

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555690	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Alameda Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 925 W. Alameda Ave. Burbank, CA 91506	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44244</p> <p>Based on interview and record review, the facility failed to implement and maintain an infection control program by failing to ensure the Nursing Station 1 and Nursing Station 2 high touch areas (surfaces that are frequently touched by healthcare providers and clients such as computers, telephones, and work surfaces) were routinely disinfected during an invasive group A streptococcus (IGAS, a severe and sometimes life-threatening infection in which the bacteria have invaded parts of the body where bacteria are not usually found, such as the blood, deep muscle and fat tissue) outbreak (OB, the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season).</p> <p>This deficient practice had the potential to spread microorganisms, including IGAS, to facility residents, visitors, and staff.</p> <p>Findings:</p> <p>During a review of the Nursing Station 1 (NS 1) and Nursing Station 2 (NS 2) Disinfection Logs for High Touch Areas for 9/2024, the logs indicated in order to prevent an outbreak, it is critical that staff thoroughly clean and disinfect all high contact areas such as, but not limited to; hand rails, door knobs, light switches, sink knobs, hand soap and sanitizer dispenser handles, hand towels, dispenser handles, telephones, counter tops, employee clock, etc.</p> <p>During an interview on 9/25/2024 at 8:16 a.m. with the Director of Staff Development (DSD), the DSD stated there was an IGAS OB in the facility. The DSD stated the Public Health Nurse provided guidance to the facility to stop the OB. The DSD stated IGAS is spread by contact (spread of infection by direct or indirect contact) and droplet (spread of infection by droplet of body secretions through the air) transmission. The DSD stated NS 1 and NS 2 high touch areas are disinfected using disinfectant wipes. The DSD stated the nursing stations are disinfected by the licensed nurses (LN) on every 3 p.m. to 11 p.m. shift and every 11 p.m. to 7 a.m. shift and nurses document in the Disinfection Logs.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 9/25/2024 at 9:15 a.m., the Infection Preventionist (IP) reviewed the NS 1 Disinfection Logs for High Touch Areas for 9/2024. The IP stated hydrogen peroxide (an antiseptic agent) wipes are used in the nursing stations to disinfect the high touch areas every two hours. The IP stated the Disinfection Log was specifically created to control the OB and to ensure the LNs were disinfecting during the time the housekeeping staff were not in the facility. The IP stated the log is used to document the date, shift, and initials of the LN that disinfected the nursing station. The IP reviewed the Disinfection Logs for NS 1 and noted the following:</p> <ul style="list-style-type: none"> -On 9/13/2024 for the 11 p.m. to 7 a.m. shift, there were no LN initials. -On 9/14/2024 for the 11 p.m. to 7 a.m. shift, there were no LN initials. -On 9/15/2024 for the 11 p.m. to 7 a.m. shift, there were no LN initials. -On 9/16/2024 for the 11 p.m. to 7 a.m. shift, there were no LN initials. -On 9/18/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/19/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/20/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/21/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/22/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/23/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/24/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. <p>During a concurrent interview and record review on 9/25/2024 at 9:30 a.m., the IP reviewed the NS 2 Disinfection Log for High Touch Areas for 9/2024 and noted the following:</p> <ul style="list-style-type: none"> -On 9/18/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/19/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/20/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/21/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/22/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/23/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. -On 9/24/2024 for the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shifts, there were no LN initials. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The IP further stated she did not know why the LNs stopped completing the logs, but it was important to complete them.</p> <p>During a concurrent interview and record review on 9/25/2024 at 12 p.m., the IP reviewed the facility policy and procedures regarding infection control and communicable diseases. The IP stated the importance of documenting in the Disinfection Logs was to ensure that the staff that worked on a particular shift disinfected the nursing station to prevent to the transmission of diseases. The IP stated the log confirms that it was done. The IP stated if it is not documented then it was not done. The IP stated when the nursing stations are not disinfected then germs can be transmitted from staff to residents making them ill and prolonging the facility IGAS OB.</p> <p>During an interview on 9/25/2024 at 12:40 p.m., the Director of Nursing (DON) stated she was made aware the Disinfection Logs were not completed by the LNs. The DON stated the importance of LNs completing the logs is to show that they are doing the disinfecting, especially during the hours when the facility housekeeping staff is not there.</p> <p>A review of the facility provided Group A Streptococcal Infections form, undated, indicated Group A streptococci are bacteria commonly found in the throat and on the skin. These bacteria can cause life threatening skin rashes or other infections. These bacteria are spread by direct contact with nose and throat secretions of someone who has an active infection.</p> <p>A review of the facility policy and procedure titled, Outbreak of Communicable Diseases, last reviewed 1/10/2024, indicated outbreaks of communicable diseases within the facility are promptly identified and managed. All staff follow standard precautions (a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another) at all times.</p> <p>A review of the facility policy and procedure titled, Infection control, last reviewed 1/10/2024, indicated the facility has established and will maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>A review of the facility policy and procedure titled, Cleaning and Disinfection of Environmental Surfaces, last reviewed 1/10/2024, indicated the environmental surfaces will be cleaned and disinfected according to current Center of Disease and Control recommendations for disinfection of healthcare facilities. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions. Devices that are used by staff but not in direct contact with residents (e.g. computer keyboards, etc) shall be cleaned and disinfected regularly (according to facility schedule) by the environmental services staff and as needed by nursing staff.</p>		