

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Arrowhead Springs Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1335 N. Waterman Avenue San Bernardino, CA 92404	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40171</p> <p>Based on observation, interview, and record review, the facility failed to implement their infection prevention and control program when Resident 1, on enhanced barrier precautions (EBP - an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of multidrug resistant organisms [MDRO - bacteria that have become resistant to certain antibiotics]), did not have identifiable enhanced barrier precautions signage outside the resident 's room in accordance with the facilities policy and procedure and Centers for Disease Control and Prevention (CDC) guidance.</p> <p>This failure had the potential for staff to not identify that Resident 1 was on enhanced barrier precautions and required the use of a gown and gloves during high-contact resident care activities which increased Resident 1 's risk of either acquisition of or transmission of MDRO ' s.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record (contains medical and demographic information) indicated Resident 1 was admitted on [DATE], with diagnoses which included end-stage renal disease (the last stage of kidney failure), dependence on renal dialysis (renal dialysis - a type of treatment that helps your body remove extra fluid and waste products rom your blood when the kidneys are not able to), and anemia (a deficiency of red blood cells).</p> <p>During a review of Resident 1 ' s nurses progress notes, a note dated April 16, 2024, indicated, To reduce the spread of MDRO in LTC facilities per CDC guidelines, Resident has been placed on IC: Transmission Based Precautions - Enhanced Barrier Precautions D/T [due to] ESRD [end-stage renal disease] with HD [hemodialysis]. Primary MD [medical doctor] agrees with recommendation, resident made aware and verbalized understanding .</p> <p>During an observation on May 24, 2024, at 12:52 PM, at Resident 1 ' s room, the resident ' s name was posted adjacent to the door and had an orange dot next to it. There was no signage on the door or area around the doorway indicating the resident was on Enhanced Barrier Precautions. Additionally, there was no Personal Protection Equipment (PPE - refers to protective clothing or other equipment worn to prevent exposure or spread of infection or illness.) available outside Resident 1 ' s doorway or in the immediate vicinity.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055708
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Arrowhead Springs Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1335 N. Waterman Avenue San Bernardino, CA 92404	
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 an interview on May 24, 2024, at 12:58 PM, with CNA 1, CNA 1 stated to determine if a resident was on enhanced barrier precautions, she looks for the Enhanced Barrier Precautions, sign posted at the entrance of the resident ' s room, or a PPE cart outside the resident ' s doorway. When asked what it meant if a resident had a round orange sticker next to their name, CNA 1 stated she thought it meant the resident had hepatitis but stated she was unsure.</p> <p>During an interview on May 24, 2024, at 1:10 PM, with the Director of Staff Development (DSD), the DSD stated all residents who were on enhanced barrier precautions were supposed to have an Enhanced Barrier Precautions sign posted at the entrance of the resident ' s room and an orange sticker next to the resident ' s name.</p> <p>During a concurrent observation and interview on May 24, 2024, at 1:16 PM, outside Resident 1 ' s room, with the Infection Preventionist (IP), the IP stated the facility identified which residents were on enhanced barrier precautions because they were all supposed to have an Enhanced Barrier Precautions sign outside the resident ' s doorway. The IP further they would place an orange dot sticker next to the resident ' s name. The IP observed Resident 1 ' s room and stated the resident was on enhanced barrier precautions and was supposed to have an Enhanced Barrier Precautions sign posted at the entryway of the residents room but did not. The IP stated she thought when the resident left the facility a few days ago, the sign was removed and never put back up once the resident returned to the facility.</p> <p>During a concurrent observation and interview on May 24, 2024, at 1:25 PM, in Resident 1 ' s room, Resident 1 stated she recieved dialysis through her central venous catheter (a flexible catheter that is threaded through your skin into a central vein). Resident 1 pointed to her right upper chest area to show where her central line was located.</p> <p>During a follow up interview on May 24, 2024, at 1:42 PM, with the IP, the IP stated the facility follows guidance provided by the Centers for Disease Control and Prevention (CDC) regarding infection control and transmission-based precautions.</p> <p>During a concurrent interview and record review on May 28, 2024, at 1:36 PM, with the IP, the facility ' s policy and procedure titled, IPCP Standard and Transmission-based precautions, revised March 2024, was reviewed. The Policy indicated, It is the policy of this facility to implement infection control measures to prevent the spread of communicable diseases and conditions 3. Enhanced Barrier Protection (EBP): used in conjunction with standard precautions and expand the use of PPE through the use of gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of MDROs to staff hands and clothing then indirectly transferred to residents or from resident-to-resident. (e.g., residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs) .6. Implementation: a. The facility will implement a system to alert staff, residents, and visitors that a resident is on TBP. i. Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE (e.g., gown and gloves) ii. For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves . b. Make PPE, including gowns and gloves, available immediately outside of the resident room . The IP acknowledged the facility did not follow the policy and procedure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Arrowhead Springs Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1335 N. Waterman Avenue San Bernardino, CA 92404	
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 review of the Centers for Disease Control and Prevention (CDC) guidance titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated April 2, 2024, the guidance indicated, .This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of MDROs, including as part of a public health response .Implementation -When implementing Contact Precautions or Enhanced Barrier Precautions, it is critical to ensure that staff have awareness of the facility ' s expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies,. To accomplish this: -Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g. gown and gloves). For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use o gown and gloves. -Make PPE, including gowns and gloves, available immediately outside of the resident room .</p>		