

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2025
NAME OF PROVIDER OR SUPPLIER  Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 273 E Beverly Boulevard Montebello, CA 90640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48481</b></p> <p>Based on observations, interviews, and record review, the facility failed to implement an ongoing infection prevention and control program (IPCP) to prevent, control the onset and spread of scabies for two of five sampled residents (Resident 1 and Resident 2) in accordance with the facility's policy and procedure (P&amp;P) titled, Infection Prevention and Control Program by failing to:</p> <ol style="list-style-type: none"> <li>1. Implement Resident 1's dermatology orders to apply medication, Permethrin (medication to treat scabies) 5% topical cream, after Resident 1 was diagnosed of scabies (itchy skin rash caused by a tiny burrowing mite called <i>Sarcoptes scabiei</i>) on 3/6/25.</li> <li>2. Place Resident 2, (Resident 1's roommate) under contact isolation (prevent transmission of infectious agents) for seven (7) days, as indicated in the physician orders. Resident 2 was transferred to another resident's room with three new roommates (Residents 3, 4, and 5) on 3/10/2025.</li> <li>3. Monitor and track Resident 2 on 3/6/25, after Resident 1 was diagnosed of Scabies and perform surveillance tracking of Residents 3, 4, and 5 and other potentially exposed residents and staff at the facility, after Resident 2 was moved out of Resident 1's room on 3/10/25.</li> <li>4. Carry out the requirements of the facility's Infection Preventionist (IP), in accordance to the IP Job Description by assessing, implementing, monitoring, and managing the facility's IPCP when Resident 1 was diagnosed with scabies on 3/6/25.</li> </ol> <p>This deficient practice had the potential to result in transmission of communicable disease and infection to visitor, residents and staffs.</p> <p>Findings:</p> <p>During a review of the facility's Census dated 3/18/25, the Census indicated there were 186 residents in the facility.</p> <p>1. During a review of Resident 1's Admission Record (AR), the AR indicated that Resident 1 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses including malignant neoplasm (cancerous tumor) of bladder, local infection (a disease caused by germs or bacteria) of the skin and subcutaneous (beneath or under the skin) tissue, paraplegia (loss of movement and/or sensation, to some degree, of the legs), malignant neoplasm of head, face, and neck, and cerebral infarction (stroke, loss of blood flow to a part of the brain).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056487
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 1/13/25, indicated Resident 1 was cognitively intact. The MDS indicated that Resident 1 required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) on upper body dressing, and was dependent (helper does ALL of the effort. Resident does none of the effort to complete the activity) on toilet hygiene, shower/bath transfer, lower body dressing, and putting on/ taking off footwear.</p> <p>During a review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR -a communication tool used by healthcare workers when there is a change of condition among the residents) dated 3/10/25, the SBAR indicated that Resident 1 missed his medication last week; cream was not available. Physician notified, called dermatology clinic for verification of orders from last week, noted with new order but was not relayed to the facility. Dermatologist was made aware to notify facility if resident has new prescription. Resident 1 and sister notified, will administer topical cream as soon as it is delivered.</p> <p>During a review of Resident 1's Nursing Progress Notes dated 3/6/25, the Progress Note documented Resident 1 was out on pass for appointment with the dermatologist on 3/6/25 timed at 10:30 AM. The Progress Notes lacked documentation that the licensed staff performed a skin assessment and/or documented Resident 1's rashes.</p> <p>During a review of Resident 1's Dermatologist's note dated 3/6/25, the Note documented that Resident 1's physical exam indicated the following problems, the Note indicated Resident 1 had well demarcated pruritic (a skin condition characterized by a well-defined, itchy rash) pink erythematous (abnormal redness of the skin) and edematous papule (small, raised skin bumps that are swollen or puffy due to fluid retention)/macule (flat, distinct, discolored area of skin)/patch (flat, adhesive area applied to the skin that delivers medication or protects it)/plaque (sticky film that coats site of the body and contains bacteria), involving neck, right scapular (shoulder or shoulder blade) and lateral back. The Note further indicated Resident 1 had pink erythematous plaques (raised, flat-topped areas of skin that are red or inflamed), involving the right scapular, linear tracks (straight, line-like marks or lesions that can be caused by various factors) and burrows (raised, winding lines or tracks that appear on the skin due to the burrowing activity of certain parasites, most commonly scabies mites.), involving head, neck, chest, abdomen, back, pelvis, upper extremities. The Note documented that Resident 1 received a diagnosis of scabies affecting the resident's head, neck, chest, abdomen, pelvis, upper extremities and lower extremities. The Note indicated the plan was to apply medication, Permethrin (medication to treat scabies) 5% topical cream and repeat in one week.</p> <p>During a review of Resident 1's Nursing Progress Notes dated 3/6/25, the Note documented that Resident 1 was back from the Dermatology appointment on 3/6/25 at 12:12 pm with no new orders. The Note documented that the charge nurse followed up with the Dermatologist office and was informed there was no new orders. The Note indicated that all medication and orders will be sent to the facility that night of 3/6/25. The Note indicated that the Treatment nurse made aware. The Note did not indicate further follow up from 3/7/25 to 3/9/25. The note lacked evidence that facility staff implemented any isolation precautions for Resident 1, who had just received a diagnosis of scabies; and lacked evidence that facility staff followed up on the order for Permethrin cream as documented in the dermatology appointment documentation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's Physician Orders dated 3/10/25 (four days after Resident 1 was diagnosed with Scabies and facility staff received the original Permethrin order from the dermatologist), facility staff received an order to place Resident 1 on contact isolation for scabies. Facility staff received an additional order for Permethrin External Cream 5 % (Permethrin) Apply to neck down topically one time only for scabies until 03/10/2025 repeat in a week and apply to neck down topically one time only for scabies until 03/17/2025 second application.</p> <p>During a review of Resident 1's Treatment Administration record (TAR) for March 2025, the TAR indicated Permethrin 5% cream was applied to Resident 1 on 3/10/25. The TAR indicated Resident 1 received another dose of Permethrin 5% cream on 3/17/25. The TAR did not indicate any other skin assessments and monitoring of rashes.</p> <p>2. During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (one-sided muscle weakness), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) status.</p> <p>During a review of Resident 2's Physician Orders Dated 3/10/25, the order to apply Permethrin External Cream 5 % (Permethrin) topically one time only for exposure to scabies and contact isolation precaution for exposure to scabies for seven days.</p> <p>During a review of Resident 2's Treatment Administration Record (TAR) dated 3/1/2025 to 3/31/2025, the TAR indicated Permethrin External Cream 5 Percent was applied on 3/11/25 at 3:53 pm for exposure to scabies.</p> <p>During a review of Resident 2's SBAR dated 3/10/25, the SBAR indicated Resident 2 was on monitoring for exposure to scabies. The SBAR indicated that Resident 2's Primary physician was made aware with new orders provided, and that the IP (infection Preventionist) was also notified. The SBAR indicated to place Resident 2 on Contact isolation precaution for exposure to scabies.</p> <p>During a review of Resident 2's Census List, indicated Resident 2 had a room change to another station on 3/10/25, and returned to Resident 1's room on 3/14/25.</p> <p>During a review of a facility provided form titled, Scabies Case/Contact Line list Form for Patients, provided by the Infection Preventionist (IP) Consultant, the Line list form was reviewed. The Line list indicated the start of the outbreak was 10/1/24 (5 months ago). Resident 1's information was added on the list with an onset date of 3/6/25. The Line list indicated Yes for Evaluated for scabies, and No on Skin Scraping (a procedure where a small amount of skin is removed and examined under a microscope) performed. The Line list failed to document Resident 1's signs and symptoms, number of scabies treatment, treatment name, treatment date, and healing stage. The required information in the Line list for Resident 1 were left blank. The Line list lacked evidence that the facility was monitoring any other residents or facility staff for scabies exposure.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 3/18/25 at 10 am with Resident 1, Resident 1 was observed with rashes on the left side of his neck. Resident 1 stated that he still feels itchy all over specially the hands, legs and back area. Resident 1 stated he told a facility staff about his rashes and itchiness but could no recall who and when. Resident 1 stated about a few weeks ago, he and his family member went to a Dermatology clinic for his rashes and other wounds. Resident 1 stated that he was informed by his family member and facility staff that had scabies after the medication for scabies was applied to him.</p> <p>During a concurrent observation and interview on 3/18/25 at 10:05 am with Licensed Vocational Nurse (LVN) 1, while standing in the facility hallway, Resident 1's doorway wall, prior to entrance was observed. A signage was posted indicating STOP. Contact Isolation (separation of residents with an infection from residents without an infection). LVN 1 could not state whether Resident 1 was removed from isolation or still required isolation. LVN 1 stated that IP 1 or IP 2 had not updated LVN 1 on Resident 1's current isolation status.</p> <p>During an interview on 3/18/25 at 10:15 am with Registered Nurse (RN) 1, RN 1 stated Resident 1 went out to a Dermatologist appointment on 3/6/25, that was arranged by Resident 1's Responsible Party (RP). RN 1 stated when Resident 1 returned to the facility on the same day, Resident 1 did not have the Dermatologist's note or order. RN 1 stated that LVN 1 called the Dermatologist on 3/6/25 to obtain the Dermatologist order and prescription to be sent to the facility that night on 3/6/25. RN 1 stated the order was still not received on 3/6/25 and no one from the facility followed up the next day, 3/7/25. RN 1 stated it was not until 3/10/25 (4 days later) that RN 1 called the Dermatologist office and was informed that Resident 1 had scabies. RN 1 stated Resident 1 was not placed on contact isolation until 3/10/25.</p> <p>During a concurrent interview and record review on 3/18/25 at 1:20 pm with IP 1, the Scabies Case Line list, dated 10/1/24 was reviewed. IP 1 stated Resident 1's name should not have been added to the previous line list for scabies. IP 1 stated the Line List was incomplete since the illness description was not completed in its entirety. IP 1 stated as an IP she must monitor and follow up on infectious cases within the facility.</p> <p>During an interview on 3/19/25 at 10:20 am with IP 1, IP 1 stated Resident 2 was moved out from Resident 1's room on 3/10/25 and returned to Resident 1's room (initial room) on 3/14/25, four days after being diagnosed with scabies. IP 1 stated she could not tell how long Resident 2 should have been in isolation for scabies exposure.</p> <p>During an interview on 3/19/25 at 10:35 AM with IP 2, IP 2 stated he was both the facility's Case Manager and IP. IP 2 stated spending approximately few hours serving as an IP at the facility, and the other hours as a Case Manager. IP 2 stated not being familiar with IP tasks and could not state specific tasks performed as an IP. IP 2 stated he could not state hours spent as IP and Case Manager. IP 2 stated that his Case Management case load and responsibilities takes a lot of his time.</p> <p>During an interview on 3/19/25 at 11:25 am with Licensed vocational nurse (LVN) 1, LVN 1 stated Resident 2 was transferred to another room with three other residents on 3/10/25, after being exposed to scabies. LVN 1 stated she only informed another licensed nurse (unknown) upon Resident 2's room change on 3/10/25, that Resident 2 was exposed to scabies.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/19/25 at 11:45 am with LVN 2, LVN 2 stated she was unaware of Resident 2's exposure to scabies or the treatment Resident 2 received for Scabies on 3/6/25. LVN 2 stated she did not conduct a body skin assessment or monitor Resident 2's exposure to scabies since she was not notified of Resident 2's exposure to scabies.</p> <p>During an interview on 3/18/25 at 11:54 am with IP 1, IP 1 stated she was assigned as IP designee today, and a desk nurse. IP 1 stated her role for desk nurse responsibilities includes: Following up lab result, reporting to physician, and carry out orders, place care plans, discharge, and admissions, as well as follow up on any Change in Conditions. IP 1 stated her role as an IP included antibiotic stewardship (a coordinated effort to promote the appropriate use of antibiotics to improve patient health outcomes, reduce antibiotic resistance), providing in-service to staffs regarding infection control, ensuring staff have enough personal protective equipment (PPE) supplies, ensuring labs were reported in related to infections. IP 1 stated that she is often assigned as a desk nurse at the facility, as well as IP. IP 1 stated she does not monitor how many hours she spent as an IP on daily basis, but mainly focus as an IP. IP 1 stated Resident 1 no longer required to be on contact isolation for scabies.</p> <p>During an interview on 3/19/25 at 1:50 pm with the Administrator (ADM), the ADM stated the facility staff should have conducted monitoring, assessment, and appropriate follow through of Resident 1's Dermatology consult and orders to ensure the primary physician was made aware to implement the Dermatologist order on 3/6/25. The ADM stated that appropriate endorsements should had been more thorough between all facility staff and the facility's IP nurses. The ADM stated facility's infection prevention and control should have been followed and implemented. The ADM stated the IP Consultant was assisting with the IP role, since the Assistant Director of Nursing (DON) was only part time and the Interim DON was not IP certified. The ADM stated there was no follow ups conducted since the previous designated IP nurse left the facility.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled Infection Prevention and Control Program dated 9/18/23, the P&amp;P indicated an infection prevention and control program (IPCP) was established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&amp;P indicated the infection prevention and control committee was responsible for reviewing and providing feedback to the overall program and coordination and oversight included that the infection prevention and control committee was responsible for reviewing and providing feedback on the overall program. The P&amp;P indicated surveillance data and reporting information was used to inform the committee of potential issues and trends. The P&amp;P indicated surveillance tools were used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with</p> <p>infection control implications. The P&amp;P indicated Outbreak management was a process that consists of determining the presence of an outbreak, managing the affected residents and preventing the spread to other residents. The P&amp;P indicated to educate the staff and the public and to monitoring for recurrences. The P&amp;P indicated medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's job description for, Infection Preventionist, dated 10/2020, the job description indicated the primary purpose of this position is to plan, organize, develop, coordinate, and direct the facility infection prevention and control program and its activities in accordance with current federal, state, and local standards, guidelines, and regulations that govern such programs and as directed by the Administrator and the Infection Prevention and Control Committee.</p> <p>During a review of the Facility's Policy and Procedure (P&amp;P) titled Infection Preventionist revised 09/2022, the P&amp; P indicated the infection preventionist (or designee) coordinates the development and monitoring of the infection prevention and control program. The P&amp;P indicated the infection preventionist collects, analyzes and provides infection and antibiotic usage data and trends to nursing staff and health care practitioners. The P&amp;P indicated the infection preventionist was scheduled with enough time to properly assess, develop, implement, monitor, and manage the IPCP, address training requirements, and participate in required committees such as QAPI.</p>