STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555797	A. BUILDING _____ B. WING _____	C 06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GORDON LANE CARE CENTER	1821 E CHAPMAN AVE FULLERTON, CA 92831

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the Abbreviated Survey for Complaint Number: CA00966328. The survey team entered the facility on 6/16/24 at 730 hours. The facility identified the census as 93. The survey sample size was 3. Inspection was limited to the complaint investigated and did not represent the findings of a full inspection of the facility. * FOR COMPLAINT NUMBER CA00966328, NO DEFICIENCIES WERE IDENTIFIED. HOWEVER, DURING THE ABBREVIATED SURVEY, DEFICIENCIES WERE IDENTIFIED AND CITED AT F880. GLOSSARY AND DEFINITIONS CNA - Certified Nurse Aide Contact isolation - a set of precautions taken in healthcare settings to prevent the spread of the spread of infections that are transmitted through direct or indirect contact with a patient or their environment. DON - Director of Nursing DSD - Director of Staff Development	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 6/30/25

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.

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F 000	Continued From page 1 IP - Infection Preventionist PPE - Personal Protective Equipment Scabies - skin disease caused by parasitic mites	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;	F 880		

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F 880	Continued From page 2 (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, and facility P&P review, the facility failed to maintain the infection prevention and control practices to help prevent the transmission of	F 880		

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F 880	Continued From page 3 communicable diseases and infections for one of three sampled residents (Resident 1) placed on contact precautions. * The facility failed to ensure the staff donned an isolation gown before contacting with Resident 1 and/or his environment. Additionally, the staff did not properly discard the isolation gown after wearing it in Resident 1's room. * The facility failed to handle the clean linens so as to prevent the spread of infection. These failures posed the risk for transmission of infection and the development of disease-causing microorganisms. Findings: 1. Review of the facility's P&P titled Head Lice and Scabies Exposure and Treatment dated 12/19/22,showed the staff will follow appropriate transmission-based precautions, including PPE use, when providing care to the affected resident/s. Review of Resident 1's medical record was initiated on 6/17/25. Resident 1 was admitted to the facility on 2/8/25. Review of Resident 1's Order Summary Report dated 6/17/25, showed a physician's order dated 6/11/25, for contact precautions for scabies until further orders. On 6/17/25 at 0740 hours, an observation and concurrent interview was conducted with CNA 4. CNA 4 was inside Resident 1's room feeding Resident 1. CNA 4 was not wearing an isolation	F 880		

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F 880	Continued From page 4 gown while in the room. There was a contact precautions sign posted outside of Resident 1's room, to don PPE before entering the room. CNA 4 was asked why he did not don an isolation gown. CNA 4 stated there was no isolation gown by the designated supply area. CNA 4 verified he should have worn a gown before going inside Resident 1's room. CNA 4 then donned an isolation gown continued with Resident 1's feeding. When finished, CNA 4 removed his isolation gown and discarded the used gown in a regular trash bin which was overflowing with used gowns in Resident 1's room bathroom. CNA 4 stated there was no black trash bin available, so he discarded the used gown in the regular trash bin. CNA 4 further stated, if there was a black trash bin, he would have discarded the used gown in there and not in the regular trash bin. On 6/17/25 at 0742 hours, an interview was conducted with the IP. The IP verified CNA 4 did not don an isolation gown and discarded the used isolation gown in a regular garbage container. The IP stated a gown must be donned when getting inside the isolation rooms and discarded in the appropriate designated garbage bin. On 6/17/25 at 1330 hours, an interview was conducted with the DON. The DON verified the above findings and stated an in-service was initiated regarding the importance of huddle, environmental rounds and to ensure the residents' plan of care are followed. On 6/18/25 at 0740 hours, an interview with the Environmental Services Director was conducted regarding the unavailability of trash bin designated for used PPE for Resident 7's room. The Environmental Services Director stated, "I	F 880		

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F 880	Continued From page 5 don't know what happened. " The Environmental Services Director further stated designated trash bins were provided yesterday and physically checked all rooms to ensure the proper garbage bins were provided. 2. Review of the facility's P&P titled Handling Clean Linen revised 12/2022 showed it is the policy of this facility to handle, store, process, and transport clean linen in a safe and sanitary method to prevent contamination of the linen, which can lead to infection. On 6/18/25 at 0827 hours, a facility tour was conducted with the Environmental Services Director in Resident 1's room. CNA 5 was observed placing clean linen on top of the dirty hamper in front of Resident 1's room. CNA 5 acknowledged and verified the clean linen was on top of the dirty hamper and stated, "I'm sorry. " The Environmental Services Director and CNA 5 acknowledged and verified the findings. On 6/18/25 at 830 hours, during an interview, the IP verified the clean linens were on top of the hamper and were now contaminated. On 6/18/25 at 1620 hours, an interview was conducted with the Administrator, DON, IP, and DSD. The Administrator, DON, IP, and DSD verified the above findin	F 880		

PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER: **GORDON LANE CARE CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE: 1821 E CHAPMAN AVE c FULLERTON, CA 92831

TAG NUMBER**: F 880**

DATE OF SURVEY: 06/18/2025

FEDERAL REGULATION: 483.80(a)(1)(2)(4)(e)(f) Infection Control

DESCRIPTION OF NON-COMPLIANCE:

Based on observation, interview, medical record review, and facility P&P review, the facility failed to maintain infection prevention and control practices to help prevent the transmission of communicable diseases and infections for one of three sampled residents (Resident 1) placed on contact precautions. Specifically:

* The facility failed to ensure staff donned an isolation gown before contact with Resident 1 and/or his environment. Additionally, staff did not properly discard the isolation gown after wearing it in Resident 1's room.

* The facility failed to handle clean linens so as to prevent the spread of infection.

These failures posed the risk for transmission of infection and the development of disease-causing microorganisms.

PLAN OF CORRECTION:

F880 - Infection Prevention & Control

A. How the facility plans to correct the specific deficiencies cited:

* Failure to ensure staff donned an isolation gown and properly discarded it:

* Immediate in-service education was provided to CNA 4 on June 17, 2025, regarding proper donning, doffing, and disposal of isolation gowns, emphasizing the importance of donning prior to entering an isolation room and proper disposal in designated biohazard bins.

* All nursing staff and environmental services staff will received mandatory re-education on June 25th regarding the facility's Infection Prevention and Control policies and procedures, specifically focusing on:

* Correct application and removal of all types of Personal Protective Equipment (PPE), particularly isolation gowns, when providing care to residents on transmission-based precautions.

* Proper disposal of contaminated PPE into designated biohazard waste receptacles immediately after removal.

* The importance of ensuring designated biohazard bins are readily available and not overflowing in isolation rooms.

* Environmental Services will implement a daily checklist for all isolation rooms to ensure adequate stock of PPE (including isolation gowns) at the designated supply area outside the room and the availability of empty biohazard waste bins within the room starting June 25th, 2025. This checklist will be reviewed by the Environmental Services Director or designee.

* Failure to handle clean linens to prevent the spread of infection:

* Immediate re-education was provided to CNA 5 on June 18, 2025, regarding the proper handling and storage of clean linens, emphasizing that clean linens must never be placed on dirty hampers or other contaminated surfaces.

* All nursing staff and environmental services staff will receive mandatory re-education on June 25th, 2025 on the facility's policy for Handling Clean Linen, reinforcing the importance of:

* Maintaining separation between clean and dirty linens at all times.

* Transporting and storing clean linens in clean, designated containers or carts.

* Never placing clean linens on or near contaminated surfaces, including dirty hampers.

* Nursing staff will be re-educated on the proper procedure for bringing clean linens into resident rooms to ensure they remain free from contamination.

B. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:

* All residents requiring transmission-based precautions will be identified through daily review of the facility's infection control log and resident care plans by the Infection Preventionist (IP) and Director of Nursing (DON).

* An audit will be conducted for all residents currently on transmission-based precautions to ensure proper PPE is available outside their rooms and that appropriate waste receptacles are provided within their rooms. Any discrepancies will be immediately corrected.

* The IP and DON will conduct focused observations during routine rounds to ensure all staff are consistently adhering to proper PPE utilization and disposal for all residents on transmission-based precautions.

* All nursing staff and environmental services staff will be re-educated on June 25th, 2025 on proper linen handling procedures to prevent contamination, ensuring all residents receive care with uncontaminated linens.

C. What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur:

* Enhanced Staff Education and Competency:

* Comprehensive in-service training on Infection Prevention and Control, including proper PPE use, disposal, and clean linen handling, will be conducted for all nursing staff (RNs, LVNs, CNAs) and environmental services staff by July 15, 2025. This training will include practical demonstrations and return demonstrations to ensure competency.

* New employee orientation will include a dedicated and enhanced module on infection prevention and control practices.

* Annual competency evaluations will include observation of proper PPE use and linen handling for all staff involved in resident care.

* Increased Environmental Monitoring during Angel Rounds:

* The existing Angel Rounds checklist will be revised to include specific checks for all resident rooms, especially those with residents on isolation precautions:

* Verification of PPE availability: During Angel Rounds, nursing supervisors/designees will visually confirm that appropriate PPE (e.g., isolation gowns, gloves) is stocked and readily accessible at the designated supply area outside isolation rooms.

* Trash Bin Monitoring: During Angel Rounds, nursing supervisors/designees will visually inspect all trash bins within resident rooms and bathrooms to ensure they are not overflowing with used PPE or other waste and that designated biohazard bins are present and utilized for

contaminated waste in isolation rooms. Any overflowing bins or improper disposal will be immediately addressed with Environmental Services.

* Clean Linen: During Angel Rounds, nursing supervisors/designees will observe how clean linens are being handled and stored by staff to ensure they are not placed on contaminated surfaces.

* Regular Audits and Surveillance:

* The IP will conduct weekly audits for the next 8 weeks, then monthly thereafter, to observe staff compliance with PPE usage and disposal in isolation rooms, as well as proper linen handling.

* Findings from these audits will be reported to the Quality Assurance and Performance Improvement (QAPI) committee for review and to identify any trends or needs for further intervention.

* The Environmental Services Director will implement a daily audit tool to ensure proper waste bin availability and cleanliness in all resident rooms, with a particular focus on isolation rooms.

* Policy and Procedure Review:

* The facility's Infection Prevention and Control Program and related policies (including PPE Use and Handling Clean Linen) will be reviewed by the IP and DON by July 31, 2025, to ensure they align with current accepted national standards and Title 22 regulations, and clearly outline staff responsibilities and procedures for maintaining a safe and sanitary environment.

D. How the facility's QAPI program will monitor the deficient practice to ensure it is sufficiently corrected and will not recur:

* The QAPI Committee will review all infection control incidents, audit results, and staff competency records on a monthly basis for a period of six months, and quarterly thereafter.

* Specific data points to be monitored will include:

  * Number of observed instances of non-compliance with PPE use and disposal.

  * Number of observed instances of improper clean linen handling.

  * Completion rates of staff education and competency evaluations related to infection control.

  * Findings from Angel Rounds related to PPE and trash bin monitoring.

* The QAPI Committee will track trends related to infection control practices and identify areas requiring further intervention, such as additional staff training, revised procedures, or environmental modifications.

* Corrective actions will be implemented as needed based on QAPI findings, and their effectiveness will be continuously evaluated by the QAPI Committee.

* The Administrator, DON, and IP will be responsible for overseeing the implementation of this Plan of Correction and ensuring ongoing compliance.

DATE OF COMPLETION: June 30, 2025

SIGNATURE OF ADMINISTRATOR: ___Suchi Iyer_____

DATE: _____6/30/25_____