

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Villa Elena Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13226 Studebaker Rd Norwalk, CA 90650	

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** 46415</p> <p>Based on interview and record review, the facility failed to initiate a Change of Condition form (COC: a change in a resident ' s health) and get physican's orders to implement infection prevention measures (a set of precautions used to prevent the spread of infectious diseases caused by bacteria or viruses that can be transmitted through direct or indirect contact) for one of four sampled residents (Resident 1) when the facility was informed on 7/15/2024 that Resident 1 had tested positive for Candida Auris (C-Auris: multidrug-resistant fungal infection that can cause serious illness).</p> <p>This deficient practice placed other residents and facility staff at risk for getting infected.</p> <p>During a review of the Resident 1 ' s Admission record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including candidiasis (an infection caused by overgrowth of fungus in the body), history of methicillin resistant staphylococcus aureus (MRSA: type of bacteria resistant to many antibiotics) infection, and extended spectrum beta lactamase (ESBL: an infection that is resistant to a certain type of antibiotics) resistance.</p> <p>During a review of Resident 1 ' s Minimum Data Set [(MDS) a standardized assessment and care screening tool], dated 7/9/2024, the MDS indicated Resident 1 ' s cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were intact. The MDS indicated Resident 1 utilized a walker and a wheelchair for mobility and had impairments on both the upper and lower extremities (arms and legs).</p> <p>During a review of Resident 1 ' s Change of Condition (COC) Evaluation dated 7/16/2024 at 1:28 p.m., the COC indicated Resident 1 tested positive for Candida Auris (contact isolation) that started on 7/16/2024 in the morning.</p> <p>During a review of Resident 1 ' s Progress notes, the progress notes indicated on 7/15/2024 at 10:49 p.m. the General Acute Care Hospital (GACH) called and informed the facility Resident 1 tested positive for Candida auris. This message was relayed to the Director of Nursing (DON) and the Infection Prevention Nurse (IPN) and the DON stated she will follow up with the GACH tomorrow. Additionally, the progress notes on 7/16/2024 at 1:36 p.m. documented by the DON indicated she spoke to Resident 1 and informed her regarding the positive C-Auris test results and educated her about the symptoms, how C-Auris is transmitted, and the infection prevention measures that would be in place.</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>During a review of the Candida Auris Surveillance Fungal Culture test results sent by fax from GACH on 7/16/2024 at 11:07a.m, the Candida Auris Surveillance Fungal Culture test indicated Resident 1 was swabbed by the axilla (under the shoulder joint) and groin (area between the torso and the thigh) on 7/14/2024 at 8:30 a.m. and tested positive.</p> <p>During an interview on 9/5/2024 at 2:00 p.m. with the Infection Preventionist Nurse (IPN), the IPN stated prior to Resident 1 getting readmitted back on 7/14/2024, Resident 1 was not on any precautions that required the staff to wear Protective Personal Equipment (PPE: special equipment worn to create a barrier from contact with infections organisms). The IPN stated the facility was informed by the GACH that Resident 1 had tested positive for C-Auris on 7/15/2024. The IPN stated for any type of Candida, the resident should be on Enhanced Barrier Precaution (EBP: infection control preventions designed to reduce transmissions of medication resistant organisms) until it is confirmed what type of Candida the resident has to prevent transmission. The IPN stated from the time they found out about Resident 1 being positive for C-Auris on 7/15/2024 until 7/16/2024 there was no physician ' s order for Resident 1 to be on any sort of infection precautions.</p> <p>During a concurrent interview and record review of the COC dated 7/16/2024 and the progress notes on 9/5/2024 at 4:12 p.m. with the IPN, the IPN stated the COC should have been initiated immediately upon notification that Resident 1 had tested positive for C-Auris on 7/15/2024, so infection prevention precautions could be applied immediately.</p> <p>During a concurrent interview and record review of the COC and progress notes on 9/5/2024 at 4:18 p.m., with Registered Nurse Supervisor 1 (RNS 1), RNS 1 stated that licensed staff complete a COC when there is a significant change in the resident ' s condition and staff would notify the doctor to address the change in condition. RNS 1 stated the COC was initiated on 7/16/2024 but it should have been started on 7/15/2024 based on the progress note on 7/15/2024 at 10:49 p.m., indicating Resident 1 tested positive for C-Auris.</p> <p>During a concurrent interview and record review of the communications notes on 9/9/2024 at 9:15 a.m. with the DON, the DON stated the best thing was to put the PPE cart by the room and have the staff wear the gowns when entering the room for patient care. The DON stated it is possible for the staff to spread the infection to other residents and staff if they do not wear proper PPE.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled, Resident Isolation-Categories of Transmission-Based Precautions, dated October 1, 2023, the P&P indicated contact precautions are implemented for residents known or suspected to be infected or colonized with microorganisms that are transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the residents environment. The resident is placed in a private room when it is not feasible to contain drainage, excretions .when a private room is not available, the Infection Preventionist assesses various risks associated with other resident placement options (e.g., cohorting).</p> <p>During a review of the facility ' s policy and procedure (P&P), titled, Change of Condition Notification, dated October 1, 2023, the P&P indicated the licensed nurse will notify the resident ' s Attending Physician when there is a significant change in the resident ' s physical, mental, or psychosocial status, e.g., deterioration in health, mental or psychosocial status, life-threatening conditions, or clinical complications. The Licensed Nurse will assess the resident ' s change of condition and document the observations and symptoms.</p>		