoms resolved (12/7/24) -CNA 8 - Date of Illness onset (12/6/24); Date symptoms resolved (12/7/24) -CNA 9 - Date of Illness onset (12/9/24); Date symptoms resolved (12/10/24) -CNA 10 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -CNA 11 - Date of Illness onset (12/12/24); Date symptoms resolved (12/14/24) (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-CNA 12 - Date of Illness onset (12/17/24); Date symptoms resolved (blank) -LVN 1 - Date of Illness onset (12/18/24); Date symptoms resolved (blank) -LVN 3 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -LVN 4 - Date of Illness onset (12/11/24); Date symptoms resolved (12/14/24) -Ancillary Staff 1 - Date of Illness onset (12/18/24); Date symptoms resolved (blank) During an interview and record review on 12/19/24 at 4:50 PM with the ADM), the ADM stated he is responsible person to coordinate and conduct the facility ' s QAPI meeting. The ADM stated the facility ' s QAPI meetings were conducted monthly and ongoing to improve quality. The ADM stated each department head brings in the topic to be discussed during QAPI meeting. The ADM stated the last QAPI was conducted on 11/21/2024. The ADM stated the facility's QAPI commitee did not meet in December 2024 and the IP nurse did not bring up the topic of increasing numbers of residents and staff who have symptoms of nausea, vomiting and diarrhea to the QAPI commitee . The ADM stated QAPI meetings should had been conducted to find solutions to prevent outbreaks. During an interview on 12/19/2024 at 6:50 PM with the Director of Nursing (DON), the DON stated each department head brings the issue/topic that they want to discuss to the QAPI committee. The ADON stated for the last QAPI meeting conducted on 11/21/2024.There was no agenda presented by the ADM during the QAPI. During an interview and record review of the facility ' s QAPI dated 11/21/2024 with the ADM, on 12/19/24 at 6:58 PM, the ADM stated there was no agenda for QAPI conducted on 11/21/2024 since he relies on each department head such which included the IP nurse to bring the topics to be discussed during the meeting. (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Facility's policy titled, Quality Assurance and Performance Improvement (QAPI) Program revised February 2020, indicated, this facility shall develop, implement, and maintain an ongoing, facility-wide, data-driven QAPI Program that is focused on indicators of the outcomes of care and quality of life for our residents. The objectives of the QAPI Program are to: I. Provide a means to measure current and potential indicators for outcomes of care and quality of life. 2.Provide a means to establish and implement performance improvement projects to correct identified [NAME] tive or problematic indicators.3. Reinforce and build upon effective systems and processes related to the delivery of quality care and ser vices.4. Establish systems through which to monitor and evaluate corrective actions. The Administrator is responsible for assuring that this facility's QAPI Program complies with federal, state, and local regulatory agency requirements. The QAPI plan describes the process for identifying and correcting quality deficiencies. Key components of this process include: a. Tracking and measuring performance. Establishing goals and thresholds for performance measurement; c. Identifying and prioritizing quality deficiencies; d. Systematically analyzing underlying causes of systemic quality deficiencies; e. Developing and implementing corrective action or performance improvement activities; and. Monitoring or evaluating the effectiveness of corrective action/performance improvement activities and revising as needed. The QAPI Coordinator assists other committees, individuals, departments, and/or services in developing quality indicators, monitoring tools, assessment methodologies and documentation, and in making adjust ments to the plan. The QAPI Coordinator serves as a liaison between the QAPI Committee and individuals, services, and/or departments regarding QAPI activities.

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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 - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38740 42854 42878 During observations, interviews, and record reviews, the facility failed to implement an ongoing infection prevention and control program (IPCP) to prevent, control the onset and spread of gastrointestinal (GI, the organs of the body that play a part in food digestion) infection, for 26 of 106 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ,11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26),and 16 of 150 facility staff (CNAs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, LVNs 1, 3, 4, and Ancillary Staff 1, who presented with GI illness (conditions affecting the digestive system) from 12/5/2024 to 12/18/2024 (14 days) by failing to: 1. Implement preventative measures to address the outbreak (a greater number of disease cases than expected in a specific area or group of people over a given time) of GI illness among residents and staff in the facility that included but not limited to placing affected residents on transmission based precautions, prohibiting staff from working and not come back to work at the facility until symptom free for at least 48 hours, collect stool specimens of affected residents. 2. Ensure the facility placed 26 residents (Residents 1 to 26) on transmission-based precautions (precautions used to stop the spread of germs in a healthcare setting) when these residents had signs and symptoms of vomiting and diarrhea (loose, watery, stools [bowel movement]), from 12/5/24 to 12/18/24. 3. Ensure facility staff that included CNA 1 and CNA 2 who had active diarrhea and vomiting were prohibited from providing care to the residents to control further spread of infection and made aware of the current surveillance (the analysis of health information to look for problems that may be occurring in the workplace that require targeted prevention) of residents having GI illness. 4. Investigate an outbreak of GI illness (nausea, emesis and/or diarrhea) among residents and staff to address and identify both individual cases and trends (changes in direction) to provide appropriate preventative interventions. 5. Ensure the Infection Preventionist (IP) nurse started the facility's surveillance tracking tool to monitor residents and staff with GI illness after the occurrence of three or more cases of the same GI infection over a specified period of time and included accurate information, necessary to identify infections and trends among facility staff and residents, in accordance with the facility's policy and procedure (P&P) on Outbreaks of Communicable Diseases. 6. Notify the local health department between 12/5/24 to 12/15/24, of the possible outbreak of GI illness among residents and staff, after the occurrence of three or more residents with GI symptoms in accordance with the facility's P&P on Outbreak of Communicable Diseases. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	7. Ensure the facility staff follow hand hygiene procedures consistent with accepted standards of practice and infection control procedure which had the potential to cross contaminate the ice served for the residents and cause food borne illness in residents, staff and visitors who consume the ice in the facility, when: a. There was no properly installed handwashing sink near the Ice dispensing room, located in the facility's dirty utility room. b. One CNA did not wash hands after entering the utility room and before putting ice in the water pitcher that belongs to a resident. As a result of these deficient practices, the facility placed 26 residents (Residents 1 to 26) and 16 staff (CNAs, LVNs and Ancillary Staff) at risk for complications from vomiting and diarrhea included dehydration (a condition that occurs when the body loses more fluids than it takes in) that could lead to hospitalization , and possible death. The facility also placed 80 remaining residents and 134 remaining staff at risk for GI infection. Residents 1 and 25's Laboratory (Lab) Results Report for Norovirus 2 [a contagious virus that causes severe vomiting, diarrhea by Polymerase Chain Reaction (PCR, a test that checks for material in a specimen sample to diagnose certain infectious diseases)] came back positive for Norovirus 2 upon collection/testing on 12/18/24. On 12/17/2024 at 5:52 PM, while onsite at the facility, the California Department of Public Health (CDPH) identified an Immediate Jeopardy situation [IJ, a situation in which the provider's noncompliance (not following rules) with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident] regarding the facility's failure to implement an ongoing IPCP to prevent, recognize, and control the onset and spread of infection to the extent possible under 42 Code of Federal Regulation, S483.80 Infection Control. The surveyor notified the Administrator (ADM) and the Assistant Director of Nursing (ADON) of the IJ situation on 12/17/2024 at 5:52 AM, due to the facility's failure to implement an ongoing IPCP to prevent, recognize, control the onset and spread of GI infection. On 12/19/2024 at 5:56 PM, the ADM provided an acceptable IJ Removal Plan (a detailed plan to address the IJ findings). On 12/19/2024 at 6:32 PM, while onsite and after the surveyor verified/confirmed the facility's full implementation of the IJ Removal Plan through observation, interview, and record review, and determined the IJ situation was no longer present, the IJ was removed onsite, in the presence of the ADM and the Director of Nursing (DON). The IJ Removal Plan included the following information: 1. The facility initiated preventative measures to address an outbreak of GI illness among residents and staff in the facility. The following actions have been activated: A. Notification to the local health department that an outbreak investigation had been initiated on 12/16/2024. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	B. The facility's IP nurse completed and updated the cumulative (the total sum of data as it grows with time) line listing (table containing a list of people with a specific disease or exposures) of Residents with GI symptoms with onset dates (the day a sick person first had a symptom or condition) of 12/05/2024 through 12/19/2024, reporting 28 cases (1) case has been excluded by the Public Health officer due to having a community acquired origin, (17) resolved cases and (10) active. C. The facility will send the updated line listing/contract tracing to the local health department daily before the end of day from 12/05/2024 until further notice from the Public Health Department. 2. The facility has posted a Notice to all visitors of a declared outbreak for the investigation of GI related illness on all facility entrances on 12/17/2024. The notice informs all visitors, including all medical professionals and healthcare workers of the symptomatology that is present within the premises and provided educational precautions to help mitigate the spread of infection to oneself and others. The notice discouraged anyone who is exhibiting symptoms indicated within the notice to refrain from visiting unless symptoms resolve. A. All visitors are subject to registration before entering the premises. Reception personnel provided notification of the outbreak status notice are requesting visitors to complete a questionnaire screening to detect and defer only those with similar symptomatology. 3. The DON and the IP nurse completed an evaluation and assessment of 109 total residents on 12/17/2024 to ensure no other residents have been identified with GI symptoms outside of those indicated with the Infection control line listing provided to the local health department for infection surveillance. The resident assessments were documented and indicated in a log form. Isolations precautions (safety barriers put in place to create a barrier between people and germs) had been activated for all identified symptomatic cases. A. Symptomatic Residents identified had the following action plans initiated: -Change of condition (COC) completion. -Developed care plans specific to resident's symptoms (nausea/ vomiting and /or diarrhea). -Notification to each resident's attending physician. -Physicians orders obtained for laboratory testing. -Residents responsible agents have been contacted and informed of the Residents health condition. -Environmental cleaning and sanitation. B. Nursing personnel are conducting clinical assessments of all symptomatic Residents to manage symptoms and prevent fluid deficits and discomfort, including Medical Doctor (MD) reporting. The licensee had provided additional disinfectant products at the Nursing Stations, medication/treatment carts, as well as corridors to be used on high touch surfaces. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055523	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendale Post Acute Center	250 N. Verdugo Road Glendale, CA 91206

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	C. The contracted Registered Dietitian (RD) Resources made a service visit on 12/17/2024 to assess active cases and subsequent visit 12/19/2024 to monitor affected Residents as well as any new reported cases. The DON and the Dietary Services Supervisor (DSS) will report any new cases to the RD daily for follow-up. Nursing staff will continue to follow up with the RD's recommendations in collaboration with the facility's attending physician. D. Current symptomatic nursing employees had been removed from work schedules pending resolution of symptoms and deemed free of symptoms. E. An educational in-service training was initiated and completed by the Regional IP- Director of Staff Development (DSD 2) Resource with all Dietary on the following topics: Foodborne illness (any sickness caused by eating contaminated food or beverages), prevention of the spread of foodborne illness, handwashing, appropriate dress code to prevent unsanitary conditions. F. An all-staff educational in-service was initiated on 12/18/2024 for all Nursing and Non-Nursing personnel to address the following topics: Identification, prevention and management of GI related illness or symptom like conditions. The in-service stressed the urgency to have employees self-report illness and not report to duty when experiencing illness. The in-service stressed hand hygiene before and after deliver of care and services, disinfection of equipment before and after resident use. This educational in-service offered to approximately 150 active employees and will be ongoing to be completed by 12/20/2024. Any employees off schedules for vacation/leave will be in serviced by the DSD/IP prior to their return. 4. The Nursing Department will continue to complete shift huddle/handoff to identify any changes of condition related to GI symptoms. Such cases will be reported to the DON, the IP and Administration staff. These cases will be reviewed daily during clinical standup to determine reporting status with the assistance of Medical Records. 5. For the facility's Ice Process: The Dietary and Nursing personnel will complete handwashing hygiene with soap and water before handling ice. A. Nursing personnel will continue to maintain its ice source within the existing utility room and require employees to handwash with soap and water before handling ice. 6. Food service workers were in-serviced by the Regional IP-DSD Resource on 12/18/2024 with emphasis on the following topics: Foodborne illness and hand hygiene. 7. The food service workers were screened prior to commencement of duties to ensure they are free of gastrointestinal symptoms. 8. The IP nurse included Environmental services (a department within an organization that focuses on protecting the environment) personnel within the offered in-service on 12/18/2024 previously mentioned and have been directed by Administrator to increase disinfection of high touch surfaces throughout the facility and affected resident rooms and general common areas. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	9. Laundry personnel will continue to monitor linen handling, washing, and drying to ensure proper processing temperatures and sanitizing is maintained by the following measures implemented: -Separate soiled linen/clothing receptacles for active isolations rooms. -wash all affected linens/ clothing separately. -dry washed linens/ clothes on high heat. -clean and disinfect washer and dryer between use with unaffected linens/clothing. -laundry staff will wear appropriate PPE (gowns and gloves). -Avoid unnecessary agitation of affected linens/clothing. 10. The IP and the DON will continue to monitor the above measures in a collaboration with the local health department to mitigate (make something less severe, serious) additional spread of possible illness transmission until all cases have been resolved. 11. The facility regional consultant provided an in-service for the facility leaders (Admin, DON, ADON, IP nurse, DSD) on 12/19/2024 regarding reportable diseases and conditions with the emphasis on reporting occurrence of any unusual diseases. 12. The facility regional consultant provided a one-on-one in-service to the facility IP nurse on 12/18/2024 regarding proper identification of health illnesses that constitute a reportable condition, proper investigation and tracking of such conditions and the development and dissemination (distribution) of educational information to all relevant employee to mitigate (lighten/relieve) and control the spread of contagion (a disease spread by close contact). Findings: 1. During a review of Resident 1's Admission Record (AR), the AR indicated the facility admitted the resident on 1/26/2024, with a primary diagnosis of chronic pancreatitis [a progressive disorder associated with destruction of the pancreas (an organ in the abdomen that aids in digestion)], osteoarthritis (a joint disease that affects the joints causing pain). During a review of Resident 1's History and Physical Examination (H&P) dated 1/31/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 1's Change in Condition (COC, a medical document used to record any significant alterations in a patient's health status) Evaluation dated 12/16/2024 timed at 3:35 PM, the COC indicated Resident 1 noted (on 12/16/24) with loose bowel movement for two times. Medication (did not indicate the name of the medication) given/offered. The COC indicated MD 1 was made aware on 12/16/2024 at 3:00 PM. The COC indicated there were no new orders received. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During a review of Resident 1's untiled care plan, initiated on 12/16/2024, the care plan indicated Resident 1 has diarrhea. The care plan interventions included educate Resident 1 on the causes of diarrhea and steps to take in avoiding diarrhea and its complications, monitor intake, output (a medical procedure that measures the amount of fluids that enter and leave the body), and laboratory test as ordered by the physician, administer medications as ordered by the physician, report to the physician as needed for sign and symptoms of dehydration, dry skin, and mucous membranes (the moist, inner lining of some organs and body cavities), poor skin turgor (elasticity of the skin), weight loss, anorexia (a disorder characterized by restriction of food intake), malaise (a general feeling of being unwell or discomfort), hypotension (abnormally low blood pressure), increased heart rate, fever, abnormal electrolyte (are minerals in the blood and other body fluids that carry an electric charge and affect how the body functions) levels. During a review of Resident 1's Order Summary Report with active orders date of 12/17/2024, the Report indicated on 12/17/2024, MD 1 ordered for Resident 1 to be on Contact Isolation Precaution [Contact precautions are required when interacting with people known or suspected to have infections or diseases that can be transmitted through either direct or indirect contact with people, objects or environmental surfaces that have infectious matter on them. Contact precautions are used when Standard Precautions (the basic level of infection control that should be used in the care of all patients all of the time) might not be enough to stop the spread of infection and to prevent the spread of germs that are transmitted by touching a person or an object they have touched] at all times (due to diarrhea episodes). During a review of Resident 1's Laboratory (Lab) Results Report for Norovirus 2 [a contagious virus that causes severe vomiting, diarrhea by PCR with collection date of 12/18/24 and report date of 12/26/24, the Lab Report indicated Norovirus 2 was detected (found). 2. During a review of Resident 2's AR, the AR indicated the facility readmitted the resident on 12/12/2024, with a primary diagnosis of pressure ulcer (localized damage to the skin and/or underlying tissue that usually occurs over a bony prominence of sacral region (region located at the base of spine just above the buttocks), and Type 2 Diabetes mellitus (a condition that results from insufficient production of insulin, causing high blood sugar). During a review of Resident 2's untitled care plan initiated on 12/13/2024 with a revision date of 12/16/2024, the care plan indicated Resident 2 has Clostridium Difficile (C-Diff., a bacterium known for causing serous diarrheal infections) with active symptoms. The care plan interventions included for Resident 2 to receive diet as ordered by the physician, and Registered Dietician consult as needed. The interventions also included for staff to educate the residents, family members, visitors, and caregivers regarding C-Difficile and how C-Difficile spread, monitor the labs diagnostic testing as ordered by physician, and administer medications as ordered by the physician. During a review of Resident 2's COC Evaluation dated 12/14/2024 timed at 6:54 AM, the COC indicated Resident 2 was noted (on 12/14/24) with episodes of vomiting and diarrhea before shift change (time was not indicated). (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During a review of a facility document titled, Gastrointestinal illness/Norovirus (a highly contagious viral disease that causes vomiting, diarrhea and stomach pain) Outbreak Line List for Healthcare Facilities-Patient/Residents, dated 12/16/2024, provided by the facility's IP nurse on 12/16/2024 at 5:11 PM and a concurrent review of the resident's records, the List included the 20 residents (Residents 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21) with their corresponding illness descriptions that included symptoms such as vomiting or diarrhea and onset dates. During the concurrent resident's (Residents 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21) record reviews, the following Line List indicated 13 residents had vomiting, six residents had diarrhea, and one resident had vomiting and diarrhea. The Line List indicated 10 of the 20 residents had unresolved vomiting and diarrhea as indicated below: Resident 2 (vomiting=Yes) (diarrhea=Yes) with onset date of 12/14/24 and resolved date indicated blank. Resident 3 (vomiting=Yes) (diarrhea =No) with onset date of 12/12/24 and resolved date indicated blank. Resident 4 (vomiting = Yes) (diarrhea = No) with onset date 12/13/24 and resolved date indicated blank. Resident 5 (vomiting = No) (diarrhea = Yes) with onset date 12/13/24 and resolved date indicated blank. Resident 6 (vomiting = No) (diarrhea = Yes) with onset date 12/14/24 and resolved date indicated blank Resident 7 (vomiting = No) (diarrhea = Yes) with onset date 12/13/24 and resolved date indicated blank Resident 8 (vomiting = Yes) (diarrhea = No) with onset date 12/15/24 and resolved date indicated blank Resident 9 (vomiting = No) (diarrhea = Yes) with onset date 12/15/24 and resolved date indicated blank Resident 10 (vomiting = No) (diarrhea = Yes) with onset date 12/15/24 and resolved date indicated blank Resident 11 (vomiting = Yes) (diarrhea = No) with onset date 12/08/24 and resolved date indicated blank Resident 12 (vomiting = No) (diarrhea = Yes) with onset date of 12/8/24 and resolved date of 12/16/24. Resident 13 (vomiting = Yes) (diarrhea =No) with onset date of 12/12/24 and resolved date of 12/15/24. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident 14 (vomiting = Yes) (diarrhea = No) with onset date 12/12/24 and resolved date of 12/15/24. Resident 15 (vomiting = Yes) (diarrhea = No) with onset date 12/12/24 and resolved date of 12/15/24. Resident 16 (vomiting = Yes) (diarrhea = No) with onset date 12/13/24 and resolved date of 12/14/24. Resident 17 (vomiting = No) (diarrhea = Yes) with onset date 12/09/24 and resolved date of 12/13/24. Resident 18 (vomiting = Yes) (diarrhea = No) with onset date 12/10/24 and resolved date of 12/12/24. Resident 19 (vomiting = Yes) (diarrhea = No) with onset date 12/07/24 and resolved date of 12/09/24. Resident 20 (vomiting = Yes) (diarrhea = No) with onset date 12/06/24 and resolved date of 12/7/24. Resident 21 (vomiting = Yes) (diarrhea = No) with onset date 12/05/24 and resolved date of 12/7/24. During a concurrent interview with the IP nurse and review of a facility provided document titled, Gastrointestinal illness/Norovirus Outbreak Line List for Healthcare Facilities-Staff, on 12/16/2024 at 5:11 PM. The List included seven (7) facility staff written on a pre-made template with the staff's Demographics, Location [date last worked/returned to work], Illness Descriptions [vomiting or diarrhea, onset dates, and date symptoms resolved]. The Line List for Staff indicated 4 staff had vomiting, watery diarrhea, with date of symptoms resolved. However, the rest of the 3 staff (CNAs 5 and 6 and LVN 3) on the list remained blank on their illness descriptions, date of onset and date symptoms resolved. The IP nurse stated the Line List included six CNAs (CNAs 1, 2, 3, 4, 5, 6) and one LVN (LVN 3) with date of GI illness onset as follows: -CNA 1 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -CNA 2 - Date of Illness onset (12/9/24); Date symptoms resolved (12/14/24) -CNA 3 - Date of Illness onset (12/14/24); Date symptoms resolved (12/15/24) -CNA 4 - Date of Illness onset (12/11/24); Date symptoms resolved (12/14/24) -CNA 5 - Date of Illness onset (blank) -CNA 6 - Date of Illness onset (blank) -LVN 3 - Date of Illness onset (blank) (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During a review of an email communication forwarded by the IP nurse received by the facility from the local health officer with jurisdiction to the facility, the email response dated 12/16/24 timed at 10:51 PM, indicated Thank you for reaching out to us for support for your outbreak of diarrhea and vomiting at the facility. The email communication indicated a link to an educational material regarding norovirus and an instruction to collect information about staff and residents who are sick including name, date of birth, date of illness onset, and symptoms. The email communication further indicated Los Angeles Department of Public Health (LACDPH) will reach out to you in the morning to assist with the outbreak. Please also report this outbreak to the Health Facilities Inspection Division: http://publichealth.lacounty.gov/hfd/. The email communication indicated the IP nurse wrote that the facility' IP nurse reported the facility's outbreak of diarrhea and vomiting to the local health department via a phone call at night (no time) before (12/16/2024). During a review of a letter issued by the local health officer to the facility titled, Gastrointestinal Outbreak Notification Letter, dated 12/17/2024, the Outbreak Notification Letter indicated Based on the preliminary investigation, we [local health department (LADPH)] are recommending the following actions: -Close the facility to new admissions and transfers . -Staff, including kitchen and/or housekeeping staff, and visitors who are showing any of the symptom described above should stay home until they are symptom free for at least 48 hours. -Maintain the same staff-to-resident assignments. -Thoroughly clean and disinfect surfaces immediately after an episode of illness such as vomiting and diarrhea, by using a bleach solution . -Enforce strict handwashing procedures for all residents/staff, especially washing hands with warm water and soap before meals and after visiting the toilet. -Discontinue all group activities, including group dining . -Collect stool specimens as instructed by the Public Health Nurse. -Notify Public Health immediately about newly symptomatic residents and/or staff. During a review of an updated resident's line list dated 12/18/24, titled Gastrointestinal illness/Norovirus Outbreak Line List for Healthcare Facilities-Patients/Residents, provided by the IP nurse on 12/18/24. The List included an updated/revised residents information affected by GI illness from 12/5/24 to 12/18/24. The List indicated six (6) more residents (Residents 1, 22, 23, 24, 25, and 26) were added to the Outbreak Line List for Healthcare Facilities-Patients/Residents. The List dated 12/18/24 included a total of 26 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ,11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26), when the Line List for residents were revised on 12/18/24. Residents 1, 22, 23, 24, 25, and 26 illness description indicated the following information: Resident 1 (vomiting=No) (diarrhea=Yes) with onset date of 12/16/24 and resolved date indicated blank. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident 22 (vomiting=No) (diarrhea =Yes) with onset date of 12/17/24 and resolved date indicated blank. Resident 23 (vomiting = No) (diarrhea = Yes) with onset date 12/17/24 and resolved date indicated blank. Resident 24 (vomiting = No) (diarrhea = Yes) with onset date 12/18/24 and resolved date indicated blank. Resident 25 (vomiting = No) (diarrhea = Yes) with onset date 12/18/24 and resolved date indicated blank Resident 26 (vomiting = No) (diarrhea = Yes) with onset date 12/18/24 and resolved date indicated blank During a review of Resident 25's Norovirus Lab Results Report which was another resident added to the facility's most updated Resident Line listing dated 12/18/2024, Resident 26's Lab Results Report for Norovirus 2 by PCR with collection date of 12/18/24 and report date of 12/26/24, indicated Norovirus 2 was also detected (found) on Resident 25. During a review of an updated staff line list dated 12/19/24, titled Gastrointestinal illness/Norovirus Outbreak Line List for Healthcare Facilities-Staff provided by the IP nurse and the DSD on 12/19/24 at 5:30 PM. The List included an updated/revised facility staff information affected by GI illness from 12/6/24 to 12/18/24. The List indicated six (6) more CNAs (CNAs 7, 8, 9, 10, 11, 12), two (2) more LVNs (LVNs 1 and 4), and one (1) ancillary staff (Ancillary Staff 1) were added to the Outbreak Line List for Healthcare Facilities-Staff. The List dated 12/19/24 included a total of 16 facility staff members when the Line List for staff were revised. The following staff information with date of illness onset and dates GI symptoms resolved indicated as follows: -CNA 1 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -CNA 2 - Date of Illness onset (12/9/24); Date symptoms resolved (12/14/24) -CNA 3 - Date of Illness onset (12/14/24); Date symptoms resolved (12/15/24) -CNA 4 - Date of Illness onset (12/11/24); Date symptoms resolved (12/14/24) -CNA 5 - Date of Illness onset (12/12/24); Date symptoms resolved (12/15/24) -CNA 6 - Date of Illness onset (12/13/24); Date symptoms resolve (blank) -CNA 7 - Date of Illness onset (12/6/24); Date symptoms resolved (12/7/24) -CNA 8 - Date of Illness onset (12/6/24); Date symptoms resolved (12/7/24) -CNA 9 - Date of Illness onset (12/9/24); Date symptoms resolved (12/10/24) -CNA 10 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-CNA 11 - Date of Illness onset (12/12/24); Date symptoms resolved (12/14/24) -CNA 12 - Date of Illness onset (12/17/24); Date symptoms resolved (blank) -LVN 1 - Date of Illness onset (12/18/24); Date symptoms resolved (blank) -LVN 3 - Date of Illness onset (12/11/24); Date symptoms resolved (12/13/24) -LVN 4 - Date of Illness onset (12/11/24); Date symptoms resolved (12/14/24) -Ancillary Staff 1 - Date of Illness onset (12/18/24); Date symptoms resolved (blank) During an interview on 12/16/2024 at 12:04 PM, with the ADM, the ADM stated he was aware the facility had a few residents who presented with GI symptoms/illness, but the residents were random. The ADM stated random means the residents presenting with GI illness was not like a mass issue coming through the building and that there was nothing indicative of a larger problem. The ADM stated that things like this usually happen to some residents this time of the year (winter season) because of a cold or something like that. The ADM stated he checked the local health department's Reportable Diseases and Conditions printout list and Norovirus disease was not included in the reportable conditions that is why the facility did not notify the local health department. During an interview on 12/16/2024 at 12:25 PM, with the IP nurse, the IP nurse stated the facility had a total of seven (7) residents (Residents 11, 12, 17, 18, 19, 20, 21) sick within a week (from 12/05/24 to 12/11/24) from having GI symptoms/illness, but no residents were put on contact isolation or transmission-based precautions due to their GI symptoms/illness. The IP nurse stated only one resident (Resident 12) whose test result came back positive for C-Diff. was put on contact isolation but had been discontinued earlier today (12/16/24) due to the resident had a formed stool. The IP nurse stated he (IP nurse) suspected the residents with GI symptoms in the facility might have Norovirus based on the residents and staff' GI symptoms but there was no residents or staff had been tested for Norovirus as of today (12/16/24). During an interview on 12/16/24 at 1:45 PM, with Certified Nursing Assistant (CNA 2), CNA 2 stated she worked on 12/08/2024 (7 AM to 3 PM) and in the morning of 12/09/24. CNA 2 stated she developed strong, sharp stomach aches that were on and off prior to coming to the facility on [DATE]. CNA 2 stated she came to work on 12/09/2024 and informed the Registered Nurse Supervisor (RNS) and the DSD in the morning (unable to recall the time) on 12/9/24 that she (CNA 2) was not feeling well and had strong, sharp stomach aches. CNA 2 stated she was instructed by the DSD on 12/9/2024, to let her know how she was feeling throughout the day and continued working, however, CNA 2 stated her stomach pain became so severe throughout the morning of 12/9/2024 and she started to have diarrhea. CNA 2 stated she had to ask the DSD and the RNS if she can go home early on 12/9/2024. CNA 2 stated she left the facility some time before noon (on 12/9/24). (continued on next page)

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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 - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 12/16/2024 at 2:06 PM with CNA 1, CNA 1 stated she began having GI symptoms (vomiting and stomach pain) on 12/10/2024 during the morning shift (7 AM to 3 PM). CNA 1 stated prior to 12/10/2024, she had worked in the facility from 12/4/2024 to 12/7/2024 and was not made aware or informed by the IP nurse or the DSD that there were residents with GI in the facility or to self-monitor for GI symptoms. CNA 1 stated she continued to work in the facility on 12/11/2024 during the morning shift while having nausea and diarrhea. CNA 1 stated she informed the RNS and the DSD that she had had vomiting on 12/11/2024 but still worked through the end of her shift. CNA 1 stated that on 12/11/2024, after completing her shift on 12/11/2024 she had to call off from work the next day because her GI symptoms got worst. CNA 1 stated upon her return to work on 12/13/2024, she was given an in-service by the IP nurse and the DSD about handwashing and disinfecting because a lot of facility staff were sick, but she was not interviewed regarding who were the residents she had cared for or when her GI symptoms started. During an observation of Residents 1, 11 and 12's rooms on 12/16/2024 between the hours of 3:00 PM to 4 PM, Residents 1, 11 and 12's rooms were not placed on transmission-based precautions. There was no signage outside nor inside of these resident's rooms to notify staff and visitors of these residents' isolation precautions for their GI sympto [TRUNCATED]