

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 08/21/2025
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 - 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** Based on observation, interview, medical record review, and facility P&P review, the facility failed to maintain the infection control practices to help prevent the transmission of diseases and infections for one of five sampled residents (Resident 3) . * The facility failed to ensure the staff wore a PPE when entering the room of Resident 3 who was on contact precautions for C. diff infection. Additionally, the facility failed to ensure the correct signage was posted at Resident 3's door. This failure placed the resident and staff at risk for infection and the transmission of disease-causing microorganisms. Findings: Review of the facility's P&P titled Transmission-Based (Isolation) Precaution revised 7/18/23, showed contact precautions refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. The P&P further showed the healthcare personnel caring for residents on contact precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment and donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain the pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., C. diff). Medical record review for Resident 3 was initiated on 8/20/25. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's H&P examination dated 8/18/25, showed Resident 3 had the capacity to understand and make decisions. Review of Resident 3's Order Summary Report showed a physician's order dated 8/20/25, for contact isolation for C. diff. On 8/20/25 at 1009 hours, an observation and concurrent interview was conducted with the Activity Assistant in Resident 3's room. The door was observed with a Stop sign and an instruction showing report to nurse before entering room. The sign further showed hands must be washed before and after contact with resident, or potentially contaminated articles; gloves are indicated when giving direct patient care; and gowns are indicated when providing direct care, or in contact with resident equipment. The Activity Assistant was observed inside the room speaking to Resident 3, not wearing a gown and gloves. When asked if the gloves and gown should be worn when inside the room, the Activity Assistant stated he forgot to look at the signage at the door. On 8/20/25 at 1659 hours, an interview was conducted with the IP. The IP verified Resident 3 was on contact precautions for C. diff infection. The IP acknowledged the signage outside Resident 3's room should have been updated to contact precautions due to Resident 3 having the C. diff infection. The IP further stated anyone entering the room must perform hand hygiene, don gloves and gown regardless of what they will do in the room.</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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