

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2024
NAME OF PROVIDER OR SUPPLIER Laguna Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 24452 Health Center Drive Laguna Hills, CA 92653	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41941</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the appropriate infection control practices designed to provide a safe and sanitary environment were implemented.</p> <p>*CNA 3 failed to perform hand hygiene after removing his gloves. This failure posed the risk of the development and transmission of infections in the facility.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Handwashing/Hand Hygiene revised 10/2023 showed the facility considers hand hygiene the primary means to prevent the spread of healthcare associated infections. Additionally, The P&P showed hand hygiene was to be done immediately after glove removal.</p> <p>Medical record review for Resident 7 was initiated on 10/14/24. Resident 7 was admitted to the facility on [DATE].</p> <p>Review of Resident 7's H&P examination dated 7/9/24, showed Resident 7 had the capacity to understand and make medical decisions.</p> <p>On 10/14/24 at 1630 hours, CNA 3 was observed at Resident 7's bedside putting soiled sheets and towels into a clear plastic bag. CNA 3 then observed removing his gloves, put them in the garbage, and left the room. CNA 3 did not perform hand hygiene. CNA 3 was then observed taking the sheets from the clean linen cart and putting them at Resident 7's bedside.</p> <p>On 10/14/24 at 1635 hours, an interview was conducted with CNA 3. When CNA 3 was asked what type of care he had just provided to Resident 7, CNA 3 stated he changed Resident 7's soiled brief and cleaned him up. When asked about hand hygiene, CNA 3 acknowledged he did not perform hand hygiene after removing his gloves. CNA 3 stated he should have performed hand hygiene after he removed his gloves, because he was in a hurry. CNA 3 stated he normally would have also washed his hands at the sink in case the gloves had holes in them.</p> <p>On 10/14/24 at 1700 hours, the Administrator, DSD, and IP were informed and acknowledged the findings.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 056110	If continuation sheet Page 1 of 1