

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  610 North Garfield Avenue Monterey Park, CA 91754	

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 - 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** 42878</b></p> <p>Based on observation, interview and record review, the facility failed to implement the facility ' s infection surveillance tracking and heighten the facility ' s surveillance activities for coronavirus illness during periods of transmission to prevent and control the spread of Covid-19 (Coronavirus, a severe respiratory illness caused by a virus and spread from person to person) in accordance with current standards and the facility ' s policies and procedures. The facility failed to develop an effective line listing (a table/list that summarizes information about cases [possible, probable or confirmed] associated with an outbreak) for 20 out of a facility census of 98 who tested positive for Covid 19.</p> <p>As a result, Resident 1 residing in Room A with a positive Covid 19 result was mistakenly moved to Room B to share a room with Residents 3 and 5 who were negative with Covid-19 during the facility ' s testing on 6/30/2024.</p> <p>These deficient practices had the potential to spread the Covid 19 to other residents, staff, visitors, and the community.</p> <p>Findings:</p> <p>1. A review of Resident 1 ' s Admission Record indicated the resident was admitted to the facility on [DATE] to Room A, with diagnoses that included thoracogenic scoliosis (when a sideways curve affects your thoracic spine, or the upper and middle part of your back), sepsis (a serious condition in which the body responds improperly to an infection).</p> <p>A review of the facility Census for 6/29/2024 indicated Resident 1 was originally residing in Room A (and was Resident 2 ' s former roommate)</p> <p>A review of Resident 1 ' s History and Physical assessment dated [DATE], indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 6/07/2024, indicated Resident 1 cognition (thought process) was intact. The MDS indicated Resident 1 was dependent (helper does all of the effort) on task such showering, upper and lower body dressing. The MDS indicated Resident 1 required substantial /maximal assistance (helper does more than half) on task such as oral hygiene, toileting, and personal hygiene.</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 - Some</p>	<p>A review of Covid-19 Rapid test results for Resident 1 dated 6/30/2024 indicated Type of test: Antigen, Rapid Test Results: Positive.</p> <p>2. A review of Resident 2 ' s Admission Record indicated the facility was admitted to the facility on [DATE] to Room A, with diagnoses that included esophageal obstruction (sensation of something stuck in your throat), gastritis (an inflammation, irritation, or erosion of the stomach lining). Resident 2 ' s Admission Record indicated Resident 2 was residing in Room A (and was Resident 1 ' s former roommate).</p> <p>A review of Resident 2 ' s History and Physical assessment dated [DATE], indicated Resident 2 had the capacity to understand and make decisions.</p> <p>A review of Covid-19 Rapid test results for Resident 2 dated 6/30/2024 indicated Type of test: Antigen, Rapid Test Results: Positive.</p> <p>3. A review of Resident 3 ' s Admission Record indicated the facility was admitted to the facility on [DATE] to Room B, with diagnoses that included Pneumonia (lung inflammation caused by bacterial infection), Sepsis (a serious condition in which the body responds improperly to an infection). Resident 3 ' s Admission Record indicated Resident 3 was residing in Room B (and was Resident 4 ' s former roommate)</p> <p>A review of Resident 3 ' s History and Physical assessment dated [DATE], indicated Resident 3 did not have the capacity to understand and make decisions.</p> <p>A review of Covid-19 Rapid test results for Resident 3 dated 6/30/2024 indicated Type of test: Antigen, Rapid Test Results: Negative.</p> <p>4. A review of Resident 4 ' s Admission Record indicated the facility was admitted to the facility on [DATE] to Room B, with diagnoses that included Urinary Tract Infection (an infection in any part of the urinary system) . Resident 4 ' s Admission Record indicated Resident 4 was residing in Room B (and was Resident 3 and 5 ' s former roommate).</p> <p>A review of Resident 4 ' s History and Physical assessment dated [DATE], indicated Resident 4 did not have the capacity to understand and make decisions.</p> <p>A review of Covid-19 Rapid test results for Resident 4 dated 6/30/2024 indicated Type of test: Antigen, Rapid Test Results: Positive.</p> <p>5. A review of Resident 5 ' s Admission Record indicated the facility was admitted to the facility on [DATE] to Room B, with diagnoses that included Type 2 Diabetes (a problem in the way the body regulates and uses sugar). Resident 5 ' s Admission Record indicated Resident 5 was residing in Room B (and was Resident 3 and 4 ' s former roommate).</p> <p>A review of Resident 5 ' s History and Physical assessment dated [DATE], indicated Resident 5 did not have the capacity to understand and make decisions.</p> <p>A review of Covid-19 Rapid test results for Resident 5 dated 6/30/2024 indicated Type of test: Antigen, Rapid Test Results: Negative.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a printout of the facility ' s Census #1 (indicating the facility ' s residents names and corresponding room numbers) dated 7/1/2024, indicated the following information:</p> <ul style="list-style-type: none"> <li>-Handwritten Yellow Zone and 5 resident rooms listed</li> <li>-A line marked and handwritten [NAME] zone over six resident rooms.</li> <li>-A line marked over eight resident rooms</li> <li>-One resident ' s room encircled (did not indicate why it was encircled)</li> </ul> <p>A review of another printout of the facility ' s Census #2 dated 7/1/2024, indicated the following information:</p> <ul style="list-style-type: none"> <li>-June 30-July 1 handwritten on top of the Census #2 page</li> <li>-Number 19 handwritten on top of the Census #2 page</li> <li>-Yellow zone handwritten on top of the Census #2 page</li> <li>-Eight residents room circled (did not indicate why it was encircled)</li> </ul> <p>A review of the document provided by the facility ' s Infection Preventionist (IP) nurse titled Infection Preventionist Facility Checklist for Covid-19 outbreaks indicated a document from the Indiana Department of Health with an updated date of 9/28/2021 indicated Red Zone: Place all positive symptomatic residents in Red Zone.</p> <p>A review of the document provided by the facility ' s IP nurse provided document titled Cohorting Zones ' ' with updated date of 8/19/2022 indicated For Shelters: In order to prevent the spread of Covid-19 during an actual or suspected outbreak, staff and residents should be separated into three zones: Red, Yellow, Green.</p> <p>During an interview on 7/3/2024 at with Resident 1, Resident 1 stated she was moved two times because she had Covid 19. Resident 1 stated she was first moved on Sunday (6/30/24) from her original Room A to Room B but was later moved again to Room C. Resident 1 stated the only explanation she was given by the facility ' s nurses was that she had tested positive for Covid -19.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review on 7/3/2024 at 1:10 pm with the IP nurse, the IP nurse stated she had not had a chance to create a line listing for the residents who tested positive for Covid-19 or were exposed to Covid -19 because she had been busy testing the residents and moving residents around in the facility . The IP nurse stated she used the facility ' s printed Census #1 and facility ' s Census #2 to try and keep track of the residents who had tested positive for Covid-19 from 6/30/24 to 7/1/24. The IP nurse stated she had written Yellow zone ' ' on the Census printouts to indicate the rooms where the exposed residents were placed. The IP nurse stated the green zone handwritten on Census #1 indicated the rooms where the negative Covid -19 residents were all placed. The IP nurse stated the circled resident names/room on Census #1 and #2 indicated those residents that had been tested for Covid-19. The IP nurse stated the lines marked over Census #1 indicated those residents that had been tested for Covid-19. The IP nurse stated when she came to work on the evening of 6/30/2024, the facility nurses had began moving residents who had tested positive out of their rooms, began testing residents and were just verbally reporting to her who was tested and what the Covid test results were.</p> <p>During an interview on 7/3/2024 at 1:15 PM, the IP nurse confirmed Resident 1 was accidentally moved rooms three times (between June 30 to July 1). The IP nurse stated the licensed nurses tested Resident 1 for Covid-19 and verbally informed her that Resident 1 had tested positive on 6/30/24. Later that same day, the IP nurse stated she noticed Resident 1 had been moved from Room A to Room B to cohort with negative residents (Residents 3 and 5). The IP nurse stated Resident 4 (positive Covid 19) was moved out of Room B and transferred to Room A to switched places with Resident 1 who was formerly in Room A. The IP nurse stated she then tested Resident 1 herself to confirm previous verbal report given to her of Resident 1 ' s test results, since there was no formal documentation and line listing at that time. The IP nurse stated she was able to confirm that Resident 1 tested Covid-19 positive. The IP nurse stated they had to move Resident 1 again to another room (Room C) as her previous room was already occupied by Resident 4 who was moved from Room B to Room A.</p> <p>During the same interview on 7/3/24, at 1:15 PM, when the IP nurse was asked for references and guidance she used for the facility ' s Covid 19 outbreak from 6/30/24 to 7/3/24, the IP nurse stated she just googled (search for information about [someone or something] on the internet using the search engine Google) Covid-19 information online and found two resources online which she used as the first reference to guide her on what to do from 6/30/24 to 7/2/24 which included Cohorting Zones. The IP nurse stated she used the Infection Preventionist Facility Checklist for Covid-19 outbreaks from Indiana department of health as her second reference she found online. The IP nurse stated she forgot to look for guidance from the local health department and the CDC.</p> <p>During the same interview on 7/3/2024 at 1:15PM, the IP nurse stated that on the evening of 6/30/24, all residents in the facility were tested (rapid test) and the testing resulted to eight more positive residents. The IP nurse stated that on 7/2/24, second round of rapid testing was conducted to all residents who were negative on the 6/30/24 and resulted to 12 more positive residents.</p> <p>During an interview on 7/03/2024 at 2:34 PM with the Director of Staff Development (DSD), the DSD stated on 6/30/2023 that per the DONs instructions, the facility ' s nurses began moving residents who tested positive for Covid-19 to different rooms in the facility prior to the IP nurse ' s arrival to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy and procedure titled Coronavirus Surveillance with revision date of December 2022 indicated The facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and /or during a declared public health emergency for illness .8. The infection Preventionist, or designee, will track the following information: a. The number of residents and staff who have fever, respiratory signs/symptoms, or other signs/symptoms related to Covid-19. B The number of residents and staff who have been diagnosed with Covid-19 and when the first case was confirmed.</p>		