

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Colonial Gardens Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. Rosemead Blvd. Pico Rivera, CA 90660	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to follow an infection prevention and control program for scabies (a contagious skin condition caused by tiny insects called mites that infest and irritate skin causing intense itching, inflammation, and red patches) for six out of six sampled residents (Resident 1, 2, 3, 4, 5, and 6) by failing to:</p> <ol style="list-style-type: none"> Place Residents 1, 2, 3, 4, 5, and 6 on Contact Precautions (refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident ' s environment) immediately. Resident 1 was diagnosed with scabies in the general acute care hospital (GACH) and returned to the facility on [DATE]. Resident 1, 2, 3, 4, 5, and 6 was placed on Contact Precautions on 11/5/2024, 2 days after Resident 1 returned to the facility. To provide prophylactic (a medicine or course of action used to prevent disease) treatment immediately to Residents 2, 3, 4, 5, and 6 (Resident 1 ' s roommate), after being exposed to Resident 1, who was diagnosed with scabies. Residents 2, 3, 4, 5, and 6 were treated prophylactically on 11/5/2024, 2 days after Resident 1 returned to the facility. <p>These deficient practices placed other residents, staff and visitors at risk for scabies exposure.</p> <p>Findings:</p> <ol style="list-style-type: none"> During a review of Resident 1 ' s Admission Record (front page of the chart that contains a basic summary about the resident), the Admission Record indicated, Resident 1 was initially to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included scabies, unspecified dermatitis (a group of conditions in which the skin becomes inflamed, crusty, thick, and scaly), pruritus (itching), and actinic keratosis (a rough, scaly patch or bump on the skin). <p>During a review of Resident1 ' s Minimum Data Set ([MDS] - a resident assessment tool) assessment, dated 10/14/2024, the MDS assessment indicated, Resident 1 ' s cognitive (ability to think and reason) skills for daily decision making was severely impaired. The MDS indicated, Resident 1 required maximal assistance (helper does more than half the effort) on staff with eating, oral hygiene, and personal hygiene.</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 review of Resident 1 ' s GACH records from 10/29/2024 to 11/3/2024, the GACH records indicated, Resident 1 was treated for scabies with Ivermectin (a medication used to treat head lice/scabies) 13,500 microgram ([mcg] metric unit of measurement, used for medication dosage and/or amount) on 10/30/2024 and Permethrin cream ([Elimite] a medicated cream applied to the skin used for the treatment of scabies) 5 percent ([%] one part in a hundred) on 10/31/2024. The GACH discharge summary, dated 11/3/2024 indicated, Resident 1 had a diagnosis of acute scabies and recommended repeat Permethrin cream on 11/7/2024.</p> <p>During a review of Resident 1 ' s Admission Nursing Assessment, dated 11/3/2024, the Admission Nursing Assessment indicated, Resident 1 had a generalized body rash.</p> <p>During a review of Resident 1 ' s Physician Order, dated 11/5/2024, the Physician Order indicated, Resident 1 had an order of Ivermectin 3mg ([mg] metric unit of measurement, used for medication dosage and/or amount) to give 4 tablets on 11/13/2024 and Contact Precautions.</p> <p>2. During a review of Resident 2 ' s Admission Record, the Admission Record indicated, Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2 ' s diagnoses included osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), anemia (a condition where the body does not have enough healthy red blood cells) and schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior).</p> <p>During a review of Resident 2 ' s MDS assessment, dated 8/16/2024, the MDS assessment indicated, Resident 2 ' s cognitive (ability to think and reason) skills for daily decision making was moderately impaired. The MDS indicated, Resident 2 required supervision (helper provides verbal cues) on staff with upper and body dressing and personal hygiene.</p> <p>During a review of Resident 2 ' s Physician Order, dated 11/5/2024, indicated Resident 2 to receive Elimite cream 5%, apply to Resident 2 ' s body from neck to toes one time for prophylaxis, leave on for 12 hours, then wash off and repeat in 1 week. The Physician Order indicated, Resident 2 to be placed on Contact Precautions.</p> <p>3. During a review of Resident 3 ' s Admission Record, the Admission Record indicated, Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3 ' s diagnoses included dysphagia (difficulty of swallowing), adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 3 ' s MDS assessment, dated 8/15/2024, the MDS assessment indicated, Resident 3 ' s cognitive (ability to think and reason) skills for daily decision making was severely impaired. The MDS indicated, Resident 3 required moderate assistance (helper does less than half the effort) on staff with eating, oral hygiene, and toileting hygiene.</p> <p>During a review of Resident 3 ' s Physician Order, dated 11/5/2024, indicated Resident 3 to receive Elimite cream 5%, apply to Resident 3 ' s body from neck to toes one time for scabies exposure, leave on for 12 hours, then wash off and repeat in 1 week. The Physician Order indicated, Resident 3 to be placed on Contact Precautions.</p> <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>During an interview on 11/18/2024 at 11:55 a.m., with the Infection Preventionist Nurse (IPN), the IPN stated Residents 1, 2, 3, 4, 5, and 6 were roommates prior to Resident 1 ' s transfer to the GACH on 10/29/2024. The IPN stated Resident 1 ' s physician came to the facility on [DATE] and ordered Resident 1 to be placed on Contact Precautions and apply Elimite cream 5%, apply to Resident 1 ' s body from neck to toes one time for scabies on 11/7/2024. The IPN stated Residents 2, 3, 4, 5, and 6 received Elimite cream 5% for prophylactic treatment for scabies exposure to Resident 1 on 11/5/2024. The IPN stated Residents 1, 2, 3, 4, 5, and 6 were placed on contact precautions on 11/5/2024. The IPN stated she was in charge of the facility ' s infection control program along with the Director of Nursing (DON). The IPN stated she was informed by Resident 1 ' s physician on 11/5/2024 that Resident 1 received her first treatment of Elimite cream in the GACH. The IPN stated there was no documentation in Resident 1 ' s clinical records on 11/3/2024 by facility staff indicating Resident 1 had a diagnosis of scabies. The IPN stated it was not her responsibility to check Resident 1 ' s records in the GACH. The IPN stated scabies is a very contagious disease that can be transmitted by touching, skin to skin and direct contact. The IPN stated it was a standard of practice for scabies prevention and management to treat all residents in the same room with Elimite cream and placed them on Contact Precaution immediately to prevent widespread of infection.</p> <p>During an interview on 11/18/2024 at 1:00 p.m., with the DON, the DON stated she screened and reviewed all residents GACH records prior to admission to the facility. The DON stated Resident 1 returned to the facility on [DATE] which is Sunday and that was the reason why she was not able to reviewed Resident 1 ' s GACH records. The DON stated she was not able to reviewed Resident 1 ' s GACH records on 11/4/2024. The DON stated roommates of Resident 1 should have been treated prophylactically with Elimite cream and placed them on Contact Precautions upon knowledge of Resident 1 ' s scabies diagnosis and treatment during hospitalization to prevent the potential spread of scabies.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Scabies, dated 3/2023, the P&P indicated, it is the policy of the facility to follow strategies to prevent the occurrence or limit the spread of skin infections such as scabies and intervening directly to interrupt transmission of these infectious diseases to residents, employees, and visitors. The P&P also indicated treatment shall be coordinated so that all residents and contacts are treated at the same time</p> <p>During a review of the facility ' s undated P&P titled, Transmission-Based Precautions, the P&P indicated, use Contact Precautions for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient indirect contact with environmental surfaces or patient-care items in the patient ' s environment.</p>		