STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	02/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Terrace Health Care	7447 Sepulveda Blvd Van Nuys, CA 91405

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550 Based on observation, interview, and record review the facility failed to implement the facility's infection control policy by failing to ensure staff wore appropriate PPEs (Personal Protective Equipment- equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) while in an isolation room of a resident who tested positive for respiratory syncytial virus (a common respiratory virus that infects the nose, throat, and lungs) for one of two sampled residents (Resident 2) This deficient practice had the potential to result in the spread of infection placing residents, staff, and visitors at risk to be infected with respiratory syncytial virus (a common respiratory virus that infects the nose, throat, and lungs) and becoming seriously ill, leading to hospitalization and/or death. Findings: During a review of Resident 2's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses including shortness of breath and respiratory syncytial virus. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 1/19/2025, the MDS indicated the resident had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). During a review of Resident 2 ' s order summary report, the order summary report indicated an order dated 2/6/2025 for contact and droplet isolations. During a review of Resident 2 ' s laboratory (lab) test results collected on 2/6/2025 at 9:58 p.m., the lab test result indicated Resident 2 tested positive for respiratory syncytial virus. During an observation on 2/8/2025 at 11:29 a.m., observed Certified Nursing Assistant 1 (CNA 1) enter Resident 2 ' s room, a contact and droplet precaution room, wearing a well fitted mask, gloves and gown. CNA 1 was not wearing a face shield. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with CNA 1 on 2/8/2025 at 11:32 a.m., CNA 1 stated when entering a contact and droplet precaution room CNA 1 is supposed to wear a face mask, gown, gloves, and a face shield. CNA 1 stated that CNA 1 did not wear a face shield before entering Resident 2 ' s because there was no face shield in the isolation cart in front of Resident 2 ' s room. CNA 1 stated that a face mask, gown, gloves, and face shield should be worn before entering Resident 2's room to help protect the resident and staff from infection. During an observation and concurrent interview in front of Resident 2 ' s room with CNA 1 on 2/8/2025 at 11:33 a.m., observed CNA 1 open the three drawers in the isolation cart in front of Resident 2 ' s room. CNA 1 stated there are no face shields in the isolation cart. During an interview with the Infection Preventionist (IP) on 2/8/2025 at 12:08 p.m., the IP stated that all staff entering a droplet isolation room should wear full PPEs which include, gown, gloves, face mask, and face shield to prevent the spread of infection. During a review of the facility ' s policy and procedure titled Infection Prevention and Control, revised on 12/2023, the policy and procedure indicated the facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of disease and infections. During a review of the facility provided policy and procedure titled Isolation- Categories of Transmission-Based Precautions, revised 9/2022, indicated under contact precautions staff and visitors wear gloves when entering the room. Staff and visitors wear disposable gown upon entering the room and remove before leaving the room. Under Droplet precautions masks are worn when entering the room. Gloves, gown, and goggles are worn if there is risk of spraying respiratory secretions.