

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2025
NAME OF PROVIDER OR SUPPLIER Buena Park Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8520 Western Avenue Buena Park, CA 90620	

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 observation, interview, and facility P&P review, the facility failed to implement effective infection control practices designed to prevent the development and transmission of diseases and infections for seven non-sampled residents (Residents A, B, C, D, E, F, and G) observed for infection control practices.*The facility failed to ensure appropriate enhanced barrier precaution (EBP) signs were posted for Residents A, B, C, D, E, F, and G. In addition, the facility failed to properly train staff to identify the appropriate PPE to don when caring for residents on EBP isolation. These failures posed the risk of not controlling the transmission of infection to the other residents throughout the facility. Findings: Review of the facility's P&P titled Infection Control Program System revised 1/2023 showed the following: -The facility has an established infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Review of the facility's P&P titled Enhanced Standard Precautions revised 5/2024 showed the following: -Enhanced Barrier Precautions (EBP) is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of S. Aureus and MDROs 1. Medical record review for Resident A was initiated on 10/3/25. Resident A was readmitted to the facility on [DATE]. Review of Resident A's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 7/31/25, for Enhanced Barrier Precautions for Colonized CRE every shift 2. Medical record review for Resident B was initiated on 10/3/25. Resident B was readmitted to the facility on [DATE]. Review of Resident B's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 11/7/24, for Enhanced Barrier Precautions for colonized C auris every shift 3. Medical record review for Resident C was initiated on 10/3/25. Resident C was readmitted to the facility on [DATE]. Review of Resident C's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 1/21/25, for Enhanced Barrier Precautions for colonized C auris every shift 4. Medical record review for Resident D was initiated on 10/3/25. Resident D was readmitted to the facility on [DATE]. Review of Resident D's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 1/13/25, for Enhanced Barrier Precautions for colonized CRAB every shift 5. Medical record review for Resident E was initiated on 10/3/25. Resident E was readmitted to the facility on [DATE]. Review of Resident E's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 1/13/25, for Enhanced Barrier Precautions for colonized C auris every shift 6. Medical record review for Resident F was initiated on 10/3/25. Resident F was admitted to the facility on [DATE]. Review of Resident F's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 7/8/25, for Enhanced Barrier Precautions for colonized C auris, presence of dialysis 7. Medical record review for Resident G was initiated on 10/3/25 at 1352 hours. Resident G was readmitted to the facility on [DATE]. Review of Resident G's Order Summary Report dated 10/3/25, showed the following physician's order: -dated 2/14/25, for Enhanced Barrier Precautions for colonized CRE every shift a. On 10/3/25 at 0810 hours, Resident A's room was observed with an EBP sign posted showing Resident A was on isolation precautions. The EBP sign showed the following: - Everyone is to perform hand hygiene before entering and when leaving the room. - Providers and staff are to wear gloves and a gown for high-contact resident care activities such as dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy), or wound care (any skin opening requiring a dressing). Additionally, Room A had a second red colored isolation sign posted showing Resident A was on EBP isolation. The RED sign showed the following: - Staff are to wash hands before and after resident care, wear gloves, wear a gown, and an N-95 mask. b. On 10/3/25 at 0812 hours, Room B was observed with an EBP sign posted showing Residents B, C, E, and F), were on isolation precautions. The EBP sign showed the following: - Everyone is to perform hand hygiene before entering and when leaving the room. - Providers and staff are to wear gloves and a gown for high-contact resident care activities such as dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy), or wound care (any skin opening requiring a dressing). Additionally, Room B had a second pink colored isolation sign posted showing Residents B, C, E, and F), were on EBP isolation. The pink colored sign showed the following: - Staff are to wash hands before and after resident care, wear gloves, wear a gown, and wear mask (when likely to get splashed) c. On 10/3/25 at 0830 hours, Room C was</p>		