

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555711	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Community Care on Palm		STREET ADDRESS, CITY, STATE, ZIP CODE  4768 Palm Avenue Riverside, CA 92501	

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>44173</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practice was followed when two of three direct patient care staff were observed to wear long and artificial nails.</p> <p>This failure had the potential for the vulnerable residents to be exposed to bacterial cross contamination and the development of infection.</p> <p>Findings:</p> <p>On April 24, 2024, an unannounced visit was conducted to investigate a facility reported incident and a complaint.</p> <p>During a concurrent observation and interview on April 24, 2024, at 5:10 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 was observed to wear long painted nails on both hands. The fingernails were pointed, and approximately more than quarter of an inch long passed the tip of the finger. CNA 1 stated she was from the registry (a staff personnel provided by a placement service on a temporary or on a day-to-day basis). CNA 1 stated she was allowed by the registry to have long fingernails at work.</p> <p>During a concurrent observation and interview on April 24, 2024, at 5:18 a.m., with the Licensed Vocational Nurse (LVN), the LVN was observed to wear long, acrylic (fake or artificial) nails on both hands. The LVN acknowledged she had long, acrylic nails on both hands. LVN 1 stated the long, acrylic nails were probably not allowed at work.</p> <p>During an observation and interview on April 24, 2024, at 5:47 a.m., with CNA 2, CNA 2 had short nails. CNA 2 stated long, and artificial nails were not allowed for the staff to wear because of the possibility of scratching the resident and will create a skin tear when rendering care to the resident.</p> <p>During an interview on April 24, 2024, at 5:54 a.m., with the Director of Nursing (DON), the DON stated acrylic nails and long nails were not allowed at work for direct patient care (hands on) staff. The DON checked and measured the LVN and CNA 1's nails. The DON stated the LVN's nails were long and acrylic. The DON stated CNA 1's nails were also long. The DON stated she measured both the LVN and CNA 1's nails and the nails were longer than a quarter of an inch passed the tip of their fingers.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555711	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Community Care on Palm		STREET ADDRESS, CITY, STATE, ZIP CODE  4768 Palm Avenue Riverside, CA 92501	
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>The DON stated direct patient care staff should not wear long nails due to infection control. She also stated registry staff was not exempt from following the facility policy. The DON stated that whatever applies to the facility staff should also apply to the registry staff.</p> <p>During an interview on April 24, 2024, at 8:49 a.m., with the Infection Preventionist (IP), the IP stated direct patient care staff were not allowed to wear acrylic nails. The IP added, the direct patient care staff were not allowed to wear long nails for infection control purposes.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Handwashing/Hand Hygiene, revised August 2019, the P&amp;P indicated, .all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities, and is prohibited among those caring for severely ill or immune-compromised residents .</p> <p>The facility document titled, ADDENDUM TO THE TERMS OF SERVICE, indicated, .Monitoring HCP's (Health Care Personnels) .Client shall provide orientation which, at minimum, includes the review of policies and procedures regarding .Infection Prevention .</p>		