

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER NEW ORANGE HILLS		STREET ADDRESS, CITY, STATE, ZIP 5017 E. CHAPMAN AVENUE ORANGE, CA 92869	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to implement infection control practices designed to provide a safe and sanitary environment and help prevent the development and transmission of diseases and infections. Resident A, who had [MEDICAL CONDITION], was cohorted with two residents (Residents B and C) who did not have [MEDICAL CONDITION]. This posed the risk for transmission of [MEDICAL CONDITION] to Residents B and C. Findings: Review of the CDC's (Centers for Disease Control and Prevention) article titled General Information about [MEDICAL CONDITION] showed healthcare facilities in several countries have reported that a type of yeast called [MEDICAL CONDITION] has been causing severe illness in hospitalized patients (residents). In some patients, this yeast can enter the bloodstream and spread throughout the body, causing serious invasive infections. This yeast often does not respond to commonly used antifungal drugs, making infections difficult to treat. Patients who have been hospitalized in a healthcare facility for a long time, often have a central venous catheter, or other lines or tubes entering their body, or have previously received antibiotics or antifungal medications, appear to be at highest risk of infection with this yeast. Review of the facility's P&P titled Infection Control - [MEDICAL CONDITION] (undated) showed [MEDICAL CONDITION] is an emerging fungus that presents a serious global health threat. [MEDICAL CONDITION] is a [MEDICAL CONDITION] with some strains resistant to all three available classes of antifungal medications; can cause outbreaks in healthcare facilities; some common healthcare disinfectants are less effective at eliminating it; and it can be carried on patients' skin allowing spread to others. The P&P further showed to adhere to the CDC's recommendations for infection control, including placing the resident with possible or confirmed [MEDICAL CONDITION] on contact precautions immediately. If possible, the resident should be placed in a private room. If unable to place in a private room, cohort confirmed cases with confirmed cases, possible cases with possible cases. On 7/9/2020 at 1049 hours, Room A was observed occupied by three residents. A contact precautions sign was observed posted by the entrance of Room A, alerting individuals to perform hand hygiene and to don gloves and a gown before entering the room. CNA 3 was observed standing inside of Room A, by the entrance. CNA 3 was asked why Room A was on contact precautions and for which residents. CNA 3 stated she was informed by the nurse that Room A was on contact precautions for [MEDICAL CONDITION]. When asked if the two other residents had the same infection, CNA 3 stated only Resident A had [MEDICAL CONDITION]. Medical record review for Resident A was initiated on 7/9/2020. Resident A was readmitted to the facility on [DATE]. Review of Resident A's [MEDICAL CONDITION] test results showed the specimen collection date on 6/30/2020, and the results was released on 7/6/2020. The test results showed [MEDICAL CONDITION] was detected. On 7/9/2020 at 1057 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 verified Room A was occupied by three residents (Residents A, B, and C). RN 1 verified only Resident A had [MEDICAL CONDITION]. RN 1 verified Residents B and C did not have [MEDICAL CONDITION]. RN 1 stated, ideally, the residents who tested positive for [MEDICAL CONDITION] should be placed on contact precautions in a private room, or cohorted with other residents who also had [MEDICAL CONDITION] to contain and not spread the infection. On 7/9/2020 at 1121 hours, an interview was conducted with the IP. The IP verified the residents who had [MEDICAL CONDITION] should be placed on contact precautions in a private room or cohorted only with other residents who had [MEDICAL CONDITION]. On 7/9/2020 at 1443 hours, an interview was conducted with the Administrator. The Administrator stated the facility was visited by the Orange County County's Public Health Department on the previous day, but there was no mention to isolate Resident A. On 7/9/2020 at 1657 hours, a telephone interview was conducted with the Orange County Public Health Care Agency's epidemiologist. The epidemiologist stated she was the lead for the long-term care team, responsible for the county's long-term care facilities. The epidemiologist stated she was aware Resident A had [MEDICAL CONDITION]. The epidemiologist stated the facility was supposed to place the residents who were positive for [MEDICAL CONDITION] on contact isolation precautions in a private room, or cohorted the resident only with other residents who had [MEDICAL CONDITION]. The epidemiologist stated particularly, the residents who resided in a subacute unit needed to be appropriately isolated and cohorted because they were considered high-risk and more susceptible to [MEDICAL CONDITION]. The epidemiologist stated there was no directive from her department not to isolate Resident A.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.