

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER CAMELLIA GARDENS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1920 N. FAIR OAKS AVENUE PASADENA, CA 91103	
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, and record review, the facility failed to clean the pulse oximeter (a device used to test the measurement of oxygen levels in the blood) before and after use for one of two sampled residents (Resident 5) during [MEDICAL CONDITION] (a surgical procedure which consists of making an incision on the anterior aspect of the neck and opening a direct airway through an incision in the trachea) care observation. This deficient practice had the potential for the spread of infection. Findings: On 6/10/2020 at 4:24 p.m., during a [MEDICAL CONDITION] care observation, Respiratory Therapist 2 (RT 2) prepared to perform [MEDICAL CONDITION] care on Resident 5. RT 2 did not clean the pulse oximeter and placed it on Resident 5's index finger. After checking Resident 5's oxygen saturation and heart rate with the pulse oximeter, RT 2 placed the pulse oximeter back on the charging stand. RT 2 did not clean the pulse oximeter after use. A review of Resident 5's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 5's History and Physical (H&P) dated 4/22/2020 indicated Resident 5 had fluctuating capacity to understand and make decisions. On 6/10/2020 at 4:59 p.m., during an interview, the facility's Director of Nursing (DON) and Infection Preventionist both stated the respiratory therapist was supposed to clean the pulse oximeter before and after use with each resident for infection control. A review of the facility's policy and procedure titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 7/2014, indicated reusable items are cleaned and disinfected or sterilized between residents (for example stethoscopes, durable medical equipment).</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.