

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Town & Country		STREET ADDRESS, CITY, STATE, ZIP CODE 555 East Memory Lane Santa Ana, CA 92706	
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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49348</p> <p>Based on observation, interview, and facility P&P review, the facility failed to ensure the appropriate infection control practices designed to provide a safe and sanitary environment and help prevent the development and transmission of infections were implemented.</p> <p>* The facility failed to ensure the CNAs followed the EBP to wear not only gloves but also a gown when providing resident care. This failure posed the risk for the transmission of disease-causing microorganisms.</p> <p>Findings:</p> <p>According to the CDC, for the EBP, expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provides opportunities for transfer of MDROs to staff hands and clothing. High-contact resident care activities requiring gown and gloves for EBP includes transferring the resident.</p> <p>Review of the facility's P&P titled Enhanced Barrier Precautions revised 5/2024 showed refer to the use of gown and gloves for certain residents during specific high-contact resident care activities that have been found for increased risk for transmission of multidrug-resistant organisms.</p> <p>Review of the facility's P&P titled Infection Control Prevention and Control of MDRO Transmission revised 5/2023 showed gowns are worn when it is anticipated that clothing will become soiled with blood or other body fluids or when contact with soiled surfaces (such as siderails or bed linens of an infected resident) is anticipated.</p> <p>On 11/7/24 at 0836 hours, an EBP sign was observed posted outside of Resident 1's room. The sign showed to wear gloves and gown for high contact activities. CNAs 2 and 3 were observed wearing surgical masks and gloves to reposition the resident up in bed.</p> <p>On 11/7/24 at 0837 hours, an interview was conducted with CNA 2. CNA 2 was asked when a gown was required for the EBP. CNA 2 stated transferring, changing, and close contact. CNA 2 stated she thought the gloves were sufficient and would have to check if a gown was required for pulling residents up in bed.</p> <p>On 11/7/24 at 0839 hours, an interview was conducted with the IP. When asked the PPE requirements for EBP, the IP stated yellow gown was required.</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: 555141	Facility ID: 555141 If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 11/7/24 at 1358 hours, a follow-up interview was conducted with CNA 2. CNA 2 verified she was supposed to wear a gown in the room.</p> <p>On 11/7/24 at 1515 hours, an interview was conducted with the MDS RN and DSD. The MDS RN and DSD verified the gown and gloves were required when contacted with a resident with EBP.</p> <p>On 11/7/24 at 1646 hours, the Administrator acknowledged the above findings.</p>		