

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2024
NAME OF PROVIDER OR SUPPLIER  Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5800 West Wilson Street Banning, CA 92220	

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** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure facility policy and procedure for hand hygiene were followed for one of four sampled residents, (Resident 4), when the Treatment Nurse, (TN), did not perform hand hygiene after removing gloves, and before donning a new pair of gloves during wound care.</p> <p>This failure had the potential for contamination of Resident 4's wound.</p> <p>Findings:</p> <p>On July 23, 2024, at 10:40 a.m., an unannounced visit to the facility on a complaint investigation was initiated.</p> <p>On July 23, 2024, at 2:56 p.m., observed the TN providing wound care to Resident 4. The TN provided peri-care, removed her gloves, walked to the bathroom, and washed her hand with soap and water for 30 seconds. The TN walked back to the left side of Resident 4's bed, donned a new pair of gloves. She removed the wound cleanser from the clear plastic bag that was on the left side of Resident 4's mattress. The TN removed clean 4x4 gauze from the plastic bag and held the 4x4 gauze in her left hand as she irrigated the sacral (triangular bone at the base of the spine) wound. The TN removed dry 4x4 gauze from the plastic bag and patted the wound dry. The TN removed her gloves threw them in the trash can and donned a new pair of gloves. The TN was not observed performing hand hygiene. The TN removed the 4x4 gauze soaked in 1/4 strength Dakin's solution (a liquid used to prevent or control infection) from the cup and packed it up into the wound.</p> <p>On July 23, 2024, at 3:07 p.m., an interview was conducted with the TN. The TN stated that she did not perform hand hygiene after she removed her gloves and prior to putting on a clean pair of gloves and she should have done so.</p> <p>On July 23, 2024, at 3:19 p.m., an interview was conducted with the Infection Preventionist, (IP). The IP stated that staff should perform hand hygiene after removing gloves and prior to donning a new pair of gloves during wound care.</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  Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5800 West Wilson Street Banning, CA 92220	
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(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>A review of Resident 4's medical record indicated she was admitted on [DATE], with diagnosis of sepsis, (occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body, that can lead to death), osteomyelitis, (inflammation of bone or bone marrow, usually due to infection), of vertebra, (spine), and sacrococcygeal, (tailbone), region, hemiplegia, (paralysis of one side of the body), and hemiparesis, (weakness of one side of the body), following cerebral infarction, (stroke), affecting left non-dominant side, pressure ulcer, (bed sore), stage 4, (full thickness tissue loss with exposed bone, tendon, or muscle), of sacral region, pressure-induced deep tissue damage of left buttock, pressure-induced deep tissue damage of right buttock.</p> <p>A review of Resident 4's History and Physical dated May 17, 2024, indicated she had the capacity to make decisions.</p> <p>A review of Resident 4's Order Summary dated May 17, 2024, indicated .SACRO/COCCYX STAGE 4 PRESSURE INJURY wound cleanser, pat dry, Pack 1/4 strength Dakin solution. every day shift .</p> <p>A review of the facility's policy and procedure titled Handwashing/Hand Hygiene revised August 2015, indicated .7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations . f. Before donning [putting on] . gloves . m. After removing gloves .</p> <p>A review of the facility's policy and procedure titled Dressing Change Policy undated, indicated .9. Remove soiled dressing and discard. Remove old dressings, one layer at a time, if layered. 10. Remove gloves and dispose. 11. Perform hand hygiene and put on second pair of gloves .</p>		