STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	13333 Fenton Avenue Sylmar, CA 91342

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program.

42311

Based on observation, interview, and record review, the facility failed to implement infection control measures for one of three sampled residents (Resident 1) by failing to ensure Certified Occupational Therapist Assistant 1 (COTA 1) wore a protective gown while assisting Resident 1, who was placed on enhanced barrier precaution (EBP-expand the use of personal protective equipment and refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug resistant organisms [MDRO- are germs that are difficult to treat because they are resistant to many antibiotics) get out of the bed for rehabilitation therapy.

This deficient practice had the potential for cross contamination (unintentional transfer of bacteria/germs or other contaminant from one surface to another) of infection among residents and staff.

Findings:

During a review of Resident 1 ' s Admission Record, it indicated the facility admitted Resident 1 on 6/6/2024, with diagnoses that included surgical aftercare following surgery on the digestive system (a network of organs that help you digest and absorb nutrition from your food), recurrent (occurring often) enterocolitis (an inflammation of the digestive tract) due to clostridium difficile (C-Diff, a very contagious bacterial infection that causes symptoms such as frequent watery diarrhea, abdominal cramping, nausea, fever, blood in your stool, and a rapid heartbeat) and unspecified (unconfirmed) sepsis (a serious condition in which the body responds improperly to an infection).

During a review of Resident 1 ' s History and Physical dated 8/5/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.

During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 6/12/2024, the MDS indicated resident ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 1 needed supervision or touching assistant when transferring from lying in bed to sitting.

During a review of Resident 1 ' s Physician ' s Order dated 8/5/2024, the Physician's Order indicated Resident 1 was placed on enhanced barrier precautions (EBP) due to extended spectrum beta-lactamase (ESBL-enzymes produced by some bacteria that may make them resistant to some antibiotics) in urine and methicillin-resistant staphylococcus aureus (MRSA-infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics) in wound.

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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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER: Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE: 13333 Fenton Avenue Sylmar, CA 91342	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1 ' s Care Plan (CP) on enhanced barrier precaution dated 8/5/2024, the CP indicated an intervention to use gown and gloves during high contact resident care activities (dressing, bathing, transfers, hygiene, toileting, brief changes, changing linens, device care, wound care). During an observation on 8/15/2024 at 11:45 a.m., outside of Resident 1 ' s room, observed a signage for enhanced barrier precautions posted on Resident 1 ' s door that indicated, Everyone must clean their hands, including before entering and when leaving the room and providers and staff must also wear gloves and a gown for the following high-contact resident care activities: 1. Dressing 2. Bathing or showering 3. Transferring 4. Changing linens 5. Providing hygiene 6. Changing briefs or assisting with toileting 7. Device care 8. Wound care. During a concurrent observation and interview on 8/15/2024 at 11: 46 a.m., with Certified Nursing Assistant 1 (CNA 1), outside Resident 1 ' s room. Observed COTA 1 wearing a surgical mask and gloves. Observed COTA 1 place her left hand on the back of the resident and her right hand under the resident's calf while assisting the resident get up from the bed. CNA 1 stated COTA 1 should wear a gown when assisting Resident 1. During an interview on 8/15/2024 at 11:54 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 was placed on enhanced barrier precaution and staff should wear a gown when touching the resident to prevent spread of infection. During an interview on 8/15/2024 at 12:00 p.m., with COTA 1, COTA 1 stated she was aware that Resident 1 was placed on EBP because there was a signage posted outside of the resident's room. COTA 1 stated she should have worn a gown when she assisted Resident 1 get up from the bed to go to the rehabilitation room to prevent spread of infection. During an interview on 8/15/2024 at 12:07 p.m., with the Infection Preventionist (IP), the IP stated staff should wear a gown when providing care to a resident who is placed on EBP. The IP stated she (IP) provided an in service(educated) training to the staff on the required PPE for EBP to prevent and protect the resident and the staff from acquiring infection. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/15/2024 at 12:48 p.m., with the Director of Staff Development (DSD), the DSD stated staff should wear a gown when assisting Resident 1 to prevent possible spread of infection. The DSD stated the facility ' s policy for any high contact on resident with EBP was that staff should wear a gown. During a concurrent interview and record review on 8/15/2024 at 1:17 p.m., with the Director of Nursing (DON), the facility policy and procedure (PnP) titled, Enhanced Barrier Preauction last reviewed on 10/18/2023 indicated, Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include .transferring. The DON stated based on the facility ' s PnP, the staff should have worn a gown when going inside an enhanced barrier precaution room to prevent the spread of infection.