

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Eastland Subacute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3825 Durfee Ave El Monte, CA 91732	

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>Based on observation, interview, and record review, the facility failed to ensure Licensed Vocational Nurse 1 (LVN 1) and Social Services Director (SSD), properly wore N95 (a highly protective tight-fitting mask that filters harmful germs and requires a fit test to work properly) respirator/mask in accordance with infection control standards. This deficient practice had the potential to result in residents and staff being at increased risk of infection due to inadequate adherence to infection control procedures. On March 3, 2026, at 2:15 p.m., an unannounced complaint visit was conducted at the facility regarding an infection control. During an interview with LVN 1 on 3/3/2026 at 3:38 p.m., LVN 1 was observed wearing an N95 respirator that did not have a tight seal to the face due to facial hair. LVN 1 stated that he had attended an in-service in February 2026 on Infection Control Prevention and Management: COVID 19 (an infectious disease caused by the SARS-Cov-2 virus) - Proper Use of PPEs (Personal Protective Equipment, clothing or equipment that keeps healthcare workers and residents safe from germs or harmful substances), Handwashing, N95 Donning and Doffing. During an observation on 3/3/2026 at 4:55 p.m., near Nursing Station 1, observed the SSD removed his N95 respirator and placed the respirator in the trash. SSD was observed placing a new N95 respirator on his face; however, a complete seal was not achieved due to facial hair. The N95 respirator rested on top of facial hair and did not provide a tight seal to the face. During an observation and interview on 3/3/2026 at 4:55 p.m., IP stated that she had not considered that the N95 mask would not allow for a complete seal when asked about SSD's beard. IP acknowledged that the N95 mask would not provide any protection to the staff member due to the incomplete facial seal. During an interview on 3/3/2026 at 4:55 p.m., the DON was informed that SSD and LVN 1 both have beards and were improperly wearing the N95 mask. The DON stated that all staff members were instructed to check the N95 mask for a proper seal by checking for any air leaks at the bridge of the nose. The DON stated that she would in-service both staff members immediately on the proper wearing of the N95 mask. During a review of the facility's undated policy and procedure (P&P), titled Infection Prevention and Control Program, the P&P indicated: 1. Policy Statement: An infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections. 2. Prevention of Infection: Important facets of infection prevention include educating staff and ensuring that they adhere to proper techniques and procedures. 3. Monitoring Employee Health and Safety: The facility provides personal protective equipment and checks for its proper use.</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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