

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	

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** 42275</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices by failing to ensure Licensed Vocational Nurse 1 (LVN 1) performed hand hygiene (HH- washing of hands with water and soap or applying an alcohol-based hand rubs) for one of four sampled residents (Resident 1) on 6/27/2024 after touching Resident 1 with bare hands to check the resident's identification band and blood pressure (the pressure of circulating blood against the walls of blood vessels).</p> <p>This deficient practice had the potential to spread the infection and cross contamination (the physical movement or transfer of harmful bacteria [germs] from one person, object, or place to another) among residents.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 10/19/2021 and readmitted on [DATE] with diagnoses including heart failure (a condition that develops when the heart does not pump enough blood to support the needs of the body) and hypertension (high blood pressure).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-planning tool) dated 6/14/2024, indicated Resident 1 had moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and was dependent on staff for toileting hygiene, shower and lower body dressing. The MDS indicated Resident 1 needed maximum assistance from staff with oral hygiene, upper body dressing and mobility (movement).</p> <p>During an observation and concurrent interview with LVN 1, during the medication pass observation (process through which medication is administered to a resident) for Resident 1 on 6/27/2024 at 8:08 a.m., observed LVN 1 touched Resident 1's both wrists to check Resident 1's identification band and blood pressure with bare hands. LVN 1 then returned to the medication cart without performing HH and touched the medication cart. LVN 1 stated that she (LVN 1) should have performed HH because she touched the resident with her bare hands, otherwise, LVN 1 was going to contaminate the medications inside the drawer.</p> <p>During an interview with the Director of Nursing (DON) on 6/27/2024 at 12:05 p.m., the DON stated that the staff should perform HH after touching the resident and before touching other objects, otherwise it was against the infection control policy.</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>A review of the facility's policy and procedures (P&P) titled, Infection Prevention and Control Program, last reviewed on 1/11/2024, indicated, It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene based on accepted standards. Goals - Decrease the risk of infection to residents and personnel. Recognize the infection control practices while providing care</p> <p>A review of the facility's P&P titled, Hand Hygiene, last reviewed on 1/11/2024, indicated, It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene, which is one of the most effective measures to prevent the spread of infection, based on accepted standards Before and after direct contact with residents, before preparing or handling medications . after contact with a resident's intact skin . after contact with object (e.g., medical equipment) in the immediate vicinity (in the surrounding area or nearby region) of the resident,</p>