

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055984	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2025
NAME OF PROVIDER OR SUPPLIER  Anaheim Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  501 South Beach Blvd. Anaheim, CA 92804	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50003</p> <p>Based on observation, interview, medical record review, and facility document review, the facility failed to implement the infection control program and practices designed to help prevent the development and transmission of diseases and infections in the facility.</p> <p>* The facility failed to ensure the licensed staff practiced the EBP during high contact care for one of four sampled residents (Resident 3). This failure posed the risk for the transmission of diseases and infections in the facility.</p> <p>Findings:</p> <p>According to the CDC, the EBP promotes the use of PPE to include donning of gown and gloves during high contact resident care activities that can provide the opportunities for transmission of MDROs to others. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include the following:</p> <ul style="list-style-type: none"> <li>- Dressing;</li> <li>- Bathing/showering;</li> <li>- Transferring;</li> <li>- Providing hygiene;</li> <li>- Changing linens;</li> <li>- Changing briefs or assisting with toileting;</li> <li>- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator; and</li> <li>- Wound care: any skin opening requiring a dressing.</li> </ul> <p>Review of the facility's EBP signage showed everyone must clean their hands, including before entering and when leaving the room. Providers and staff must wear gloves and for the following high contact resident care activities:</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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 3/11/25 at 0945 hours, an observation and concurrent interview was conducted with Treatment Nurse 1 for Resident 3. Treatment Nurse 1 was observed wearing gloves and providing the dressing change to Resident 3's trachea stoma. Treatment Nurse 1 was not observed wearing a gown during the wound care treatment. When asked, Treatment Nurse 1 verified he should have donned the proper PPE which included a gown to prevent the spread of infections.</p> <p>On 3/11/25 at 1410 hours, an interview was conducted with the IP. The IP was informed of the above findings and stated the facility staff were expected to perform hand hygiene, don gloves and gown when providing high-contact resident care activities, including wound care treatment to prevent the transmission of diseases and infection for the residents on the EBP.</p>