

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  04/29/2026
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 - 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> Based on observation, interview, and record review, the facility failed to follow infection control prevention measures for two of three sampled residents (Resident 1 and Resident 2), by: 1. Failing to ensure Resident 1 and Resident 2's soiled linens from an isolation room were placed separately from other residents' soiled linens.2. Failing to ensure Certified Nursing Assistant (CNA) 1 wore gown and gloves when entering Resident 1 and Resident 2's contact isolation room.3. Failing to educate family members on precautions to take when entering a contact precaution isolation room.These deficient practices had the potential to result in transmission of communicable disease and infection to other residents and staff. Findings:During an observation on 4/29/2026, at 7:45 a.m., together with Licensed Vocational Nurse (LVN) 1, observed CNA 1 entering Resident 1 and Resident 2's contact isolation room without wearing gown and gloves, then removed Resident 1's food tray and placing the food tray together with other residents' food trays in the cart outside the resident's room.During an observation on 4/29/2026, at 8:30 a.m., together with the Infection Preventionist (IP) Nurse, observed that there was no designated linen cart in the contact isolation rooms for Resident 1 and Resident 2. Observed Resident 1 Family inside Contact isolation room not wearing gown or gloves.During a review of Resident 1's admission Record indicated the facility admitted the resident on 4/8/2026, and readmitted on [DATE], with diagnoses including clostridium difficile (C-diff - a bacterium that causes severe diarrhea, inflammation of the colon), gout (a common, painful form of inflammatory arthritis caused by high levels of uric acid in the blood, which form needle-shaped crystals in the joints), and dementia (a decline in mental ability-such as memory, reasoning, and behavior-severe enough to interfere with daily life, caused by physical changes in the brain).During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 4/14/2026, the MDS indicated the resident's cognitive skills for daily decision making were impaired. Resident 1 is totally dependent on staff for bed mobility, locomotion off and on unit, transfer, dressing, toilet use, personal hygiene, and bathing.During a review of Resident 2's admission Record indicated the facility admitted the resident on 3/25/2026, with diagnoses including rheumatic multiple valve disease (involves damage to two or more heart valves caused by inflammation from untreated infections), bacteremia (the presence of viable bacteria in the bloodstream), and acute respiratory failure with hypoxia (a life-threatening, sudden-onset condition where the lungs cannot get enough oxygen into the bloodstream to supply vital organs).During an interview with LVN 1 on 4/29/2026, at 8 a.m., LVN 1 stated that CNA 1 went against facility policy and did not follow contact precautions isolation protocol by not wearing gown and gloves when entering a contact isolation room. CNA 1 stated it was a mistake entering Resident's 1 room which was on contact isolation precautions without wearing gowns and gloves and was against hospital policy. CNA 1 stated she was in a hurry and there was no excuse for her actions.During a concurrent observation and interview with the IP Nurse on 4/29/2026 at 8:30 a.m., the IP Nurse stated it was against facility policy to enter contact isolation room without wearing gown and gloves and that the CNA1 will be given an in-service on contact isolation precautions including all staff in the facility. During an observation while conducting a tour of the three rooms on contact precaution isolation with C-diff, it was observed that there was no dedicated humper for linen (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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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>and clothes for those residents in contact isolation rooms. The IP Nurse stated it was an oversight that all residents that have C-diff are to have their own red humper to separate their clothes from the rest of the residents to avoid spreading of the disease to other residents and staff. During a concurrent observation and interview with Family Member (FM) 1 on 4/29/26 at 8:45 am., FM 1 stated she was not informed why the mother was in contact isolation and what precautions to take while visiting the mother. During an observation, observed FM 1 without wearing gowns or gloves in a contact isolation room. During a concurrent interview and record review on 4/29/2026 at 2 p.m. with the Director of Nursing (DON), the policy titled, Resident Isolation-Categories of Transmission Based-Precaution, was reviewed. The DON stated Resident 1 and Resident 2 were placed on contact isolation precaution for C-diff. The DON stated that the purpose of the policy titled, Resident Isolation-Categories of Transmission Based-precaution, is to prevent the spread of infection in the facility. The DON stated that the facility's policy serves as a communication tool to enhance staff awareness and precautions to take while taking care of residents on contact precautions. The DON stated it is against the facility's policy for staff to enter rooms on contact precautions without wearing gown and gloves and not washing hands after leaving the rooms as this can lead to the spread of infection to other residents, which can lead to hospitalization and even death to other residents. The DON stated it is the facility staff's responsibility to educate family members visiting residents in contact isolation rooms. The DON stated that by not educating the family members on the precautions to take when entering contact isolation rooms for residents with C-diff puts the family member at risk of contracting C-diff which can also spread in the community. During a review of the facility-provided policy and procedures (P&amp;P) titled, Resident- Isolation-Category of Transmission, last reviewed on 1/15/2026, the P&amp;P indicated, To ensure that transmission-based precautions are used when caring for residents with communicable diseases or transmittable infections. Standard precautions are used when caring for residents at all times regardless of their suspected or confirmed infection status. Transmission-based precautions are used accordingly when caring for residents who are documented or are suspected of having communicable diseases or infections that can be transmitted to others. Linen. i. Transport and processing of used linen soiled with blood, body fluids, secretions, and excretions is handled in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other residents and environments. III. Contact Precautions. A. Contact precautions are implemented for residents known or suspected to be infected or colonized with microorganisms that are transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment, i. Examples of infections requiring Contact Precautions include, but are not limited to: . b. Diarrhea associated with Clostridium difficile. C. Gloves and Handwashing i. As outlined under Policy No. - 1C-23 - Standard Precautions, gloves (clean, non-sterile) are worn when entering the room. iii. Gloves are removed before leaving the room and hand hygiene is performed immediately. D. Gown As outlined under Policy No. - 1C - 23 - Standard Precautions, a (clean, non-sterile) gown is worn for interactions that may involve contact with the resident or potentially contaminated items in the resident's environment. The gown is removed, and hand hygiene is performed before leaving the resident's environment. After removing the gown, clothing is not allowed to contact potentially contaminated environmental surfaces. During a review of the facility-provided P&amp;P titled, Infection Prevention and Control Program, last reviewed on 1/15/2026, the P&amp;P indicated the purpose is to ensure the Facility establishes and maintains an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State requirements. During a review of the facility-provided P&amp;P titled, Visitation- Infection Control, last reviewed on 1/15/2026, the P&amp;P indicated, To provide guidelines for visitors in an effort to prevent the transmission of communicable diseases. The facility may discourage, limit or restrict visitation if the visitors is symptomatic of a communicable disease for reasonable clinical and safety reasons. The Facility will also take steps to (continued on next page)</p>		

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