

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Mission Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4800 Delta Avenue Rosemead, CA 91770	

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>36925</p> <p>Based on observation, interview, and record review, the facility failed to implement its policy and procedure, and the local public health department's recommendation on infection prevention and control by failing to:</p> <ol style="list-style-type: none"> <li>1. Screen visitors for symptoms of Covid19 (a highly contagious respiratory disease caused by the SARS-CoV-2 virus with symptoms of cough, fever, headache, chill, diarrhea etc.) before entering the facility.</li> <li>2. Conduct biweekly (twice a week) mass PCR testing (a polymerase chain reaction (PCR) laboratory test used to detect if a person is infected with Covid-19) for all residents and staff.</li> <li>3. Allow only 1-2 residents with face mask and distanced residents in the rehabilitation room (a room used by the staffs when providing exercises to the residents).</li> <li>4. Ensure the breakrooms do not have extra chairs, has a maximum occupancy of two (2) people sitting across from each other, have a signage reminding staff to change their masks after eating, have an air purifier (a device that removes pollutants and contaminants from the air in a room), facemasks, hand sanitizers, and wipes in the breakroom, and windows cracked open.</li> </ol> <p>These deficient practices had the potential to result in further increase in COVID 19 infection in the facility that could result in a decline the resident's well being.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During an unannounced visit in the facility on 1/24/2025, to conduct an investigation related to confirmed 31 residents positive of Covid 19.</li> </ol> <p>During an observation and record review on 1/24/2025 at 1PM, facility did not have a procedure on how to screen visitors for symptoms of Covid-19 before entering the building.</p> <p>During an interview with the Administrator (ADM) on 1/24/2025 at 12:50 PM, the ADM stated that visitors do not need to be screened for symptoms of Covid-19 and only need to log in and wear a facemask before entering the building.</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 an interview with a licensed vocational nurse (LVN) 1 on 1/24/2025 at 1:05 PM, LVN 1 stated that they do not screen visitors who enter the facility. LVN 1 stated that they only provide a logbook where visitors sign-in and a disposable N95 facemask (an air purifying respirator) to use while in the building. LVN 1 stated that they do not ask visitors if they have symptoms of Covid-19 or test them with an antigen test (a diagnostic test that detects the presence of Covid-19) to check if they are infected or recently tested positive of Covid-19 virus.</p> <p>2. During an interview with the facility ' s infection preventionist (IP) on 1/24/2025 at 1:17 PM, the IP stated that a public health nurse (PHN) and an LA County physician conducted a virtual tour of the facility on 1/14/2025 and provided the facility with instructions on how to mitigate (control) the spread of Covid-19 that included a PCR testing of the staff and residents twice weekly.</p> <p>During an interview with the ADM on 1/24/2025 at 2:15 PM, the ADM stated that for the facility to initiate the PCR testing, the laboratory required a signature from the facility ' s medical director (MD) to execute the procedure. However, the ADM stated that the MD was on vacation and could not reached. The ADM stated that she tried to reach out to the MD on 1/22/2025, but to no avail.</p> <p>During a facility tour with the IP on 1/24/2025 at 2:30 PM, the breakrooms used by the staff who provided care to non-infected and infected residents was observed without hand sanitizers, facemasks, wipes, or a signage reminding the staff to change their masks after eating. There were five (5) chairs in one of the breakrooms and six (6) chairs in the other, with two staff observed working on their laptops next to each other in the breakroom for the staff providing care to infected residents. The breakroom was also observed with all windows and doors closed without an air purifier in the room.</p> <p>During a concurrent interview with LVN 2, who was in the breakroom, LVN 2 stated that he and the MDS nurse (minimum data set nurse) were working in the breakroom because they had a meeting with another group of staffs earlier. LVN 2 stated that he was not aware that there should only be two (2) people inside the room at any given time and should be across each other at the table.</p> <p>3. During an observation on 1/24/2025 at 2:30 PM, three (3) residents, one (1) visitor, and four (4) staff members were observed occupying the Rehabilitation Room. A signage was posted in the room indicating that the room capacity was limited to three (3) people. The three residents and the visitor who were inside the room were not wearing facemasks and were not at least six feet apart from each other.</p> <p>4. During an observation on 1/24/2025 at 2:45 PM, the kitchen was observed without a PPE cart and supplies available for use by the staffs.</p> <p>During an interview on 1/24/2025 at 2:55 PM, the ADM stated that the facility was having difficulty acquiring air purifiers and air filters due to a supply shortage caused by the recent fires.</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 1/24/2025 at 3:55 PM, the IP stated that she thought three (3) residents were allowed in the rehabilitation room. The IP stated that there were five (5) chairs in the break room because the staff brought in the chairs from the patio despite giving them instructions not to bring more than two (2) chairs in the room. The IP stated that she failed to ensure that a signage was in place in each breakroom to remind the staff to change their masks after eating. The IP stated that she thought washing hands with soap and water was a better alternative to using hand sanitizers. The IP stated that she thought placing the facemasks at the nurses ' station was more effective than having them available in the breakrooms. The IP stated that the facility had difficulty acquiring air purifiers since the wildfires started due to a shortage of supply. The IP stated that she does not know why the windows were not cracked open in the breakrooms and does not recall receiving instructions from the PHN to leave them slightly open.</p> <p>A review of an email sent to the IP by the PHN on 1/14/2025 at 10:27 AM, indicated that the PHN's post-site visit recommendations include:</p> <ol style="list-style-type: none"> <li>1. Arrange for a lab to conduct PCR testing and begin PCR testing twice a week.</li> <li>2. Create a testing station in the room adjacent to the front entrance where visitors and staff can sign in, conduct symptom checks, and test for Covid using an antigen test.</li> <li>3. Allow only 1-2 masked residents and distanced residents in the rehabilitation room at a time.</li> <li>4. Remove extra chairs and limit occupancy to two (2) people, seated across from each other.</li> <li>5. Add signage reminding staff to change their masks after eating.</li> <li>6. Provide masks, hand sanitizers, and wipes in the breakrooms.</li> <li>7. Add an air purifier to the breakroom and keep windows cracked open.</li> </ol> <p>A review of a facility ' s Covid-19 Update Report, dated 1/23/25, indicated that the total number of confirmed Covid-19 cases in the facility was thirty-one (31), with five (5) staff and twenty-six (26) residents. The report indicated that the staff and residents were tested with an antigen test.</p> <p>A review of the facility ' s undated policy titled, Infection Prevention and Control Program, revised in 12/2023, indicated that the program would be carried out by the facility ' s infection preventionist with a goal to decrease the risk of infection to residents and personnel and to ensure compliance with the state and federal regulations related to infection control.</p>		