

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Reviewed and Accepted POC
4/28/25
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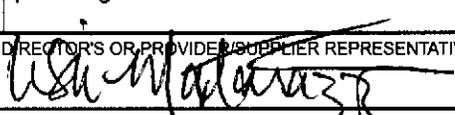
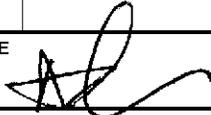
PRINTED: 03/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555832	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2025
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NAME OF PROVIDER OR SUPPLIER CLARA BALDWIN STOCKER HOME FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 527 S VALINDA AVENUE WEST COVINA, CA 91790
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for two complaints.</p> <p>Complaint Numbers: CA00946417 and CA00947555</p> <p>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number CA00946417 (F880). No deficiency was issued for complaint number CA00947555.</p>	F 000	<p>This plan of Correction constitutes the Facility's credib/e allegation of compliance. Clara Baldwin Stocker Home, makes its best effort to operate in full compliance with both Federal and State laws. Nothing included in this Plan of Correction is an admission otherwise. Clara Baldwin Stocker Home has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein. Please note that Clara Baldwin Stocker Home may contest the merits and/or form of any of the deficiency findings alleged below.</p>	
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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</p>	F 880	<p>F 880</p> <p>It is the policy of the facility to 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 communicated disease and infections.</p> <p>Corrective Action for Resident found to have been affected by this deficiency:</p> <p>No Resident was identified to have been affected by this deficiency.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 3/14/2025
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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 880	<p>Continued From page 1 arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880	<p>Identification of Other Residents having the potential to be affected by the same deficient practice and corrective action that will be taken:</p> <p>All Residents have the potential to be affected by this deficiency.</p> <p>On 2/25/2025, the IP Nurse designee completed N95 Fit Testing for CNA 4.</p> <p>What measures will be put into place to ensure that the deficient practice does not recur:</p> <p>On March 14, 2025, the DON inserviced the IP LVN Designee on the facility's policy and procedure on N95 Fit Testing; including that all new hire employees must have N95 Fit Testing upon hire and before being assigned to work with any Resident(s) and annually thereafter.</p> <p>On February 25, 26 and 27, 2025, the IP LVN Designee completed an N95 Fit Testing Audit on all current Employees. There were no additional employees identified as not having been N95 Fit Tested upon hire. There were 15 current employees identified as not being current with annual N95 Fit Testing. On February 28, 2025, the IP LVN Designee completed N95 Fit Testing on the identified 15 employees.</p>	
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F 880	<p>Continued From page 2</p> <p>transport linens so as to prevent the spread of infection.</p> <p>§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 interview and record review, the facility failed to follow its policy and procedure (P&P) titled "N95 Fit Testing," (N95 respirator, a device designed to protect the wearer from hazardous particles in the air such as fumes gases and viruses) by failing to ensure one of four sample staff [Certified Nurse Assistant 4 (CNA 4)] was fit tested for an N95 respirator mask upon hire.</p> <p>This failure had the potential to result in the spread of Coronavirus 2019 (COVID-2019, a severe respiratory illness caused by a virus and spread from person to person) and other airborne diseases to the residents, staff, and visitors.</p> <p>Findings:</p> <p>During an interview on 2/25/25 at 12:30 pm with CNA 4, CNA 4 stated, CNA 4 began working at the facility on 2/3/25 and CNA 4 has not been fit tested for the N95 mask.</p> <p>During a concurrent interview and record review on 2/25/25 at 12:45 pm with the Director of Staff Development (DSD), the facility's P&P titled, "N95 Fit Testing," was reviewed. The P&P indicated "All employees to the facility must be in accordance with the provisions of Occupational Safety and Health Administration (OSHA's) Respiratory Protection Standard (29CFR 1910.134) and on the criteria set by the Medical Director of Arbor</p>	F 880	<p>On March 14, 2025, the DON gave a 1:1 inservice to the IP LVN Designee on the facility's policy and procedures on N95 Fit Testing; including that all new hires must have N95 Fit Testing upon hire and before being assigned to any Resident(s), and annually thereafter.</p> <p>Measures that will be implemented to ensure that solutions are sustained:</p> <p>The IP LVN Designee will conduct monthly audits X 3 months on all new hire employees and all employees due for the prior months annual N95 Fit Testing to ensure that all current employees are compliant with the facility's policy and procedures on N95 Fit Testing, results of the monthly audits will be documented on the Quality Improvement Audit Tool. The documented results will be forwarded to the QA & A Committee monthly X 3 months for review and action planning as indicated or until the QA & A Committee determines compliance.</p>	3/14/2025	

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F 880	Continued From page 3 Environment. Each employee will be fit tested annually and upon hire on the use of the proper N95 respirator." The DSD stated, the DSD should have fit tested CNA 4 before 2/3/25 per P&P titled, "N95 Fit Testing." The DSD stated, "I did not." During an interview with the Director on Nurse (DON) on 2/25/25 at 1:30 pm, the DON stated each employee will be fit tested annually and upon hire on the use of the proper N95 respirator. During a interview with the IPN on 2/25/25 at 1:50 pm, the IPN stated the importance of fit testing is to prevent transmission of airborne diseases employees to residents or employees to employees and it (fit testing) should had been done before employee was assigned work with the residents.	F 880			