

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Menifee Lakes Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 27600 Encanto Drive Sun City, CA 92586	

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>37536</p> <p>Based on interview and record review, the facility failed to implement their Respiratory Protection Plan to ensure N-95 filtering facepiece respirator, (FFR - filtering facepiece respirator - a disposable half-mask that covers the user's airway [nose and mouth] and offers protection from particulate materials) fit testing (to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace) was conducted annually for one of four staff members.</p> <p>This failure had the potential to contribute to the spread of COVID-19 among residents and staff, potentially causing serious harm to the health and well-being of vulnerable residents with compromised health conditions.</p> <p>Findings:</p> <p>On January 6, 2025, at 8:41 a.m., an unannounced visit to the facility was initiated for an infection control issue.</p> <p>On January 6, 2025, at 10:13 a.m., an interview was conducted with the Infection Preventionist (IP). The IP stated that staff are fit-tested for the N-95 FFR upon hire and annually thereafter. The IP stated that the facility has two N-95 FFR models available for use.</p> <p>On January 6, 2025, at 2:27 p.m., an interview was conducted with the Physical Therapist, (PT). The PT stated that he was treating residents with COVID-19 at the end of the day and while treating COVID-19 residents, he wears a N-95 FFR. The PT stated that he was last fit tested for his N-95 mask approximately two years ago.</p> <p>A review of the facility ' s document titled Fit Test Record, dated August 17, 2023, indicated Name of Respirator User/Employee: [name of PT] .Respirator Make: 3M .Respirator Model: TC84A.5726 .Respirator Size one size .Pass .</p> <p>A review of the facility ' s policy titled Respiratory Protection Program dated 2011, indicated .Fit Testing . Employees who are required to wear tight-fitting respirators will be fit tested with the respirator that will actually be used. The facility will test the employee before the initial use, annually .</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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