

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Live Oak Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 537 W Live Oak San Gabriel, CA 91776	

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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>42223</p> <p>Based on interview and record review, the facility failed to have a copy of employee's vaccination cards, and an updated and accurate list of employees with COVID 19 (Coronavirus Disease 19; a respiratory viral infection that affects primarily the lungs and result in cough and difficulty breathing) vaccination for the year 2023-2024.</p> <p>This deficient practice placed the residents and staff at risk for possible COVID-19 infection.</p> <p>Findings:</p> <p>During a concurrent record review of the facility's National Healthcare Safety Network (NHSN; a Centers for Disease Control and Prevention [CDC] tracking system for healthcare-associated infections) reporting report dated 1/14/2024 to 6/9/2024, and interview on 6/14/2024 at 8:35 AM, Infection Preventionist Nurse (IPN) stated the facility did not have 100% COVID 19 vaccination for the employees and the NHSN indicated 100% COVID 19 vaccination for the staff which is incorrect. IPN also stated she does not have a current vaccination list for the facility's employees.</p> <p>During a concurrent record review of the facility's NSHN reporting report dated 1/14/2024 to 6/9/2024 and interview on 6/14/2024 at 9:11 AM, Administrator (ADM) stated the report did indicate 100% staff vaccination and that is incorrect because the facility only has 30% COVID 19 vaccinated employees.</p> <p>During an interview on 6/14/2024 at 10:36 AM, IPN stated she does not have a copy of the COVID 19 vaccination cards for Licensed Vocational Nurse 1 (LVN 1) and Certified Nursing Assistant 1 (CNA 1).</p> <p>During a concurrent record review of the facility's policy's titled COVID 19, dated 5/1/24, and interview on 6/14/2024 at 10:45 AM, ADM stated the facility should have a list and copy of the staffs' vaccination cards upon hiring them. ADM also stated the facility should have proof the staff's vaccination per policy.</p> <p>A review of the facility's Policy and Procedure titled COVID 19, dated 5/1/2024, indicated the facility will keep copies of the proof of vaccinations for staff and residents.</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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Center of Disease Control and Prevention (CDC), dated 3/15/2023, indicated CDC is fully committed to ensuring complete and accurate reporting, which is critical for protecting patients and guiding national, state, and local prevention priorities. CDC also indicated want to emphasize that accurate reporting to NHSN through strict adherence to the NHSN definitions is critical. https://www.cdc.gov/nhsn/cms/cms-reporting.html</p> <p>A review of the National Healthcare Safety Network (NHSN) Manual, reviewed date 1/2024, indicated NHSN is to ensure that reporting of COVID-19 vaccination data is both consistent overtime and allows facilities to better identify and target unvaccinated persons which may also result in increased COVID-19 vaccinations. The manual also indicated all healthcare facilities enroll in NHSN and report COVID 19 vaccination data.</p>		