

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555716	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  West Valley Subacute and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6740 Wilbur Ave Opco, LLC Reseda, CA 91335	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47883</b></p> <p>Based on observation, interview and record review, the facility failed to implement its policy titled, Enhanced Barrier Precautions (EBP - an infection control method that uses targeted gown and gloves to reduce the spread of multidrug-resistant organisms [MDROs - microorganisms, mainly bacteria, that are resistant to one or more classes of antimicrobial [a substance that kills microorganisms such as bacteria or mold, or stops them from growing and causing disease agents]], and Hand washing/Hand hygiene (HH - cleaning hands by either washing with soap and water, or by using a hand sanitizing [removing germs] gel) by failing to ensure:</p> <ol style="list-style-type: none"> <li>1. Certified Nurse Assistant 1 (CNA 1) donned (to put on) a gown while changing the bed linen for one of three sampled residents (Resident 1) on EBP.</li> <li>2. CNA 1 perform HH after removing gloves for one of three sampled residents (Resident 1) on EBP.</li> </ol> <p>These deficient practices placed the residents at increased risk of developing an infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the facility admitted Resident 1 to the facility on [DATE] with diagnoses that included idiopathic peripheral autonomic neuropathy (a type of nerve damage that affects the nerves that control involuntary body functions), diabetes mellitus (a long-term medical condition in which the body does not use insulin [a hormone that lowers the level of sugar in the blood] properly) with skin ulcer (an open wound on the skin caused by poor blood flow), and cellulitis (a skin infection caused by bacteria) of the lower limb (an arm or a leg of a person).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 10/5/2024, indicated the resident's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. The MDS indicated Resident 1 required maximum assistance with toileting hygiene, personal hygiene and moderate assistance with dressing and bed mobility (movement).</p> <p>During a review of Resident 1's Physician Orders, dated 10/2/2024, indicated enhanced barrier precaution for at risk of infection due to wounds.</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 - Few</p>	<p>During an observation on 10/16/2024 at 8:49 a.m., in Resident 1's room , observed Resident 1's door had signage which indicated Resident 1 was on EBP, which required everyone to perform hand hygiene before entering Resident 1's room. The signage also indicated to don a gown and gloves when performing linen change.</p> <p>During an observation on 10/16/2024 at 8:52 a.m., in Resident 1's room, observed CNA 1 changing Resident 1's bed linen. CNA 1 was observed wearing gloves but not wearing a gown while changing Resident 1's bed linen. CNA 1 was then observed not performing hand hygiene after removing the gloves.</p> <p>During an interview on 10/16/2024 at 8:55 a.m., with CNA 1, CNA 1 stated that gowns were used to prevent spreading an infection between residents, but she (CNA 1) did not know she (CNA 1) had to wear a gown when changing bed linens.</p> <p>During an interview on 10/16/2024 at 11:10 a.m. with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated Resident 1 was on EBP due to the presence of a wound. LVN 2 stated facility staff must wear gown and gloves while providing direct care to Resident 1.</p> <p>During an interview on 10/16/2024 at 11:25 a.m. with Infection Prevention Nurse (IP), the IP confirmed the finding and stated she (IP) observed CNA 1 changed Resident 1's bed linen without wearing a gown and did not perform hand hygiene after removing the gloves. The IP stated that according to the facility's policies regarding EBP, CNA 1 should have donned a gown prior to bed linen change and should have performed hand hygiene after removing her (CNA 1) gloves.</p> <p>During an interview on 10/6/2024 at 3:50 p.m. with the Director of Nursing (DON), the DON stated that residents placed on EBP include residents at increased risk of developing an infection because they have wounds, indwelling catheter (a thin, hollow tube that is inserted into the bladder [organ that stores urine] to drain urine), or gastrostomy tube (G-tube - a flexible tube surgically inserted through the abdomen into the stomach for feeding, fluid, and medication administration). The DON stated when a resident is on EBP, all staff are required to don gowns and gloves when performing high contact resident care activities (activities that have been demonstrated to result in the transfer of MDROs to hands or clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated) such as dressing, bathing, shower, providing personal hygiene, and changing linens.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Enhanced Barrier Precautions, last reviewed 7/2024, indicated the facility was to implement enhanced barrier precaution for the prevention of transmission of MDRO. The P&amp;P indicated to wear gowns and gloves while performing the following tasks associated with the greatest risk for MDRO contamination of Health Care Providers (HCP) hands, clothes, and the environment:</p> <ul style="list-style-type: none"> <li>a. Morning and evening care</li> <li>b. Device care .</li> <li>c. Any care activity where close contact with resident is expected to occur .</li> <li>d. Transferring</li> <li>e. Changing bed linens.</li> </ul> <p>(continued on next page)</p>		

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