

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/21/2026
NAME OF PROVIDER OR SUPPLIER  Astoria Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14040 Astoria Street Sylmar, CA 91342	

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>Based on interview and record review, the facility failed to implement its policy and procedure on infection control for one of seven residents (Resident 1). Resident 1 was diagnosed with having <i>Clostridioides difficile</i> (C.-diff, a highly contagious bacterial infection causing loose stools). The facility failed to expand infection prevention teachings to everyone entering Resident 1's room. This deficient practice increased the risks of exposure to and spread of infection to other residents and facility staff. Findings During a review of Resident 1's admission Record, undated, the admission Record indicated the facility originally admitted Resident 1 on 4/8/2026 with the diagnoses of acute respiratory failure with hypoxia (inadequate levels of oxygen in the blood leading to decreased function of tissues and organs in the body), pneumonia (lung infection leading to difficulty breathing), and cognitive communication deficit (impairments that disrupt a person's ability to communicate). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/14/2026, the MDS indicated Resident 1's cognitive functioning (the ability to think, learn, remember, use judgment, and make decisions) was with moderate impairment. The MDS also indicated Resident 1 required substantial/maximal assistance (helper does more than half effort) for toileting needs, showering/bathing, and lower body dressing needs. During a review of Resident 1's Physician's Order report, the Order report indicated the following Physician's order:- 4/17/2026, no time recorded, If diarrhea, collect stool for C.-diff. During a concurrent interview and record review with Infection Prevention Nurse (IP) on 4/21/2026 at 2:19 p.m., IP stated for C.-diff, training would be provided to staff, licensed nurses (Registered Nurses &amp; Licensed Vocational Nurses) and direct care staff like certified nurse assistants and restorative nurse assistants. During concurrent record review with IP, IP stated Resident 1 was positive for C.-diff on 4/18/2026. IP stated that a visitor is present with Resident 1 daily. IP stated for exposure reasons, it is important to inform visitors of using personal protective equipment (PPE-disposable gowns, gloves, face masks) and hand washing after being in Resident 1's room. During a concurrent interview and record review with Registered Nurse 1 (RN 1) on 4/21/2026 at 3:15 p.m., RN 1 stated receiving training on proper use of PPEs when taking care of the resident (Resident 1). RN 1 stated, It is important because the isolation is contact based. We would use the disposable gown, disposable gloves, and hand washing after providing care. We always educate the visitors and family to the use of PPEs and hand hygiene. We cannot use alcohol sanitizer because it is not effective for C.-diff. The only effective way is hand washing for at least 20 seconds. It is important to inform everyone who enters the room on proper hand washing so that the C.-diff does not spread. During concurrent review of Resident 1's records with RN 1, RN 1 stated, Based on the progress notes, there was no documentation about infection control practices teaching to visitors. The person (Resident 1) has a visitor almost every day. The failure here was no education to the visitor for isolation precaution for the resident, there was no documentation that teaching was provided. During concurrent record review, RN 1 stated the facility's infection control program indicated, The Facility's infection control policies and procedures apply equally to all facility staff, consultants, contractors, residents, visitors. RN 1 stated, We are trying to prevent the spread of the infection. During a review of the facility provided policy and procedure titled Infection Prevention and Control Program dated 10/1/2023, the policy indicated, III. Infection Control Policies and Procedures (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>A. The Facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. B. The Facility's infection control policies and procedures apply equally to all Facility Staff, consultants, contractors, residents, visitors, volunteer workers, and general public alike. C. Objectives i. Prevent, detect, investigate, and control infections in the Facility ii. Maintain a safe, and comfortable environment for personnel, residents, visitors, and the general public</p>		