

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/06/2024
NAME OF PROVIDER OR SUPPLIER Northridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7836 Reseda Blvd Reseda, CA 91335	

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>39550</p> <p>Based on interview and record reviewed, the facility failed to implement its policy titled Tuberculosis [TB- a potentially serious infectious bacterial disease that mainly affects the lungs] Infection Control Program by failing to conduct an annual TB Risk Assessment (TBRA- assessment that identifies and evaluates the risk of transmission of TB within the facility) as indicated.</p> <p>This deficient practice had the potential to place the residents at risk for tuberculosis.</p> <p>Findings:</p> <p>During an interview and concurrent record review with the Infection Preventionist (IP) on 4/6/2024 at 12:43 p. m., the IP reviewed the facility's Tuberculosis Risk Assessment policy. The IP stated that he has not conducted the facility's Tuberculosis Risk Assessment because he was not aware of the facility's Tuberculosis Risk Assessment policy. The IP continued to state that he was not aware of the policy until today (4/6/2024). When asked what the reason was why he was not aware of the Tuberculosis Risk Assessment policy, the IP stated that his concentration has been on Covid (a highly contagious respiratory disease) and he has not been able to review all policies on tuberculosis. The IP stated that because he was not aware of the policy, he does not have any documented evidence of any tuberculosis risk assessments. When asked about the importance of knowing the facility's TB program policy, the IP stated that it is important to know the facility's TB policy to ensure interventions were implemented timely to prevent the spread of TB in the facility.</p> <p>During an interview with the Director of Nursing (DON) on 4/6/2024 at 2:45 p.m., the DON stated that the IP should have known about the policies related to tuberculosis because it is his job to implement the policies in the facility. He will not be able to implement policies if he is not aware of them.</p> <p>The facility's policy and procedure titled Tuberculosis Infection Control Program last reviewed 3/15/2024, indicated the facility recognizes that tuberculosis transmission has been identified as a risk in healthcare settings. To try to prevent nosocomial transmission of TB, our facility has instituted a tuberculosis infection control program. The program incorporates an annual TB Risk Assessment and TB risk classification based on the information obtained from the TBRA.</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>The facility's policy and procedure titled Tuberculosis Risk Assessment last reviewed 3/15/2024, indicated the purpose of the tuberculosis risk assessment is to help evaluate the risk of transmission of tuberculosis within the facility, and to help establish appropriate administrative, environmental, and respiratory protection controls for the recognition and/or prevention of tuberculosis. Obtain current surveillance data prevalence in the community. Obtain current surveillance data on TB in the state. Obtain current surveillance data prevalence in the country. Obtain current facility surveillance data on:</p> <p>a. TB prevalence in the last five years;</p> <p>b. TB prevalence in the last year.</p>		