

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	

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>47832</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate infection control practices, when one visitor and one staff failed to wear personal protective equipment (PPE) before entering a room with a signage for contact isolation precaution (required to protect against either direct or indirect transmission).</p> <p>This failure had the potential to result in the spread of infection, cross-contamination and spread of disease that could affect other residents in the facility, visitors, and staff.</p> <p>Findings:</p> <p>On July 17, 2024, at 9:03 a.m., an unannounced visit was conducted at the facility to investigate infection control issue.</p> <p>On July 17, 2024, at 9:42 a.m., during facility tour observation, Resident 1's room was observed with a signage for contact isolation, and a visitor was sitting on Resident 1's bed not wearing any PPE.</p> <p>On July 17, 2024, at 9:50 a.m., during an interview, the visitor stated facility staff did not inform him Resident 1 was on contact isolation precaution and he should wear a gown before entering the room.</p> <p>On July 17, 2024, at 9:59 a.m., during a concurrent observation and interview, the Social Service Director (SSD) was observed inside Resident 2's room without the PPE. Resident 2's room had a signage outside for contact isolation precaution. The SSD stated when a resident was on contact isolation precaution, the staff had to wear the gown, gloves and wash hands before and after donning and doffing the PPE. The SSD stated not wearing the proper PPE could infect self, other residents and staff as well. The SSD stated PPE was required to prevent spread of infection.</p> <p>On July 17, 2024, at 10:35 a.m., during an interview, Certified Nursing Assistant (CNA) stated if a resident was on contact isolation precautions, had to wash hands before and after donning and doffing the gown and gloves. The CNA stated PPE was required to prevent spread of infection.</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>On July 17, 2024, at 11:21 a.m., during an interview, the Infection Preventionist (IP) nurse stated the visitor could be at risk of infection for himself and should have been stopped at the reception and educated on wearing the PPE. The IP nurse stated not wearing the right PPE could spread infection and lead to cross contamination. The IP nurse also stated education to visitors and family on wearing the right PPE was given by all staff members.</p> <p>A review of Resident 1's physician's orders dated July 16, 2024, indicated contact isolation for rashes.</p> <p>A review of Resident 2's physician's orders dated July 3, 2024, indicated contact isolation related to Methicillin-resistant Staphylococcus aureus of right hip abscess.</p> <p>A review of the facility's policy and procedure titled, Isolation-Categories of Transmission-Based Precautions revised September 2022, indicated, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; .and is at risk of transmitting the infection to other residents . Transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected .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 .staff and visitors wear a disposable gown upon entering the room and remove before leaving the room .</p> <p>A review of the facility's policy and procedure titled, Infection Prevention and Control Program effective date, September 18, 2023, indicated, .established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development of communicable diseases and infections .is a facility-wide effort involving all disciplines and individuals .Prevention of Infection .educating staff and ensuring that they adhere to proper techniques and procedures .</p>