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 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)

F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide and implement an infection prevention and control program.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 49109

Based on interview and record review, the facility failed to implement its infection control policy and procedures for Isolation (separation of an infected resident from the healthy resident until the infected resident is no longer able to transmit the disease)- Initiating Transmission-Based Precautions (TBP- used to prevent infection transmission) for one of six sampled residents (Resident 5), when on 3/1/2024 upon re-admission of Resident 5, who was positive for Clostridium Difficile (also known as C. Diff, a germ [bacteria] that causes diarrhea [a condition in which feces are discharged from the bowels frequently and in a liquid form] and colitis [an inflammation of the colon]), was cohorted (place infected residents with the same organism in the same room) with Resident 6 who was not on Isolation-TBP and did not have a diagnosis of Clostridium Difficile.

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 staff and other residents.

Findings:

A review of Resident 5's Admission Record indicated the facility readmitted Resident 5 on 3/1/2024 and was transferred to General Acute Care Hospital 1 (GACH 1) on 3/20/2024 with diagnoses that included encephalopathy (group of conditions that cause brain dysfunction), enterocolitis (an inflammation that occurs throughout the intestines) due to clostridium difficile, and cirrhosis (a condition in which the liver is scarred and damaged) of the liver. Resident 5's last re-admission to the facility was on 4/3/2024.

A review of Resident 5's Minimum Data Set (MDS- a standardized assessment and screening tool), dated 3/24/2024, indicated Resident required maximum assistance from staff with toileting hygiene, shower, and bathing self. The MDS indicated Resident 5 required moderate assistance from staff with lower body dressing and supervision with oral hygiene, upper body dressing and personal hygiene.

A review of Resident 5's Admission Assessment, dated 3/1/2024, timed at 8:40 p.m. indicated Resident 5 was readmitted to the facility on [DATE] at 7:20 p.m.

A review of Resident 5's Physician's Order, dated 3/1/2024, indicated to place Resident 5 on contact (mechanisms of disease transmission, spread by direct or indirect contact with the resident or resident's environment) and spore (plant bacteria or virus that can cause a disease) isolation for C. Diff for 10 days.

(continued on next page)

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

Printed: 06/27/2024
Form Approved OMB
No. 0938-0391

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 04/30/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 5's Care Plan regarding Clostridium Difficile, with an initiation date of 3/2/2024, indicated a goal to reduce risk of complications and infection daily. The interventions included to observe contact isolation precautions (steps that healthcare facility visitors and staff need to follow before entering a resident's room to help stop germs from spreading) and to isolate (separate) and/or cohort as indicated. A review of the Daily Census, dated 3/1/2024, indicated Resident 5 was placed upon re-admission on 3/1/2024 with Resident 6 who was who was not on TBP and did not have a diagnosis of Clostridium Difficile. A review of Resident 6's Admission Record indicated Resident 6 was originally admitted to the facility on [DATE] with diagnoses that included encephalopathy, dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and hypertension (high blood pressure). A review of Resident 6's MDS, dated [DATE], indicated Resident 6's cognitive (relating to the mental process involved in knowing, learning, and understanding things) skills for daily decision making was severely impaired. The MDS further indicated Resident 6 was dependent on staff with toileting hygiene. The MDS indicated Resident 6 required maximum assistance from staff with lower body dressing, moderate assistance from staff with shower/bathing, upper body dressing and personal hygiene. A review of Resident 6's Social Service Note, dated 3/2/2024, timed at 10:12 a.m., indicated Resident 6 was moved on 3/2/2024 (next day) from the shared room with Resident 5 to another room. During an interview on 4/12/2024 at 2:19 p.m., with Infection Preventionist (IP), IP stated, it is the facility's policy not to cohort a resident who is C. Diff positive with a resident who does not require isolation. The IP further stated he was aware of Resident 5's return to the facility on [DATE] and he had instructed the Registered Nurse (RN) Supervisor to place Resident 5 in an isolation room. The IP stated Resident 5 should have been placed in an isolation room upon readmission to the facility on [DATE]. The IP stated by cohorting Resident 5 who was C. Diff positive with Resident 6 who did not have a diagnosis of C. Diff and did not require isolation, Resident 6 was placed at risk for acquiring C. Diff infection. During a phone interview with RN 3 on 4/15/2024 at 10:11 a.m., RN 3 stated she remembers Resident 5 however she does not recall what happened on 3/1/2024. RN 3 stated she must have accidentally cohorted Resident 5 with Resident 6. During an interview on 4/15/2024 at 11:32 a.m., with the Director of Nursing (DON), the DON stated Resident 5 should have been placed in an isolation room immediately upon readmission to prevent the spread of infection. The DON further stated the RN Supervisor should have followed the facility's policy on Isolation. A review of the facility's policy and procedure titled, Isolation - Initiating Transmission-Based Precautions, revised 4/2023, indicated transmission-based precaution (TBP) are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. It further indicates TBP may include contact precautions, droplet precautions, or airborne precautions.