

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2024
NAME OF PROVIDER OR SUPPLIER  Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2335 S. Mountain Ave Duarte, CA 91010	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48481</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program as indicated in the facility's policy and procedure on infection control to help prevent the development and transmission of communicable diseases (diseases that could be transferred from one person to another person by direct or indirect contact) and infections for three out of seven sampled residents (Resident 13 and 14) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure Certified Nurse Assistant (CNA) 3, did not enter Resident 13's room without wearing gown and gloves. Resident 13 was placed on TBP (a set of infection control measures that indicate infection control procedures such as wearing gown gloves and mask when in contact with the resident with infection that could be transmitted from person to person).</li> <li>2. Ensure appropriate notification and posting were placed near the room entrance of Resident 13 and 14 who was placed on TBP due to having live lice (parasites that feed on human blood) in the head.</li> </ol> <p>This deficient practice had the potential to result in the widespread of lice infestation (presence of unusually large number of insects) and infection to other residents, staffs, and visitors.</p> <p>Findings:</p> <p>During a review of Resident 13's admission record, dated 6/18/2021, indicated that the resident was admitted with diagnoses that includes schizophrenia (a serious mental health condition that affects how people think, feel, and behave) and schizoaffective disorder, bipolar type (a mental illness that combines symptoms of schizophrenia and bipolar disorder that health condition causes extreme mood swings that include emotional highs and lows).</p> <p>During a review of Resident 13's Minimum Data Set (MDS a standardized resident assessment and care screening tool) dated 6/4/24, Resident 13 had severe cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions, has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life).</p> <p>A review of Resident 14's Admission Record indicated the facility admitted the resident on 8/18/2020 and readmitted on [DATE], with diagnoses including schizoaffective disorder (a chronic mental illness that causes a person to experience dramatic changes in their thoughts, moods, and behaviors.) and cannabis use (marijuana, recreationally for its mind-altering effects, which can include enhanced senses and changes in mood).</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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NAME OF PROVIDER OR SUPPLIER  Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2335 S. Mountain Ave Duarte, CA 91010	
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>During a review of Resident 14's MDS record dated 8/28/24, Resident 14 had moderate cognitive impairment.</p> <p>During a facility tour and observation on 9/3/24 at 11:30 am, Residents 13 and 14 room near or on the entrance door had no signage indicating that the residents were placed on TBP.</p> <p>During an interview and concurrent observation on 9/3/24 at 12:56 pm with Infection Preventionist (IP), IP stated there was no signage about TBP on the or near the entrance door of Resident 13 and 14's room indicating the residents are on TBP.</p> <p>During an observation and concurrent interview on 9/3/24 at 1:34 pm, Certified Nurse Assistant (CNA) 3, was observed entering the room of Resident 13 without wearing gown and gloves, the room did not have signage at the entrance indicating Resident 13 was placed on TBP. CNA 3 stated, I guess she's still in contact isolation (an isolation that required the use of wear gloves, gowns when in contact with resident that on TBP) but I'm not sure. I thought she got all her treatment already.</p> <p>During an interview on 9/3/24 at 2:10 pm, CNA 4 stated If there's no sign or no personal protective equipment (PPE, equipment used to prevent or minimize exposure to hazards) in the cart next the room, I would think it's not an isolation room.</p> <p>During a review of Resident 13 and 14's SBAR Communication Form (Situation, Background, Assessment, and Recommendation (or Request), structured communication framework that can help teams share information about the condition of a resident or team member or issues the team needs to address). and physician orders, dated 8/27/24, the assessment and physician orders indicated Resident 13 and 14 were observed with live head lice and lice eggs during assessment, and the residents were prescribed [NAME] Ultra External kit (Nit Remover, hair solution to treat the egg or young form of a louse or other parasitic insect attached to a human hair) by the physician for head lice.</p> <p>During a review of Resident 13's nursing progress note, dated 8/28/24, indicated Resident 13 was placed on contact precaution for head lice.</p> <p>During a review of the facility's policy and procedure titled Isolation-Categories of Transmission-Based Precautions dated September 2022, indicated When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door so that personnel and visitors are aware of the need for and the type of precaution.</p>		