

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2025
NAME OF PROVIDER OR SUPPLIER  Alta Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13075 Blackbird Street Garden Grove, CA 92843	

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>50003</p> <p>Based on observation and interview, the facility failed to ensure the infection control practices designed to provide the safe and sanitary environment and help prevent the development and transmission of infections were maintained in the facility's laundry room area. This failure had the potential risk for the transmission of communicable diseases to the residents in the facility.</p> <p>Findings:</p> <p>On 1/3/25 at 1452 hours, an inspection of the laundry area and concurrent interview was conducted with Laundry Staff 1. The following was observed:</p> <ul style="list-style-type: none"> <li>- A black fabric bag containing one bottle of Gatorade (sports drink), one can of soda, and a paper bag filled with food items were observed on top of unopened boxes of laundry detergents.</li> <li>- A bottle of Sunshine Mimosa Fine Fragrance mist spray was observed on the counter by the clean area.</li> </ul> <p>Laundry Staff 1 verified the above findings and stated there should be no personal belongings, including food or drink in the laundry room to maintain the facility's infection prevention.</p> <p>On 1/7/25 at 0915 hours, the Housekeeping and Laundry Supervisor was informed and acknowledged the above findings and stated any personal items should not be stored in the laundry area.</p> <p>On 1/7/25 at 1035 hours, the IP was informed and acknowledged the above findings. The IP stated the staff were expected to adhere to the facility's infection control practices in the laundry room area.</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
---	-------	-----------