

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Highland Palms Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7534 Palm Avenue Highland, CA 92346	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>Based on observation, interview, and record review, the facility failed to document a change of condition for one of six sampled residents (Resident 42) when Resident 42 had new physician orders on October 30, 2024, for moisture associated skin damage (MASD-describes a range of skin conditions that occur when the skin is exposed to moisture for a prolonged period of time).</p> <p>This failure had the potential to result in delayed care and treatment for Resident 42 and cause harm.</p> <p>Findings:</p> <p>During an interview on October 28, 2024, at 10:04 AM, with Resident 42, Resident 42 stated he felt discomfort on his genital area due to skin redness. Resident 42 further stated he informed his nurse about redness.</p> <p>During a review of Resident 42's undated admission Record, the admission Record indicated Resident 42 was admitted to the facility with the diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (stroke of the brain affecting weakness to the left side), type 2 diabetes mellitus (chronic condition where the body doesn't use insulin properly), and benign prostatic hyperplasia with lower urinary tract symptoms (condition causing frequent urination, leaking urine, and weak urine stream).</p> <p>During a review of Resident 42's Physician Order dated October 30, 2024, the Physician Order indicated MASD to right buttocks; cleanse with N/S [normal saline - gentle cleaning solution for wounds], pat dry, apply calcium alginate [medication used to treat wounds with drainage] and cover with dry dressing daily x [times] 14 days then re eval [evaluate].</p> <p>During a concurrent interview and record review on October 30, 2024, at 3:50 PM with the Director of Nursing (DON), the DON reviewed Resident 42's clinical records. The DON was not able to find documented evidence of Resident 42's change in condition for MASD. The DON stated the nurse did not document the change of condition for Resident 42's MASD. The DON further stated it should have been documented.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on October 31, 2024, at 12:05 PM, with the DON, the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, dated revised May 2017, was reviewed. The P&P indicated, .1. The nurse will notify . any change in skin integrity such rashes, skin tears, discoloration, etc . 7. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status and monitor . The DON stated the P&P was not followed.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan (an individualized plan for the medical care of a resident) for smoking for one of one resident (Resident 70) investigated for smoking.</p> <p>This failure resulted in the facility to not have a plan of care regarding Resident 70's smoking privileges and facility interventions to ensure a safe smoking environment. This had the potential to increase the risk of accidents or injuries associated with fire hazards.</p> <p>Findings:</p> <p>During a review of Resident 70's admission Record (contains medical and demographic information), the admission record indicated Resident 70 was initially admitted [DATE], with diagnoses which included muscle wasting and atrophy (loss of muscle mass), muscle weakness, schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anxiety disorder (a condition that causes excessive feelings of fear, dread, and worry that persist over time and interfere with daily life), and major depressive disorder (a disorder where the most prominent symptom is a severe and persistent low mood, profound sadness, or a sense of despair.)</p> <p>During a concurrent observation and interview on October 30, 2024, at 6:52 AM, with Resident 70, Resident 70 stated he smoked regularly while living in the facility and stated he smoked approximately every few hours. Resident 70 further stated he kept his own smoking supplies with him and pointed to three boxes of cigarettes on his end table. Resident 70 further stated he also kept his own lighter in his pocket as he pointed to his pocket which was underneath the blanket covering his torso.</p> <p>During a review of Resident 70's medical record, there was no evidence a care plan for smoking had been created for Resident 70.</p> <p>During an interview and concurrent record review on October 30, 2024, at 7:26 AM, with the Director of Nursing (DON), Resident 70's medical record was reviewed. The DON stated Resident 70 should have had a smoking care plan created but stated he was unable to find evidence of one.</p> <p>During a review of the facility's policy and procedure titled, Smoking Policy - Residents, dated 2001, the policy indicated, This facility has established and maintains safe resident smoking practices .7. Resident smoking status is evaluated upon admission. If a smoker, the evaluation includes: a. current level of tobacco consumption; b. method of tobacco consumption (traditional cigarettes; electronic cigarettes; pipe, etc.); c. desire to quit smoking; and d. ability to smoke safely with or without supervision .10. Any smoking-related privileges, restrictions, and concerns (for example, need for close monitoring) are noted on the care plan, and all personnel caring for the resident shall be alerted to these issues .</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered, dated December 2016, the policy indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident .7. The care planning process will: .b. Include an assessment of the resident's strengths and needs; .8. The comprehensive, person-centered care plan will: a. Include measurable objectives and timeframes b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders in accordance with the facility's policy and procedure for one of six sampled residents (Resident 44) when Resident 44's enteral feeding (nutrition feeding through a tube into the stomach) was found running at 65 mL/hr (ml-milliliters - a unit of measurement, hr-hour, amount given in an hour) instead of 60 mL/hr, on October 31, 2024 as specified by physician order.</p> <p>This failure had the potential to result in Resident 44 receiving extra calories than ordered by the physician and excessive weight gain.</p> <p>Findings:</p> <p>During an observation on October 28, 2024, at 10:16 AM, in Resident 44's room, Resident 44 was observed to be lying in bed, with the head of the bed elevated, facing the television. Resident 44 was unable to make needs known.</p> <p>During an observation on October 29, 2024, at 4:21 PM, in Resident 44's room, Resident 44's enteral feeding was running at 60ml/hr .</p> <p>During an interview on October 30, 2024, at 2:04 PM, with Licensed Vocational Nurse (LVN 1), LVN 1 stated Resident 44's physician order for enteral feeding was for 60ml/hr for 20 hours.</p> <p>During a review of Resident 44's Physician Order dated July 13, 2024, the Physician Order indicated, Enteral - Glucerna [feeding formula for diabetics] 1.2 [calorie amount] via G-tube [gastrostomy tube-small tube that is inserted into the stomach to provide nutrition and fluids] @ [at] 60 ml/hr x [times] 20 hrs [hours] for a total of 1200ml/ 1440 calories .</p> <p>During a concurrent observation and interview on October 31, 2024, at 9:40 AM, with the Director of Nursing (DON), in Resident 44's room, Resident 44's enteral feeding was running at 65ml/hr. The DON stated the enteral feeding was running at 65ml/hr. The DON stated the physician order indicated Resident 44's order for the enteral formula was at the rate of 60ml/hr.</p> <p>During a concurrent interview and record review on October 31, 2024, at 12:06 PM, with the DON, the facility's undated policy and procedure (P&P) titled, Physician Orders, Accepting, Transcribing, and Implementing (Noting) was reviewed. The P&P indicated, Licensed nursing personnel will ensure that . orders will be recorded and implemented. All physician orders are to be complete and clearly defined to ensure accurate implementation. The DON stated the P&P was not followed.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of one resident (Resident 73) investigated for respiratory care, received services as specified by the physician's orders when Resident 73's tracheostomy (a surgically created hole in the windpipe [trachea] that provides an alternative airway for breathing) was not monitored for redness, discharge, and discoloration every shift.</p> <p>This failure had the potential for Resident 73 to experience a delay in the staff identification and subsequent treatment of possible complications with his tracheostomy (such as infection) which would affect the resident's overall health and safety.</p> <p>Findings:</p> <p>During a review of Resident 73's admission Record (contains medical and demographic information), the admission record indicated Resident 73 was admitted on [DATE], with diagnoses which included muscle wasting and atrophy (loss of muscle mass), Asthma (a chronic lung disease that causes inflammation and tightening of the muscles around the airways, making it difficult to breathe), dysphagia (difficulty swallowing), immunodeficiency (The decreased ability of the body to fight infections and other diseases) and tracheostomy status (the presence of a tracheostomy).</p> <p>During a review of Resident 73's care plan (an individualized plan for the medical care of a resident) titled, Resident has a Tracheostomy to neck, dated August 20, 2024, the care plan indicated, Interventions . Administer treatments as ordered and monitor for effectiveness .</p> <p>During a review of Resident 73's physician's orders, an order dated August 20, 2024, indicated, Monitor Tracheostomy to neck for redness, discharge, and discoloration every shift. Notify MD (medical doctor) of any changes.</p> <p>During a review of Resident 73's Treatment Administration Record (TAR - a document where staff records monitoring and treatments provided to the resident), dated September 1, 2024, through September 30, 2024, was reviewed. The TAR indicated Resident 73's tracheostomy was documented as being monitored for redness, discharge, and discoloration only one time each day for the entire month of September instead of once every shift (total of three times each day) as specified by the physician's orders.</p> <p>During a review of Resident 73's Treatment Administration Record (TAR - a document where staff records monitoring and treatments provided to the resident), dated October 1, 2024, through October 31, 2024, was reviewed. The TAR indicated Resident 73's tracheostomy was documented as being monitored for redness, discharge, and discoloration only one time each day for the entire month of October instead of once every shift (total of three times each day) as specified by the physician's orders.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on October 31, 2024, at 11:17 AM, with the Director of Nursing (DON), Resident 73's physician's orders order dated August 20, 2024, was reviewed. The DON stated the physicians order indicated Resident 73's tracheostomy was supposed to be monitored for redness, discharge and discoloration every shift (three times a day). The DON stated it was important to follow physicians orders to monitor Resident 73's tracheostomy to ensure if an infection was present, it (the infection) can be identified and addressed promptly.</p> <p>During a review of the facility's policy and procedure titled, Ostomy Site Care, dated October 2011, the policy indicated, The purposes of this procedure are to promote cleanliness and to protect the ostomy site from irritation, breakdown and infection .Preparation .2. Review the resident's care plan and provide for any special needs of the resident .Steps in the Procedure .7. Assess the stoma site for signs of redness, pain or soreness, swelling, or drainage. Report any of these signs of infection immediately to your supervisor and the resident's physician .</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the facility's policies and procedures for destruction, final disposition, and disposal for medications were followed when six medication tablets were found on top of the medication waste receptacle, available for use on [DATE].</p> <p>This failure had the potential for the misuse of expired and discarded medications that could harm residents when administered.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE], at 6:50 AM, with Licensed Vocational Nurse 2 (LVN 2) in the facility's medication supply room, six medication tablets were observed on top of the medication waste receptacle, readily available for use. LVN 2 stated the six medication tablets were not narcotics. The LVN 2 further stated the medication tablets were not properly disposed of inside the medication waste receptacle and they (the tablets) were not supposed to be on top of the lid.</p> <p>During a concurrent observation and interview on [DATE], at 6:52 AM, with the Registered Nurse 1 (RN 1) in the facility's medication supply room, the RN 1 confirmed that there were six medication tablets on top of the medication waste receptacle. The RN 1 stated the medication tablets were supposed to be properly disposed inside the medication waste receptacle and not on top of the lid.</p> <p>During a concurrent observation and interview on [DATE], at 7:15 AM, with the Director of Nurses (DON), in the facility's medication supply room, the DON stated there were six medication tablets on top of the medication waste receptacle. The DON stated they should have been inside the receptacle and not outside where it is available for use.</p> <p>During a concurrent interview and record review on [DATE], at 3:02 PM, with the DON, the facility's policy and procedure (P&P) titled, Discarding and Destroying Medications, revised 2019, was reviewed. The P&P indicated, .Non-controlled (drug or chemical whose manufacture, possession, or use is not regulated by law because it is not considered to be dangerous or to cause addiction) and non-hazardous controlled substances (prescription or over-the-counter drug that is not regulated by the Resource Conservation and Recovery Act [RCRA] and not considered hazardous) will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications .Facility must dispose of the controlled substance(s) by depositing in the authorized onsite receptacle .Both controlled and non-controlled substances may be disposed of in the collection receptacle .Document disposal on the medication disposition record. The DON stated the facility's P&P was not followed.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure expired medications were removed from one of the two facility's medication supply rooms when one expired intravenous (IV-a method of delivering fluids, nutrients, medications, or blood directly into a vein using a needle or tube) antibiotic (medicine that treats bacterial infections by killing bacteria or preventing them from growing and multiplying) was found in the medication fridge, readily available for use on October 30, 2024.</p> <p>This failure had the potential for the IV antibiotic to have decreased efficacy (ability to produce a desired result) and sub-therapeutic (less than optimal) effects when administered.</p> <p>Findings:</p> <p>During a concurrent observation and interview on October 30, 2024, at 6:57 AM, in the facility's medication supply room, with the Registered Nurse 1 (RN 1), one IV antibiotic medication of Daptomycin (antibiotic to treat a bone infection) was observed to be inside the medication refrigerator where IV medications are stored, readily available for use. The medication had an expiration date of October 29, 2024 (one day expired). The RN 1 stated the antibiotic expiration was on October 29, 2024, and stated expired medications were supposed to be removed from the medication supply room and discarded.</p> <p>During a concurrent observation and interview on October 30, 2024, at 7:15 AM, in the facility's medication supply room, with the Director of Nurses (DON), the DON read the expiration date of the IV Daptomycin and stated it was October 29, 2024. The DON stated it should have been removed from the medication supply room, and further stated it was the responsibility of the nursing staff to ensure expired medications were removed and discarded.</p> <p>During a concurrent interview and record review on October 30, 2024, at 3:02 PM, with the DON, the facility's policy and procedure (P&P) titled, Storage of Medications, revised April 2007, was reviewed. The P&P indicated, .Nursing staff shall be responsible for maintaining storage AND preparation in a clean, safe, and sanitary manner. Facility shall not use discontinued, expired, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. The DON stated the policy was not followed. The DON further stated the facility should have followed it to prevent possible misuse of medication that could potentially harm residents.</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain infection control practices when Certified Nursing Assistant 1 did not don (put on) a gown upon entering the room of a resident (Resident 391) who was on contact precautions (a set of measures to prevent the spread of infectious agents through direct or indirect contact with a patient or their environment) on October 29, 2024.</p> <p>This failure had the potential to spread infectious disease (disease caused by bacteria, viruses, fungi, or parasite) to 91 medically compromised residents and staff in the facility.</p> <p>Findings:</p> <p>During a review of Resident 391's admission Record (contains medical and demographic information), the admission record indicated Resident 391 was admitted [DATE], with diagnoses which included sepsis (is an illness in which the body has a severe, inflammatory response to bacteria or other germs), local infection of the skin and subcutaneous tissue (the deepest layer of the skin), and methicillin resistant staphylococcus aureus (MRSA) infection (infection caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections).</p> <p>During a review of Resident 391's physicians orders, an order dated October 16, 2024, indicated, Isolation with: Contact precautions related to MRSA wound infection to BLE [bilateral lower extremities] .every shift until 11/06/2024 [November 6, 2024].</p> <p>During a review of Resident 391's care plan (an individualized plan for the medical care of a resident) titled, Isolation Precautions: Resident requires contact isolation precautions due to MRSA infection, dated October 16, 2024, the care plan indicated, Interventions .Safe handling of potentially contaminated equipment or surfaces in the resident environment, and respiratory hygiene/cough etiquette .Use of personal protective equipment as recommended for type of infection .</p> <p>During an observation on October 29, 2024, at 4:37 PM, Certified Nursing Assistant 1 (CNA 1), entered Resident 391's room without putting on (donning) a gown. A sign at the entryway of Resident 391's room indicated, STOP - Contact Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and staff must also .put on gown (a type of personal protective equipment) before room entry. Discard gown before room exit . CNA 1 then touched Resident 391's phone which was on a charger across the room and provided the phone to the resident. CNA 1 did not put on a gown prior to entering the room or anytime while in the room. CNA 1 then exited Resident 391's room and entered the room of two other residents who had their call light on (and were not on contact precautions).</p> <p>During an interview on October 30, 2024, at 3:54 PM, with the Infection Preventionist (IP), the IP stated staff were supposed to put on gloves and a gown any time they entered a resident's room who was on contact precautions. The IP further stated it would be unacceptable if a staff member entered the room of a resident on contact precautions and touched a phone in the room and handed it to the resident. The IP stated it was important for staff to follow contact precautions to prevent the spread of whatever infectious organism the resident was in isolation for.</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 - Few</p>	<p>During an interview on October 31, 2024, at 11:11 AM, with the Director of Nursing (DON), the DON stated staff should be donning gloves and gowns when entering the room of a resident who is on contact precautions.</p> <p>During a review of the facility's policy and procedure titled, Isolation - Categories of Transmission-Based Precautions, dated September 2022, the policy indicated, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents .Contact Precautions .1. Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment .8. Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed .</p>		