

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Camellia Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 N. Fair Oaks Avenue Pasadena, CA 91103	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48395</p> <p>Based on observation, interview and record review, the facility failed to observe proper infection control practices per the facility 's policy and procedure for 2 of 2 sampled residents (Residents 1 and 2) when Certified Nursing Assistant 1 (CNA 1) entered a contact isolation precautions (isolation precautions taken by staff for residents with diseases caused by microorganisms [bacteria, viruses and parasites] that are spread through direct and indirect contact) room without putting on personal protective equipment (PPE; equipment such as gowns, gloves, face mask and/or face shield worn to minimize exposure to hazards that cause serious workplace injuries and illnesses).</p> <p>This failure had the potential to result in the spread of infection by bacteria, viruses and/or parasites to other residents at the facility.</p> <p>Findings:</p> <p>1. During a review of Resident 1 ' s Admission Record, Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area) and metabolic (having to do with metabolism [the total of all chemical changes that take place in a cell or an organism to produce energy) encephalopathy (damage or disease that affects the brain).</p> <p>During a review of Resident 1 ' s History and Physical Examination (H&P), dated 5/13/2023, H&P indicated the resident has the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized resident assessment care screening tool), dated 5/15/2024, MDS indicated the resident was moderately impaired with cognitive (ability to think, remember, and reason) skills for daily decision making. Resident 1 was dependent (helper does all of the effort; resident does none of the effort to complete activity) with bed-to-chair transfers, lying to sitting on side of bed, rolling left and right in bed, putting on/taking off footwear and lower body dressing. Resident 1 needed substantial/maximal assistance (helper does more than half the effort) with upper body dressing, needed partial/moderate assistance (helper does less than half the effort) with personal hygiene and needed setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating.</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>2. During a review of Resident 2 ' s Admission Record, Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of hemiplegia (one-sided muscle paralysis [complete or partial loss of function especially when involving the motion or sensation in a part of the body] or weakness) affecting the right dominant side and cerebral infarction.</p> <p>During a review of Resident 2 ' s H&P, dated 3/31/2024, H&P indicated the resident does not have the capacity to understand or make decisions.</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], MDS indicated the resident was severely impaired with cognitive skills for daily decision making. Resident 2 was dependent with bed-to-chair transfers, lying to sitting on side of bed, rolling left and right in bed, putting on/taking off footwear, lower and upper body dressing, and personal hygiene.</p> <p>During an observation on 8/8/2024 at 9:35 AM in the hallway, a contact isolation precautions sign was observed outside of Resident 1 and 2 ' s room. The contact isolation sign indicated that everyone must clean hands when entering and leaving the room and wear gloves and gown prior to entering the room of Resident 1 and Resident 2.</p> <p>During an observation on 8/8/2024 at 9:46 AM in the hallway outside of Resident 1 and 2 ' s room, CNA 1 was observed entering the room without putting on any PPE.</p> <p>During an interview on 8/8/2024 at 9:47 AM with CNA 1, CNA 1 stated that they entered Resident 1 and 2 ' s room without putting on PPE since they were only leaving the linen in the room and will be back to assist the resident.</p> <p>During an interview on 8/8/2024 at 9:54 AM with Licensed Vocational Nurse 1 (LVN 1), stated that Resident 1 and Resident 2 ' s room was a contact isolation precaution room and that all staff must wear PPE prior to entering the room to prevent the spread of infection.</p> <p>During a concurrent interview and record review on 8/8/2024 at 9:58 AM with Medical Records (MR), Resident 1 and 2 ' s Order Summary Report both dated 8/8/2024 were reviewed. The Order Summary Report for both Resident 1 and 2 did not indicate any order for contact isolation precautions.</p> <p>During an interview on 8/8/2024 at 10:05 AM with Infection Preventionist (IP), IP stated that both Residents 1 and 2 were on contact isolation precautions for unspecified dermatitis (inflammation of the skin) and that for a contact isolation precautions room, all staff must wear PPE whenever they enter the room regardless of what they are doing to protect both the residents and staff and prevent the spread of infections.</p> <p>During an interview on 8/8/2024 at 11:47 AM with Director of Nursing (DON), DON stated for any contact isolation precaution room, staff were expected for to perform hand hygiene and wear PPE prior to entering residents rooms who were contact precaution, regardless of what they are doing.</p> <p>During an interview on 8/9/2024 at 8:52 AM with IP, IP stated that both Resident 1 and 2 were placed on contact isolation precautions on 8/2/2024.</p> <p>(continued on next page)</p>		

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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>During an interview on 8/9/2024 at 9:20 AM with IP, IP stated that Residents 1 and 2 were placed under contact isolation precautions on 8/2/2024. The IP stated the physician order to place both Resident 1 and Resident 2 was not indicated until 8/8/2024. IP stated that an order was a form of communication to let the healthcare team know of the isolation.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Policies and Practices - Infection Control revised October 2018, the P&P indicated, This facility ' s infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>During a review of the facility ' s P&P titled Isolation - Categories of Transmission-Based Precautions revised October 2018, the P&P indicated transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne. The P&P further indicated under Contact Precautions:</p> <p>Staff and visitors will wear gloves (clean, non-sterile) when entering the room.</p> <p>Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p>