

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER Whittier Hospital Medical Ctr D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 9080 Colima Road Whittier, CA 90605	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure its staff adhere to the facility's infection control program in accordance to its policy and procedure when three of three sampled residents were found to have a positive rhinovirus (a common cause of the common cold) result within a four day period. This deficient practice had the potential to result in putting residents and staff at risk for more transmissions of infections within the facility. During a record review of Resident 1's History and Physical (H&P), dated 09/02/2025, the H&P indicated Resident 1 was admitted to the facility on [DATE]. The H&P indicated Resident 1's medical history included, but was not limited to, Trisomy 21 (a genetic condition that causes intellectual delays and potential health issues like heart defects), cerebral palsy (a group of permanent disorders affecting movement, muscle tone, and posture caused by damage to the developing brain, typically before birth), global developmental delay (a condition which shows significant delays in sitting, crawling, walking, speech and language difficulty, slower problem-solving skills, poor eye contact, or lack of social smiling), seizure (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), gastrojejunostomy dependent (GJ, a tube inserted through the stomach and into the intestines that provides safer, direct feeding into the intestines when stomach feeding is not tolerated), chronic respiratory failure (a long-term condition where the lungs cannot adequately provide oxygen to the blood) with tracheostomy (a surgical procedure creating an opening in the neck into the wind pipe to establish a direct airway or to facilitate long-term mechanical breathing)/ventilator (a medical device to help support or replace breathing) dependence, and recurrent aspiration pneumonia (an infection in the lungs caused by inhaling foreign materials, such as food, liquid, or vomit, into the airway). During a record review of Resident 2's H&P, dated 09/02/2025, the H&P indicated, Resident 2 was admitted to the facility on [DATE]. The H&P indicated Resident 2's medical history included, but was not limited to, 24 week gestation (the development of an embryo or fetus in the mother's womb, usually lasting 37 to 42 weeks to birth) birth, tracheobronchomalacia (a condition where the airway cartilage weakens and collapses the wind pipe and part of the lungs during the time when a patient breathes out), tracheostomy tube placement, ventilator dependent, gastrostomy tube dependent. During a record review of Resident 3's H&P, dated 09/02/2025, the H&P indicated Resident 3 was admitted to the facility on [DATE]. The H&P indicated, Resident 3's medical history included but was not limited to, Hypoxic-Ischemic Encephalopathy (HIE, a serious brain dysfunction caused by lack of oxygen and reduced blood flow to the brain) after a near drowning event, tracheostomy tube placement, gastrostomy tube (a surgical opening fitted with a tube to allow feedings to be administered directly to the stomach, common for people with swallowing problems) placement, tracheostomy and ventilator dependent. During an interview on 3/16/2026 at 2:00 p.m. with the Infection Preventionist (IP), IP stated: Resident 1's initial symptoms on 2/19/2026 included fever (an increase in body temperature), increased secretions (natural fluids, such as saliva or mucus, produced to protect airways; excess secretions can cause congestion or choking), and increased oxygen (a gas transported in the blood stream crucial for breathing) needs. Resident 1's nasopharyngeal [the area connecting the upper part of the throat to the back of the nasal (nose) (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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>cavity] specimen was collected on 2/26/2026. Resident 1's specimen resulted positive for rhinovirus (a positive test means one has the virus responsible for the common cold).Resident 2's initial symptoms on 2/26/2026 included rhinorrhea (a runny nose) , labored breathing (a feeling of difficulty breathing), cough (a rapid release of air from the lungs to clear irritants) and wheezing (a high-pitched sound made when breathing is restricted or obstructed in the lungs), increased oxygen demand. Resident 2's nasopharyngeal specimen was collected on 2/26/2026. Resident 2's specimen resulted positive for rhinovirus. Resident 3's initial symptoms on 3/1/2026 were elevated blood pressure (a measurement of the force your blood uses to get through the arteries) readings of 118/75 mm Hg (millimeters of mercury, a unit of measure for blood pressure) and 149/98 mm Hg. Resident 3's nasopharyngeal specimen was collected as a differential diagnosis (a systematic method to distinguish medical conditions from other medical conditions through a process of elimination). Resident 3's specimen resulted positive for rhinovirus. IP further stated through a process of investigation regarding a common factor between Resident 1, Resident 2, and Resident 3 as the source of the rhinovirus outbreak, the common denominator was found to be the use of a common electronic vital signs machine [a medical device that measures blood pressure and pulse rate (the number of heart beats per minute)]. IP stated the staff were observed to not be disinfecting (the process of using a chemical to remove germs, bacteria, and viruses on surfaces) the vital signs machine between resident use, as indicated in the facility's policy regarding vital sign machine use between residents. During an interview on 3/16/2026 at 2:17 p.m. with Certified Nurse Assistant (CNA) 1, CNA stated prior to the rhinovirus outbreak (the occurrence of cases of disease in excess of what would normally be expected in a defined community or season) with Residents 1, 2, and 3, CNA 1 did not practice disinfecting the vital signs machine between residents. CNA 1 stated it was important to disinfect the vital signs machine between residents to prevent the spread of illness to other residents and staff members. During a review of the facility's policy and procedure (P&P) titled, Equipment Cleaning Guidelines, last reviewed 05/2022, the P&P indicated, Medical equipment that is used in a patient room or that comes into contact with the patient or his/her contaminated environment will be cleaned and disinfected before it can be used on any other patient.</p>		