

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055728</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANTA CLARITA POST-ACUTE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>23801 NEWHALL AVENUE NEWHALL, CA 91321</b>	
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 0757  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Ensure each resident's drug regimen must be free from unnecessary drugs.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure there was adequate indication for the use of [MEDICATION NAME] Cream (a medication used to treat scabies, a condition caused by tiny insects called mites - sarcoptes scabiei, that infest and irritate a person's skin) for nine of nine sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9) not diagnosed with [REDACTED]. Findings: a. A review of Resident 1's Admission Record indicated an admitted d on 4/21/18 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- standardized assessment and care-screening tool) dated 3/5/20 indicated Resident 1 had severely impaired cognitive (knowledge and understanding through thought, experience and senses) skills for daily decision-making. Resident 1 required extensive assistance with bed mobility, transfer, locomotion on and off unit, dressing, eating and personal hygiene and required limited assistance with eating. A review of Resident 1's Dermatology Preliminary Notes, dated 10/23/219, indicated Resident 1 was diagnosed with [REDACTED]. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's Treatment Administration Record (TAR) indicated [MEDICATION NAME] Cream 5% was administered to Resident 1 on 10/30/19, 11/6/19, 11/13/19, and 11/20/19. A review of Resident 1's Laboratory Report for Scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. b. A review of Resident 2's Admission Record indicated a readmitted d 2/5/2020 with [DIAGNOSES REDACTED]. A review of Resident 2's MDS dated [DATE] indicated Resident 2 rarely/never maked self understood and rarely/never has the ability to understand others. Resident 2 was totally dependent with bed mobility, dressing, eating, toilet use, and personal hygiene. A review of Resident 2's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 2 was diagnosed with [REDACTED]. A review of Resident 2's physician's orders [REDACTED]. A review of Resident 2's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 2 on 10/30/19, 11/6/19, 11/13/19, and 11/20/19. A review of Resident 2's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. c. A review of Resident 3's Admission Record indicated the facility admitted Resident 3 on 1/19/13 with [DIAGNOSES REDACTED]. A review of Resident 3's MDS dated [DATE] indicated Resident 3's cognitive skills for daily decision-making was intact. Resident 3 required supervision with bed mobility, locomotion on and off unit, eating, and personal hygiene. A review of Resident 3's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 3 was diagnosed with [REDACTED]. A review of Resident 3's physician's orders [REDACTED]. A review of Resident 3's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 3 on 10/30/19, 11/6/19, and 11/13/19. A review of Resident 3's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. d. A review of Resident 4's Admission Record indicated the facility admitted Resident 4 on 2/16/18 with [DIAGNOSES REDACTED]. A review of Resident 4's MDS dated [DATE] indicated Resident 4 had moderately impaired cognitive skills for daily decision making. Resident 4 required extensive assistance with bed mobility locomotion on and off unit, dressing, and personal hygiene. Resident 4 is totally dependent with transfer and toilet use. A review of Resident 4's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 4 was diagnosed with [REDACTED]. A review of Resident 4's physician's orders [REDACTED]. A review of Resident 4's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 4 on 10/30/19, 11/6/19, and 11/13/19. A review of Resident 4's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. e. A review of Resident 5's Admission Record indicated the facility admitted Resident 5 on 6/16/18 with [DIAGNOSES REDACTED]. A review of Resident 5's MDS dated [DATE] indicated Resident 5 had severely impaired cognitive skills for daily decision-making. Resident 5 required extensive assistance with bed mobility, dressing, and personal hygiene. A review of Resident 5's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 5 was diagnosed with [REDACTED]. A review of Resident 5's physician's orders [REDACTED]. A review of Resident 5's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 5 on 10/24/19, 10/30/19, 11/6/19, 11/13/19, and 11/20/19. A review of Resident 5's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. f. A review of Resident 6's Admission Record indicated the facility admitted Resident 6 on 6/8/18 with [DIAGNOSES REDACTED]. A review of Resident 6's MDS dated [DATE] indicated Resident 6 had severely impaired cognitive skills for daily decision-making. Resident 6 required extensive assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. A review of Resident 6's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 6 was diagnosed with [REDACTED]. A review of Resident 6's physician's orders [REDACTED]. A review of Resident 6's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 6 on 10/30/19, 11/6/19, 11/13/19, and 11/20/19. A review of Resident 6's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. g. A review of Resident 7's Admission Record indicated the facility admitted Resident 7 on 5/25/11 with [DIAGNOSES REDACTED]. A review of Resident 7's MDS dated [DATE] indicated Resident 7 had moderately impaired cognitive skills for daily decision-making. Resident 7 required extensive assistance with bed mobility, dressing, and personal hygiene. Resident 7 is totally dependent with toileting and requires supervision with eating. A review of Resident 7's Dermatology Preliminary Note, dated 10/23/19, indicated Resident 7 was diagnosed with [REDACTED]. A review of Resident 7's physician's orders [REDACTED]. A review of Resident 7's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 7 on 10/30/19, 11/6/19, 11/13/19, and 11/20/19. A review of Resident 7's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. h. A review of Resident 8's Admission Record indicated an admitted d 9/1/15 with [DIAGNOSES REDACTED]. A review of Resident 8's MDS dated [DATE] indicated Resident 8 had moderately impaired cognitive skills for daily decision-making. Resident 8 required extensive assistance with bed mobility, transfer, locomotion on and off unit, dressing, toilet use, and personal hygiene. A review of Resident 8's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 8 was diagnosed with [REDACTED]. A review of Resident 8's physician's orders [REDACTED]. A review of Resident 8's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 8 on 10/30/19, 11/6/19, 11/13/19, and 11/20/19. A review of Resident 8's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. i. A review of Resident 9's Admission Record indicated the facility readmitted Resident 9 on 5/3/19 with [DIAGNOSES REDACTED]. A review of Resident 9's MDS dated [DATE] indicated Resident 9 had moderately impaired cognitive skills for daily decision-making. Resident 9 required extensive assistance with bed mobility, transfer, locomotion on and off unit, dressing, and toilet use. personal hygiene. A review of Resident 9's Dermatology Preliminary Notes, dated 10/23/19, indicated Resident 9 was diagnosed with [REDACTED]. A review of Resident 9's physician's orders [REDACTED]. A review of Resident 8's TAR indicated [MEDICATION NAME] Cream 5% was administered to Resident 9 on 10/30/19, 11/6/19, and 11/13/19. A review of Resident 9's Laboratory Report for scabies exam with a collection date of 10/24/19 indicated scabies examination none seen. During an interview with the Infection Control Preventionist (ICP) on 12/4/20 at 10:44 a.m., she stated that residents who were found with rashes were seen by the dermatologist. Skin scrapings were done with all residents with rashes. All skin scrapings were negative for scabies. They were all treated with Elamite ([MEDICATION NAME] Cream). The facility's policy and procedure titled Wound Care Suggestions and Documentation, revised October 2014, indicated for Rashes: Residents shall not be [MEDICATION NAME] treated with</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.

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<p>F 0757</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>[MEDICATION NAME]. A review of Scabies Prevention and Control Guidelines for Healthcare Facilities, dated 9/18, page 12, indicated facility-wide (mass) [MEDICATION NAME] of all residents and at-risk health care workers (HCW) should be considered if positive scrapings are found in residents. A review of [MEDICATION NAME] Cream, manufacturer's recommendation, indicated [MEDICATION NAME] Cream is used to treat scabies in adults and works by killing lice and mites.</p>		