

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	

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 0558</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on observation and interview, the facility failed to ensure the accommodation of needs was met for one of 12 sampled resident (Resident 12).</p> <p>* The call light was not answered promptly for Residents 12. This failure had the potential for the resident not getting the needs met timely.</p> <p>Findings:</p> <p>Medical Record review for Resident 12 was initiated on 10/10/24. Resident 12 was admitted to the facility on [DATE].</p> <p>Review of Resident 12's Quarterly Assessment MDS dated [DATE], showed Section B, the resident was able to make needs known, understood, and understand. Section C showed BIMS score of 15 (intact cognition). Section GG showed one side limitation in the range of motion of both upper and lower extremities.</p> <p>On 10/10/24 at 1403 hours, the call light outside Room C was observed blinking from the hallway of Nursing Station A. The door of Room C was closed.</p> <p>On 10/10/24 at 1414 hours, RN 1 was observed walking in the hallway and passing Room C twice. The RN did not respond to the call light.</p> <p>On 10/10/24 at 1415 hours, an interview was conducted was conducted with RN 1. RN 1 verified he passed through Room C twice and did not respond to the call light. RN 1 stated he was going to another station.</p> <p>On 10/10/24 at 1416 hours, the Activity Director was observed to go inside Room C and answered the call light. There were three residents in the room.</p> <p>On 10/10/24 at 1428 hours, an interview with the Activity Director was conducted. The Activity Director stated Resident 12 put the call light on because the resident needed assistance to mark her clothes.</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: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on interview and medical record review, the facility failed to provide the necessary care and services to ensure one of 12 sampled residents (Resident 8) attained and maintained the highest practicable physical well-being. This failure posed the risk for delayed care and intervention to Resident 8.</p> <p>Findings:</p> <p>Closed medical record review for Resident 8 was initiated on 10/10/24. Resident 8 was admitted to the facility on [DATE], and readmitted on [DATE]. Resident 8 was transferred to the acute care hospital on 9/29/24.</p> <p>Review of Resident's Change in Condition Evaluation dated 9/27/24 at 2116 hours, showed at 1630 hours, a family member approached LVN 7 to check on Resident 8 because Resident 8's family member observed the resident with productive cough and appeared to be slightly weak.</p> <p>Review of Resident 8's E-interact SBAR Summary for Providers dated 9/28/24, showed a CNA had reported the resident ate 0-25% of breakfast; and the family member reported the resident had been eating little for three days.</p> <p>Review of Resident 8's MAR for September 2024 showed Resident 8 refused the following medications:</p> <ul style="list-style-type: none"> - on 9/28/24 at 1600 hours, acetylcysteine solution (a medication used to loosen and thin mucus in the lungs) 20% via mask. - on 9/28/24 at 1600 hours, Baclofen (a medication used as skeletal muscle relaxant) 5 mg tablet by mouth. - on 9/28/24 at 1600 hours, ipratropium bromide inhalation solution (a medication used to treat air flow blockage and prevent the worsening of chronic obstructive pulmonary disease) 0.02% 2.5. ml inhale by mouth. - on 9/28/24 at 1700 hours, Marinol (a medication used to treat loss of appetite and weight loss) 5 mg capsule by mouth. - on 9/28/24 at 1700 hours, Senna (a medication used on a short-term basis to treat constipation) 8.6 mg two tablets by mouth. - on 9/28/24 at 1700 hours, rivaroxaban (a medication used to treat and prevent deep venous thrombosis (DVT, a condition in which harmful blood clots form in the blood vessels of the legs) 10 mg tablet by mouth. <p>Review of Resident 8's Oxygen Saturation Summary completed by the CNA showed 81% on 9/29/24 at 0024 hours (normal range: 95% and 100%).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident 8's medical record failed to show a care plan was initiated for the change in condition with productive cough and slightly weak on 9/27 and poor meal intake on 9/28/24. There was no documented evidence the resident was monitored every shift since the change in condition on 9/27/24 at 2116 hours. There was no documented evidence the CNA informed the charge nurse of the oxygen saturation level of 81%.</p> <p>Review of Resident 8's Nurse's Notes dated 9/29/24 at 0240 hours, showed the charge nurse noted the resident was unresponsive, desaturating (decreasing oxygen saturation) and with abnormal vital signs. 911 was called and the physician and family member were notified.</p> <p>On 10/11/24 at 0753 hours, an interview, and a concurrent record review with LVN 8 was conducted. LVN 8 verified Resident 8's oxygen saturation level on 9/29/24 at 0024 hours, showed 81%. LVN 8 stated CNA 3 did not inform her of the resident's oxygen saturation level of 81%. LVN 8 further stated she was not able to follow up with the CNA for the resident's oxygen saturation level results.</p> <p>On 10/11/24 at 1050 hours, an interview with CNA 3 was conducted. CNA 3 confirmed she took Resident 8's oxygen saturation level at 81% on 9/29/24 at 0024 hours. CNA 3 stated she did not notify the charge nurse of the resident's oxygen saturation level because she did not think it was abnormal.</p> <p>On 10/11/24 at 1115 hours, an interview with the DON was conducted. The DON stated she expected the nurses to monitor and document the resident's change of condition every shift for at least for 72 hours. The DON was made aware of the above findings</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the necessary care and services were provided to prevent the development of new pressure injury (areas of damaged skin caused by staying in one position for a long time which reduces blood flow to the area and causes the skin to die and develop a sore) and promote healing of existing pressure ulcer for two of three sampled residents (Residents 8 and 11) reviewed for pressure injury.</p> <p>* The facility failed to ensure Resident 8 was turned and repositioned at least every two hours as per the plan of care.</p> <p>* The facility failed to ensure Resident 11's pressure ulcer was assessed weekly.</p> <p>These failures posed Residents 8 and 11 at risk for developing new pressure ulcers and worsening of the existing pressure ulcer.</p> <p>Findings:</p> <p>1. Review of the facility's P&P titled Turning and Repositioning Schedule revised December 2023 showed it is the policy of the facility to ensure the safety and comfort of the residents through regular turning and repositioning to prevent pressure ulcer and promote skin integrity. The P&P showed the following:</p> <p>* Turning schedule</p> <p>High risk residents should be turned every 1-2 hours.</p> <ul style="list-style-type: none"> - 12 am/pm - Back - 2 am/pm - Door - 4 am/pm - Window - 6 am/pm - Back - 8 am/pm - Door - 10 am/pm - Window <p>Medical record review for Resident 8 was initiated on 10/10/24. Resident 8 was admitted to the facility on [DATE].</p> <p>Review of Resident 8's MDS 5 Day assessment dated [DATE], showed Section GG for the functional status showing Resident 8 required partial or moderate assistance in rolling left and right on the bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/24 at 0926 hours, Resident 8 was observed lying on her right side turned facing the window.</p> <p>On 10/15/24 at 1130 hours, Resident 8 was observed lying on her right side turned facing the window.</p> <p>On 10/15/24 at 1452 hours, Resident 8 was observed lying on her right side turned facing the window.</p> <p>On 10/15/24 at 1454 hours, an interview was conducted with CNA 2. CNA 2 verified resident was turned on right side. CNA 2 stated he would turn the resident now.</p> <p>On 10/16/24 at 1630 hours, an interview was conducted with the DON. The DON stated the residents with pressure injury should be repositioned every two hours following the facility's schedule.</p> <p>2. Medical record review for Resident 11 was initiated on 10/15/24. Resident 11 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident's 11 Comprehensive Skin Evaluation/assessment dated [DATE], showed Resident 11 was a new admit with a Stage 2 pressure ulcer at the coccyx, measuring 2 cm x 2 cm; and a Stage 3 pressure ulcer at the left buttock, measuring 5 cm and 3.5 cm.</p> <p>Review of Resident 11's plan of care failed to show a care plan was developed to address the management of the resident's pressure ulcer to the coccyx and left buttocks.</p> <p>Further review of Resident 11's Skin and Wound Evaluations failed to show an assessment was made after 9/19/24, until 10/11/24.</p> <p>Review of Resident 11's Skin and Wound Evaluation dated 10/11/24, showed the resident's coccyx pressure ulcer was evaluated as follows: unable to determine stage, measuring 5.5 cm x 3.5 cm x 1 cm (depth), with 95% slough and 5% granulation with scant serosanguineous drainage.</p> <p>On 10/16/24 at 1507 hours, an interview and concurrent medical record review with LVN 9 was conducted. LVN 9 verified Resident 11's pressure ulcer on the coccyx was a Stage 2 when resident was admitted . Currently, the resident's coccyx pressure ulcer stage was unable to determine. LVN 9 confirmed the pressure ulcer on the coccyx area was not assessed since readmission until 10/11/24.</p> <p>On 10/16/24 at 1632 hours, an interview, and a concurrent record review was conducted with the DON. The DON verified the care plan was not developed and stated she expected weekly assessment of the wound should have been completed to assess the resident's wound for proper intervention.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on interview and medical record review, the facility failed to ensure the medical record was complete and accurate related to oxygen saturation level, oxygen administration, and POLST for one of 12 sampled residents (Resident 8). This failure had the potential to negatively impact the delivery of services as the medical information was inaccurate.</p> <p>Findings:</p> <p>Closed medical record review for Resident 8 was initiated on 10/10/24. Resident 8 was admitted to the facility on [DATE], and readmitted on [DATE]. Resident 8 was transferred to an acute care hospital on 9/29/24.</p> <p>1. Review of Resident 8's MAR (Medication Administration Record) for September 2024 showed to check the resident's oxygen saturation each shift. On 9/28/24 during the evening shift, the documented oxygen saturation level was 76%.</p> <p>On 10/11/24 at 1515 hours, an interview and concurrent medical record review was conducted with LVN 6. LVN 6 stated the CNA took the resident's oxygen saturation at around 1700 hours on 9/28/24. The LVN further stated the CNA should have documented 96%.</p> <p>On 10/11/24 at 1527 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings.</p> <p>2. Review of Resident 8's Interact SNF/NF to Hospital Transfer Form dated 9/29/24 completed at 0320 hours, showed the resident was provided with oxygen at 4 LPM.</p> <p>Review of Resident 8's Nurse's Note late entry for 9/29/24 0230 hours, created 10/10/24 at 1844 hours, showed the resident was provided with supplemental oxygen via nonrebreather mask with high flow oxygen at 15 LPM.</p> <p>Review of Resident 8's Order Summary as of 9/29/24, showed an order dated 6/13/24, for oxygen at 2 LPM via nasal cannula continuous per concentrator or tank.</p> <p>Review of Resident 8's order summary failed to show a physician's order to administer oxygen at 4 LPM or oxygen at 15 LPM via non-rebreather mask.</p> <p>On 10/10/24 at 1413 hours, an interview and concurrent closed medical record review was conducted with LVN 7. LVN 7 verified the Interact SNF/NF to Hospital Transfer Form dated 9/29/24 completed at 0320 hours, showed the resident was provided with oxygen at 4 LPM.</p> <p>On 10/10/24 at 1610 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON verified Resident 8 was given oxygen at 4 LPM as documented in Interact SNF/NF to Hospital Transfer Form dated 9/29/24 completed at 0320 hours.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 10/11/24 at 1008 hours, an interview with RN 3 was conducted. RN 3 verified she documented oxygen at 4 LPM in the Interact SNF/NF to Hospital Transfer Form on 9/29/24 completed at 0320 hours. RN 3 stated Resident 8 was given high flow supplemental oxygen at 15 LPM via non rebreathing mask on 9/29/24, as documented in her notes for late entry on 9/29/24 at 0230 hours. RN 3 stated she created the late entry on 10/10/24 at 1844 hours.</p> <p>3. Review of Resident 8's POLST dated 6/14/24, showed the Section D advance directive available and reviewed was marked. The POLST form failed to show a signature of the resident or legally recognized decision maker, however, showed the verbal consent was obtained from a family member and was signed by two licensed nurses on the left side margin of the form.</p> <p>Review of the resident's POLST dated 10/6/23, showed it was marked on Section D for no advance directives.</p> <p>Review of Resident 8's medical record failed to show for an advance directive.</p> <p>On 10/10/24 at 1443 hours, an interview and concurrent closed record review was conducted with LVN 7. LVN 7 verified there was no advanced directives in the electronic medical record of Resident 8.</p> <p>On 10/11/24 at 1115 hours, an interview and concurrent record review was conducted with the Medical Records Director. The Medical Records Director verified Resident 8's electronic and paper medical record fail to show advance directive.</p> <p>On 10/15/24 0830 hours, an interview and a concurrent record review was conducted with the Social Worker. The Social Worker stated the POLST completed on 10/6/23, should have been brought forward instead creating a new POLST when the resident was readmitted on [DATE].</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	

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** 48853</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to establish and maintain the infection control program and practices designed to help prevent the development and transmission of diseases and infections as evidenced by:</p> <p>* The facility failed to ensure the EBPs (Enhanced Barrier Precautions) were followed for Resident 9 when the staff did not wear a disposable gown before providing care to the resident.</p> <p>* The facility failed to ensure the hand hygiene was performed after using the gloves in between the dressing change.</p> <p>These failures had the potential for spread of infections in the facility.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Enhanced Barrier Precautions (EBP) revised august 2022 showed Enhanced Barrier Precautions are utilized to utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities.</p> <p>Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include:</p> <ul style="list-style-type: none"> a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and h. wound care (any skin opening requiring a dressing). <p>Medical record review for Resident 9 was initiated on 10/10/24. Resident 9 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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>On 10/10/24 at 1419 hours, an enhanced barrier precautions sign was observed posted outside Resident 9's room door alerting anyone entering the room to perform hand hygiene and don the gowns and gloves participating in any of the six moments of care:</p> <ul style="list-style-type: none"> - Morning and evening care, - Toileting and changing of incontinent briefs - Caring of devices and giving medical treatments - Cleaning and disinfecting the environment - Wound care - Mobility assistance and preparing to leave the room <p>On 10/11/24 at 1128 hours, LVN 4 was observed with the wound consultant from the door of Resident 9's room performing wound treatment to Resident 9.</p> <p>On 10/11/24 at 1130 hours, an interview was conducted with LVN 4. LVN 4 verified she just completed wound care to Resident 9. LVN 4 verified the resident had an EBP sign posted by the resident's wall by the head of the resident's bed. LVN 4 verified Resident 9 was on EBP and she and the wound consultant did not wear gown for the appropriate PPE.</p> <p>On 10/11/24 at 1234 hours, an interview was conducted with the IP. The IP verified Resident 9 was on EBP. The IP was made aware of the findings.</p> <p>On 10/16/24 at 0855 hours, a wound treatment observation with LVN 5 and CNA 2 was conducted for Resident 9's sacrum (the large, triangle-shaped bone in the lower spine that forms part of the pelvis). Resident 9 was on EBP. CNA 2 was at bedside turned the resident without a gown. LVN 5 was observed removing Resident 9's wound dressing without wearing a gown.</p> <p>On 10/16/24 at 0856 hours, an interview was conducted with LVN 5. LVN 5 was asked if she was aware of Resident 9 on EBP. LVN 5 then stopped the wound care and washed hands and wear appropriate PPE with a gown. LVN 5 asked the CNA to wear a gown.</p> <p>On 10/16/24 at 0905 hours, the wound care observation was continued for Resident 9's sacrum. with LVN 5 and CNA 2. LVN 5 changed gloves twice without washing hands in between while cleaning the resident's wound.</p> <p>On 10/16/24 at 0924 hours, LVN 5 was observed to remove few gauzes on top of the unused gauze brought in the resident's room and returned unused gauze in the treatment cart. LVN 5 then cleansed the cap of the normal saline (a solution used to cleanse the wound) with the use of alcohol prep pads and returned the bottle of unused normal saline in the treatment cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	
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>On 10/16/24 at 0925 hours, an interview with LVN 5 was conducted. LVN 5 confirmed she returned the unused gauze in the treatment cart and cleansed only the cap of the normal saline and returned the bottle in the treatment cart. LVN 5 stated she should discard them. LVN 5 confirmed she did not wash her hands twice in between glove change during wound care.</p> <p>On 10/16/24 at 1412 hours, an interview with the IP was conducted. The IP stated the licensed nurses and CNAs were made aware of the residents on EBP during shift endorsements and should wear appropriate PPE when performing high-contact resident care activities.</p>		