

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	

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>43636</p> <p>Based on observation, interview, and record review, the facility failed to ensure Certified Nursing Attendant 1 (CNA 1) was wearing personal protective equipment (PPE- specialized clothing or equipment worn for protection against infectious materials) while in a resident's room who was on contact isolation precautions (used when a resident has an infectious disease that may be spread by touching either the resident or other objects the resident has handled) for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in cross contamination (the physical movement or transfer of harmful bacteria [germs] from one person, object, or place to another) resulting in the potential spread of germs placing residents, staff, and visitors at risk to be infected.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 8/8/2024 and readmitted the resident on 10/3/2024 with diagnoses that include left knee replacement surgery, osteoarthritis (a degenerative joint disease that causes pain, stiffness and swelling in the joints), acute respiratory failure (a condition that occurs when the lungs are unable to get enough oxygen into the blood), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's History and Physical (H&P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 9/12/2024, the H&P indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 8/12/2024, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was severely impaired. The MDS indicated Resident 1 required maximum assistance with eating, oral hygiene, personal hygiene, and upper body dressing and required dependence on staff for toileting hygiene and showering and bathing.</p> <p>During a review of Resident 1's physician order dated 11/14/2024, the physician order indicated an order for infection precautions-contact secondary to clostridium difficile (C-diff-a germ that causes diarrhea) positive every shift.</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 - Few</p>	<p>During an observation on 11/26/2024 at 8:40 a.m., observed Certified Nursing Attendant 1 (CNA 1) in Resident 1's room without wearing PPE. Observed signage outside of Resident 1's room that indicated contact isolation and to wear PPE when entering Resident 1's room. Observed an isolation cart (cart that includes PPE) that included gowns, gloves, and masks located inside the isolation cart.</p> <p>During an interview on 11/26/2024 at 8:42 a.m., with CNA 1 and the Assistant Director of Nursing (ADON), the ADON confirmed by stating that Resident 1 is currently under contact isolation and upon entering Resident 1's room, PPE should be worn while in Resident 1's room. CNA 1 confirmed by stating that she (CNA 1) should have worn PPE when in Resident 1's room.</p> <p>During an interview on 11/26/2024 at 11:50 a.m., with the Director of Nursing (DON), the DON stated that Resident 1 is currently under contact isolation for a diagnosis of C-diff. The DON stated that when a resident is under contact isolation, any staff or visitor, needs to be wearing PPE while in the resident's room. The DON stated the correct process would have been for CNA 1 to put PPE on prior to entering Resident 1's room and remove PPE prior to exiting the room and complete hand washing with soap and water.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Clostridium Difficile, dated 9/18/2023, the policy indicated measures are taken to prevent the occurrence of clostridium difficile infections among residents. Precautions are taken while caring for residents with C-diff to prevent transmission to other residents. Residents with diarrhea and suspected C-diff are placed on contact precautions while awaiting laboratory results.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Isolation-Categories of Transmission-Based Precautions, dated 9/2022, the policy indicated, transmission-based precautions (steps taken to prevent spread of infection to others) are initiated when a resident develops signs and symptoms of a transmissible infection. contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Contact precautions are also used in situations when a resident is experiencing diarrhea. Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p>		