

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Artesia Christian Home Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 11614 E. 183rd St Artesia, CA 90701	

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>(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 - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure they reported a suspected scabies (a contagious skin condition caused by tiny insects called microscopic mites which infest and irritate the skin causing intense itching, red patches and inflammation outbreak (two or more clinically suspect or confirmed cases identified in patients/residents, healthcare workers, volunteers and/ or visitors) to the California Department of Public Health (CDPH) for three of fourteen sampled residents (Resident 1, Resident 2 and Resident 3). This deficient practice resulted in CDPH being unaware that a possible scabies outbreak existed and a delay in their investigation, placing placed residents, staff and visitors at risk of acquiring and spreading scabies. Findings: During a review of Resident 1's admission Record (Face Sheet) the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] with a diagnosis of an anxiety disorder (mental health condition characterized by excessive worrying). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 10/16/2025, the MDS indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding ability) was severely impaired and Resident 1 was dependent (helper does all) on staff for hygiene, and to shower/bath. During a review of Resident 1's Order History (Physician's Orders) dated 8/14/2025 the Physician's Orders indicated to apply Permethrin 5% cream (a topical cream used to treat an infestation like scabies) to Resident 1's neck down to the sole of his feet times 1, shower in eight to 14 hours, then repeat in one week for prophylaxis (action taken to prevent disease). During a review of Resident 2's admission Record (Face Sheet) the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with a diagnosis of an anxiety disorder. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognition was severely impaired, and she was dependent on staff to shower/bathe. During a review of Resident 2's Physicians Order Report dated 10/22/2025, the Physician's Orders indicated to apply Permethrin 5% cream to Resident 2, from the neck down to the toes, leave it on for eight to 12 hours then rinse or give a shower in the a.m. Apply second dose due to suspicious rashes. Give Ivermectin (oral medication used to treat scabies) 3 milligrams ([mg] a metric unit of measurement, used for medication dosage and/or amount) 4 tablets to equal 12 mg then repeat in two weeks for suspicious scabies. During a review of Resident 3's admission Record (Face Sheet) the Face Sheet indicated Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of an anxiety disorder. During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 1 was dependent on staff to shower/bathe. During a review of Resident 3's Physician's Order dated 10/20/2025 the Physician's Order indicated to give Resident 3 Ivermectin 3 mg, 4 tablets to equal 12 mg once a day on Sunday at 9 a.m., for scattered rashes and repeat in two weeks for suspected scabies. During an interview on 10/28/2025 at 1:08 p.m., the Infection Prevention Nurse (IPN) stated she was not aware that she had to report a suspected scabies outbreak to (CDPH). During an interview on 10/28/2025 at 1:45 p.m., the Director of Nursing (DON) stated the IP nurse reported to the DON that the PHN told her she would call CDPH, that was why she did not report the suspected scabies outbreak to CDPH. During a review of the facilities' undated Policies and Procedure (P&P) titled Unusual Occurrence Reporting the P&P indicated the facility would report the following events to the appropriate agency: An outbreak of any communicable disease: Other occurrences that interfere with the facility operations and affect the welfare, safety or health of residents, employees or visitors. Unusual occurrences shall be reported via telephone to the appropriate agency as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations.</p>		