STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granada Post Acute	3565 E Imperial Hwy Lynwood, CA 90262

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778 Based on observation, interview and record review, the facility failed to implement its infection prevention and control measures for five out of seven residents (Residents 1, 2, 3, 6, and 7) by failing to: a. Ensure Residents 1 and 3 were not cohorted (grouped together) with a resident (Resident 2) who had orders for contact isolation (a set of precautions used to prevent the spread of germs that can be transmitted by direct or indirect contact with a patient or their environment). b. Ensure clear signage was posted to inform staff and visitors the Enhanced Barrier Precautions ([EBP] use of gown and gloves during high-contact resident care activities to reduce the transmission of multidrug-resistant organisms ([MDROs] bacteria or other microorganism resistant to multiple classes of antibiotics)) that were to be implemented when providing care for Residents 6 and 7. c. Ensure staff wore personal protective equipment ([PPE] specialized clothing or equipment such as gloves and gown worn to minimize exposure to serious illness) prior to entering and while inside a contact isolation room. This deficient practice had the potential to increase the risk of transmitting disease-causing organisms leading to illness. Findings: a. During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of encephalopathy (damage or disease that affects the brain), cerebral infarction (also known as a stroke, a condition caused by a disruption of blood flow to the brain). During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 9/4/2024, the MDS indicated Resident 1 had no cognitive (the ability to think and reason) impairment. The MDS indicated Resident 1 required substantial/maximal assistance (staff does more than half the effort) for Activities of Daily Living (ADLs) such as lower body dressing (the ability to dress and undress below the waist, including fasteners) and putting on/taking off footwear. During a review of Resident 1 ' s Order Summary Report (a list of current doctor ' s orders), dated 9/11/2024, The Order Summary Report did not indicate Resident 1 had orders for contact precautions. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granada Post Acute	3565 E Imperial Hwy Lynwood, CA 90262

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of cellulitis (a potentially life-threatening infection of the skin and tissue beneath) of neck and personal history of methicillin resistant staphylococcus aureus ([MRSA] a type of bacteria that are resistant to many antibiotics) infection. During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 had no cognitive impairment. The MDS indicated Resident 2 required substantial/maximal assistance for the ADLs of lower body dressing and showering/bathing self. During a review of Resident 2 ' s Order Summary Report, dated 9/11/2024, the Order Summary Report indicated Resident 2 had a physician ' s order on 9/5/2024 indicating to place Resident 2 on Contact Precautions due to MRSA to bilateral (both) lower extremities [BLE] one time for ten days. During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of hemiplegia (weakness on one side of the body that can affect the arms, legs, and facial muscles) and hemiparesis (partial muscle weakness on one side of the body that can affect the arms, legs, and facial muscles). During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 had no cognitive impairment. The MDS indicated Resident 3 required substantial/maximal assistance for the ADLs of lower body dressing and to showering/bathing self. During a review of Resident 3 ' s Order Summary Report, dated 9/11/2024, The order summary report did not indicate Resident 3 had orders for contact precautions. During a review of the facility ' s census (list of residents currently living in the facility), dated 9/10/2024, the facility census indicated that Residents 1, 2, and 3 reside in the same room. b. During a review of Resident 6 ' s Admission Record, the Admission Record indicated Resident 6 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Covid-19 (an infectious disease caused by the SARS-CoV-2 virus) and colostomy (an opening into the colon from the outside of the body) infection. During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 had no cognitive impairment. The MDS indicated Resident 6 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) to perform ADLs such as upper body dressing and personal hygiene. During a review of Resident 7 ' s Admission Record, the Admission Record indicated Resident 7 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of encephalopathy and heart failure (a serious condition that occurs when the heart cannot pump enough blood to meet the body ' s needs). During a review of Resident 7 ' s MDS dated [DATE], the MDS indicated Resident 7 had no cognitive impairment. The MDS indicated Resident 7 required partial/moderate assistance to perform ADLs showering/bathing self and lower body dressing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Granada Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E Imperial Hwy Lynwood, CA 90262	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 9/10/2024 at 8:36 a.m. with Licensed Vocational Nurse (LVN) 1, a PPE supply drawer was observed outside of Resident 6 ' s room without signage indicating Resident 6 was on EBP. LVN 1 stated, Resident 6 should have signage alerting staff of the precaution. LVN 1 stated ESP was to protect residents and staff, and signage needed to be placed to communicate the type of precaution the resident was on as well as the type of PPE required. During an interview on 9/10/2024 at 8:51 a.m. with LVN 2, LVN 2 stated residents on EBP have a 6 Moments sign to indicate the 6 moments in which staff are to use PPE such as gown and gloves for residents on EBP. LVN 2 stated, examples of the 6 moments included residents who had gastrostomy tubes ([G-tube] a soft, plastic tube that is surgically placed into a patient ' s stomach to provide long-term nutritional support and deliver medicine) or wounds. During a concurrent observation and interview on 9/10/2024 at 9:04 a.m. with Certified Nurse Assistant (CNA) 1, Resident 7 ' s room was observed to have a PPE cart across Resident 7 ' s bed without signage for EBP. c. During a concurrent observation and interview on 9/10/2024 at 9:32 a.m. with Physical Therapy Assistant (PTA) 1, a Contact Precaution sign was observed on Residents 1, 2 and 3 ' s door. Physical PTA 1 was observed entering the resident ' s room without putting on PPE. PTA 1 stated they did not put on PPE prior to entering room because they were going to assist Resident 3 and that Resident 2 was the only resident in the room on contact precautions. During an interview on 9/10/2024 at 9:44 a.m. with Infection Prevention Nurse (IPN), IPN stated residents who have active infections were placed together in a single room. IPN stated staff were to always wear PPE in a room with contact isolation because the whole room was considered infected. During a concurrent observation and interview on 9/10/2024 at 9:51 a.m. with IPN outside of Resident 1, 2, and 3 ' s room, CNA 1 was observed removing PPE prior to exiting room and walked back into the room without putting on new PPE. IPN stated staff were to always wear PPE in a contact isolation room regardless of the task. During an interview on 9/10/2024 at 10:54 a.m. with IPN, IPN stated Resident 2 is the only resident with an active MRSA infection and the resident ' s roommates (Residents 1 and 3) were not on contact precautions with MRSA. During a concurrent interview and record review on 9/10/2024 at 11:27 a.m. with the Director of Nursing (DON), the facility policy and procedure (P&P) titled, Infection Control - Enhanced Standard Precautions, dated 03/2016 and photographs of Resident 6 and 7 ' s room were reviewed. The P&P stated patient placement for a patient on contact precaution indicated to, place the patient in a private room, when a private room was not available, place the patient in a room with a patient has an active infection with the same microorganisms but with no other infection (cohorting). Facility P&P also indicated, When a single resident rooms or not available, residents with the same MDRO will be cohorted in the same room. The DON stated proper signage was important because it lets staff and anybody entering the room know what was going on and for proper precautions to prevent spread of infection. The DON stated signs for EBP were to be behind a resident ' s bed to ensure that staff were wearing the proper PPE and signs were supposed be posted for Resident 6 and Resident 7. The DON also stated that the facility was not following their policy by placing Residents 1 and 3 in the same room with Resident 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Granada Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E Imperial Hwy Lynwood, CA 90262	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility ' s P&P titled, Infection Control - Enhanced Standard Precautions, dated 03/2016, the P&P indicated, Contact precautions are an extension of standard precautions in that gowns and gloves are required for all resident contact as well as contact with environmental surfaces in the residents ' room. In addition to standard precautions, use contact precautions for specified patients known or suspected to be infected or colonized with epidemiologically (a way that relates to epidemiology [the study of the occurrence, spread, and control of disease in a population]) important microorganisms that can be transmitted by direct with the patient.