

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 12/20/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38740</p> <p>Based on observation, interview and record review, the facility failed to ensure safe and sanitary food preparation and handling practices were implemented in accordance with the facility's policy and procedure by failing to ensure:</p> <ol style="list-style-type: none"> 1. Dietary Assitant (DA) 3 did not wash hands after he returned to the kitchen. 2. DA 3 and DA did not wash hands and change gloves when removing the clean and sanitized dishes from the dish machine. 3. DA 2 and [NAME] 1 wore hair net at all times while in the kitchen. 4. [NAME] 1 did not reuse the serving spoon which was placed on the sink to mix and scoop cooked macaroni into a metal container. <p>These deficiencies had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to food borne illness in 148 out of 148 residents who received food from the kitchen.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation of the lunch service in the cafeteria on 12/20/24 at 12:40PM, one Dietary Aide (DA) 3 was wearing gloves while serving beverages and desert to residents who were waiting in line for lunch. Then DA3 finished with serving the food and returned to the kitchen. <p>During the same observation on 12/20/24 at 12:40PM, DA3 put on his apron and started washing dishes. DA3 did not wash hands and replace gloves after he entered the kitchen.</p> <p>During an observation in the dishwashing area on 12/20/24 at 1PM DA3 was rinsing soiled dishes and loading the dirty dishes in the dishwasher machine. DA3 proceeded to remove the clean and sanitized dishes from the dishwasher machine without washing hands and replacing gloves.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During the same observation on 12/20/24 at 1PM, the Dietary Aide (DA4) put on gloves started helping DA3 with dishwashing. DA4 started rinsing soiled dishes and loaded the dirty dishes in the dishwasher machine. DA4 then proceeded to remove the clean and sanitized dishes from the dishwasher machine and placed the dishes to storage without changing gloves and washing hands.</p> <p>During an interview with DA3 on 12/20/24 at 1:05PM, DA3 stated he finished serving food in the cafeteria and returned to the kitchen and forgot to wash his hands. DA3 also stated he was handling dirty dishes and then with the same gloves he picked up clean and sanitized dishes. DA3 stated he should have washed hands and replaced gloves to prevent contaminating the clean and sanitized dishes.</p> <p>During the same interview DA4 stated, she didn't wash her hands and change gloves and contaminated the clean dishes.</p> <p>During an interview with Kitchen Supervisor (KS) on 12/20/24 at 1:05PM, KS stated handwashing was done in the handwashing sink and directed DA4 to wash hands. KS stated staff should always wash hands when entering the kitchen and when moving to a new task and after touching soiled dishes to prevent cross contamination (transfer of bacteria from one area, object or person to another). KS stated there were two people working in the dishwashing area to prevent cross contamination from dirty side to clean side. KS stated all the dishes need to be rewashed and directed one staff to stay in the dirty dishes section and the other to pick up the clean dishes. KS stated will Inservice staff on hand washing procedures.</p> <p>During an interview with DSD on 12/20/24 at 2:00PM, DSD stated hand hygiene was important to prevent cross contamination of surfaces, utensils, and food. DSD stated staff were recently in-service on safe food handling and hand washing. DSD stated will make sure to do a one-on-one in-service with the two Dietary Staff regarding glove change and hand hygiene.</p> <p>48481</p> <p>3. During an observation in the kitchen on 12/19/24 at 9:50 AM, two (2) dietary staff members, the [NAME] 1 and Dietary Assistant (DA) 2, were observed not wearing a hair net (a covering on the head to prevent hair from falling into the food and food preparation area) while preparing and storing food. [NAME] 1 stated she took the hair net off when she went to bathroom, and she just returned to the kitchen. [NAME] 1 stated the hairnet was required to be used in the kitchen for sanitary purposes. DA 2 was observed not wearing a hair net, walking from the middle of the kitchen area toward the shelf to grab hair nets but one dropped to the floor. Then DA 2 picked up the hair net from the floor and put on his head. As DA 2 stated if the hairnet dropped on the floor the hair net was still clean to be worn.</p> <p>During an interview on 12/19/24 at 4:15PM with the Administrator (ADM), the ADM stated [NAME] 1 and DA 2 were supposed to wear a hair net while they were working at the kitchen. ADM stated it is a facility policy that anyone that enters the kitchen he or she should wear a hair net at all times.</p> <p>During a review of the facility policy and procedure titled, Dietary Services- Preventing Foodborne Illness- Employee Hygiene dated 11/2024, indicated Hair nets are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens</p> <p>47467</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During a concurrent observation and interview on 12/19/2024 at 9:35 AM in the facility ' s kitchen, a serving spoon was on a sink next to a drainer filled with cooked macaroni. [NAME] 1 took the serving spoon and used it to mix the macaroni and scoop them into a metal container. [NAME] 1 stated, the macaroni would be served for residents who did not want cheese. When asked if the serving spoon was clean being placed in the sink. [NAME] 1 stated, the serving spoon was dirty because the sink was not clean. [NAME] 1 stated, she was too busy and did not realize she used the dirty serving spoon. [NAME] 1 stated, she should not reuse the serving spoon because it was already dirty and could contaminated the food which would be served to the facility ' s residents.</p> <p>During an interview on 12/20/2024 with the Director of Staffing Development (DSD), the DSD stated, if the serving spoon was placed in the sink, it would be dirty and would crossed-contaminated if reused. The DSD stated, [NAME] 1 should not reuse the serving spoon because it could contaminate the residents ' food.</p> <p>During a review of the facility ' s Policies and Procedure (P&P) titled, Sanitization, revised November 2022, indicated the food service area is maintained in a clean and sanitary manner. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions.</p> <p>A review of facility policy titled Preventing Foodborne Illness-Employee Hygiene and Sanitary practices (revised 11/2023) indicated, Employees must wash their hands: whenever entering or re-entering the kitchen; after handling soiled equipment or utensils; Gloves are removed, hands are washed, and gloves are replaced between handling soiled and clean dishes.</p> <p>A review of the 2022 U.S. Food and Drug Administration Food Code, Code 2-301.14 When to Wash. Indicated, FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and E) After handling soiled EQUIPMENT or UTENSILS.</p> <p>(F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks.</p> <p>(G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD.</p> <p>(H) Before donning gloves to initiate a task that involves working with FOOD.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48481</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedure titled Reportable Diseases, revised September 2022, and Outbreak of Communicable Diseases, revised September 2022 by failing to:</p> <ol style="list-style-type: none"> Promptly notify Resident 1, 2, 3, 4, 5, 6 's Primary Physician, about a change in condition on 12/17/2024 when all residents were having nausea, vomiting, and/or diarrhea and notify the local health department for a disease outbreak. Ensure the facility ' s employees (Program Counselor 1, 2, 3) did not come to work on 12/18/2024 while having symptoms of the nausea, vomiting, and/or diarrhea. <p>These failures had a potential to result in a delay in controlling the spread of the disease and further spread of the disease to other residents, staffs and visitors within the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> During a review of Resident 1 ' s Admission Record (AR), indicated Resident 1 was admitted to the facility on [DATE] with diagnosis that included schizoaffective disorder (mental illness that affects mood and has symptoms of hallucinations and/or delusions), hyperlipidemia (an abnormally high concentration of fat particles in the blood), hypertension (high blood pressure), type 2 diabetes mellitus (DM2 - condition that results in too much sugar circulating in the blood), and obesity (overweight). <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a resident assessment tool), dated 9/28/2024, indicated Resident 1 ' s cognition (ability to think, remember, and reason with no difficulty) was intact.</p> <p>During a review of Resident 2 ' s AR, indicated Resident 2 was admitted to the facility on [DATE] with diagnosis that included schizophrenia (a severe mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions), anxiety disorder (a group of mental disorders characterized by significant feelings of fear that affect with daily activities), and constipation (a condition where bowel movements are infrequent or uncomfortable, and stools are hard, dry, or difficult to pass).</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 ' s cognition was intact.</p> <p>During a review of Resident 3 ' s AR, indicated Resident 3 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis that included schizoaffective disorder, hypertension, type 2 diabetes mellitus.</p> <p>During a review of Resident 3 ' s MDS, dated [DATE], indicated Resident 3 ' s cognition was moderately impaired.</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 4 ' s AR, indicated Resident 4 was admitted to the facility on [DATE] with diagnosis that included schizoaffective disorder bipolar type (a rare mental illness that combines schizophrenia symptoms with bipolar disorder [a mental illness that causes extreme mood swings, or shifts in a person's energy, activity levels, and concentration] symptoms), constipation, and insomnia (a sleep disorder that makes it hard to fall asleep, stay asleep, or wake up too early).</p> <p>During a review of Resident 4 ' s MDS, dated [DATE], indicated Resident 4 ' s cognition was moderately impaired.</p> <p>During a review of Resident 5 ' s AR, indicated Resident 5 was admitted to the facility on [DATE] with diagnosis that included schizoaffective disorder bipolar type, and hyperlipidemia.</p> <p>During a review of Resident 5 ' s MDS, dated [DATE], indicated Resident 5 ' s cognition was moderately impaired.</p> <p>During a review of Resident 6 ' s AR, indicated Resident 6 was initially admitted to the facility on [DATE] with diagnosis that included schizoaffective disorder, and insomnia.</p> <p>During a review of Resident 6 ' s MDS, dated [DATE], indicated Resident 6 ' s cognition was moderately impaired.</p> <p>During a review of the facility ' s Care Communication, dated 12/17/2024, indicated on 12/17/2024 at 11:11 PM, Licensed Vocational Nurse (LVN) 1 documented in the facility ' s internal communication log that several residents were experiencing nausea, vomiting, and or diarrhea including Resident 1, 2, 3, 4, 5, and 6. The notes indicated this is reportable to public health and a time frame to report needs to be met. Infection Preventionist (IP) needs to be notified immediately.</p> <p>During a concurrent interview and record review on 12/19/2024 at 2 PM with the facility ' s IP, Resident 1, 2, 3, 4, 5, 6 ' s medical records including Progress notes, and Change of Condition (COC), dated 12/17/2024 were reviewed. The IP stated, there was no progress notes, Primary Physician ' s notification or Change of Condition (COC) regarding the nausea/vomiting/diarrhea for any of the six identified residents that were made on 12/17/2024. The IP stated, LVN 1 did not notify the IP on 12/17/2024. The IP stated, she came in to work at 8 AM on 12/18/2024 and was aware of the situation after she reviewed the facility ' s communication log. The IP stated, she notified the primary physician and report the outbreak to the Health Department on 12/18/2024 at around 11:30 AM.</p> <p>During an interview on 12/19/2024 at 2:30 PM with the IP, the IP stated, LVN 1 should have notified the IP about the issue on the night of 12/17/2024 so the IP could notify the doctor, report the suspected communicable disease to the health department right away because it was an outbreak and needed to be controlled with actions to be taken immediately. The IP stated a delay in doctor notification and reporting to the local health department could lead to a delay in intervention to control the disease and would further spread the disease to other residents, staffs and visitors in the facility.</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 Policies and Procedures (P&P) titled, Reportable Diseases, revised September 2022, indicated certain infections, illnesses and conditions are reported to the appropriate city, county and/or state health department officials. When a resident(s) presents with a suspected or confirmed infection, illness or condition that is reportable, the administrator (or designee)) notifies the local health department within the required timeframe.</p> <p>2. During a review of Program Counselor (PC) 1 ' s timecard (a tool used to track and record the hours that the employee worked when they clocked in and out for their shift) for the period of 12/6/2024 to 12/20/2024, indicated PC 1 worked on 12/18/2024 from 5:53 AM to 2:09 PM.</p> <p>During a review of PC 2 ' s timecard for the period of 12/6/2024 to 12/20/2024, indicated PC 2 worked on 12/18/2024 from 7:07 AM to 2:33 PM.</p> <p>During a review of PC 3 ' s timecard for the period of 12/6/2024 to 12/20/2024, indicated PC 3 worked on 12/18/2024 from 8:52 AM to 2:18 PM.</p> <p>During an interview on 12/20/2024 at 10 AM with PC 1, PC 1 stated, she started having symptoms of stomachache, body ache, tiredness and loss of appetite since the morning of 12/17/2024. PC 1 stated, on 12/18/2024, PC 1 went to work with body ache, feeling of nausea, fever like symptoms, and loss of appetite. PC 1 stated, her nauseous got worse around 12 PM so she reported it to her manager and was sent home around 2:10 PM, close to the end of her shift at 2:30 PM.</p> <p>During an interview on 12/20/2024 at 10:10 AM with PC 2, PC 2 stated, he started having symptoms of stomach pain early in the morning of 12/18/2024 before he went to work. PC 2 stated, he was having stomach pain and nausea during his shift. PC 2 stated, he reported his symptoms to his manager and was sent home in the afternoon time close to his end of shift around 3:30 PM.</p> <p>During an interview on 12/20/2024 at 10:25 AM with PC 3, PC 3 stated, he started having stomach pain on 12/17/2024 at nighttime to the point that he could not sleep all night. PC 3 stated, on 12/18/2024, around 5 AM, he started having diarrhea with frequent bowel movement every 15-20 minutes, followed by feeling weak, dehydrated and nausea. PC 3 stated, his shift started at 9 AM so he took some medications to control nausea and diarrhea to help him get to work. PC 3 stated, he was seeing residents, doing group meeting just as his normal working day. PC 3 stated, his manager sent him home around 2 PM after he reported his symptoms.</p> <p>During an interview on 12/20/2024 at 2:35 PM with the Administrator (ADM) and the Director of Staffing Development (DSD), the ADM stated, she expected her employees to report when they started having any disease symptoms or feeling ill to stay home. The DSD stated, if the staff had symptoms of body ache, chills, nausea or diarrhea, they should not come in to work because they could transmit and spread the disease to other people that they were in contact with.</p> <p>During a review of the facility ' s P&P titled, Outbreak of Communicable Diseases, revised September 2022, indicated outbreaks of communicable diseases within the facility are promptly identified and managed, all employees/staff follow standard precautions at all times, and report any symptoms relating to the current disease outbreak to their supervisor.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>48481</p> <p>Based on observation and interview, the facility failed to ensure the low-temperature dishwasher in the kitchen was maintained in functioning condition to keep appropriate temperature during washing and rinsing phases. The low-temperature dishwasher in the kitchen was below the manufacturers recommended temperature of between 120 to 140 degrees Fahrenheit (F) when washing.</p> <p>This failure has the potential for the dishes, utensils, cups and other equipment used to prepare food for the residents not to be properly sanitized (cleaning and disinfection of an area or an item) and cause food borne illnesses (infections or irritations of the gastrointestinal tract caused by food or beverages that contain harmful bacteria, parasites, viruses, or chemicals).</p> <p>Findings:</p> <p>During an observation in the kitchen on 12/19/24 at 9:50 AM, dishwasher thermometer was observed to be at 116 F when Dietary aide (DA) 1 pushing a rack of dishes into the dishwasher and operating the equipment. Throughout the process until after DA 1 pulled out the rack of dishes the temperature was observed fluctuating between 105 F and 118 F but never reaching 120 F degrees F. DA 1 stated she checked this morning, it was 118 F she just logged 120 F in Dishwasher Daily Checklist. DA 1 stated did not report due to dietary supervisor on sick leave, and maintenance guy not available at the time the issue was noticed.</p> <p>During an interview on at with Administrator (ADM). ADM stated the dietary service supervisor (DSS) was on medical leave since Monday, 12/16/24 due to personal health issues, a dietary aide is supervising however the DA 3 has another job and won ' t come until later. Administrator acknowledged water temperature needs to be adjusted and stated has contacted the maintenance supervisor and he will be there immediately.</p> <p>During a concurrent observation and interview with the Maintenance Supervisor (MS) on 12/19/24 at 10:45 AM, the MS stated a booster tank located under the counter next to dishwasher was not working due to power outlet being shut off, likely caused by power demand overload in the kitchen, that ' s why the booster not functioning to maintain the water supply to the dishwasher at desired temperature. The MS stated the last time he checked this power outlet was long time ago, there is no log, and he relies on staffs who notice issues report to his department.</p> <p>During a review of the facility ' s policy and procedure title, Two Compartment Sink Method dated 12/14/17, indicated Temperatures out of specified range will be reported to the Nutrition Service Manager. Low temperature machine should be between 120-140 F.</p>		