STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056117	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rowland	330 W. Rowland Street Covina, CA 91723

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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34273 Based on observation, interview, and record review, the facility failed to implement their Policy and Procedure (P&P) titled, Handwashing and Hand Hygiene for one of eight sampled residents (Resident 3), when Certified Nursing Assistant 1 (CNA 1) did not wash CNA 1's hands after touching the overbed table and bed linens of a resident who tested positive for clostridium difficile (C. diff; bacteria that can cause diarrhea, enterocolitis [inflammation of the small and large intestines], and other intestinal conditions) infection. This failure had the potential to spread infection to other residents, staff, and visitors in the facility. Findings: 1. During a review of Resident 3's Admission Record (AR), the AR indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease (ESRD; irreversible kidney failure) and enterocolitis due to C. diff. During a review of Resident 3's History and Physical (H&P; a physician's clinical evaluation and examination of the resident), dated 7/20/24, the H&P indicated Resident 3 has the capacity to understand and make decisions. During a review of Resident 3's Minimum Data Set (MDS; a standardized assessment and care planning tool), dated 7/24/24, the MDS indicated Resident 3 communicated verbally and was continent of urination and bowel movement (had voluntary control over urination and/or bowel movement). The MDS indicated Resident 3 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, upper body dressing, and personal hygiene and required substantial/maximal assistance (helper does more than half the effort) with showering/bathing, lower body dressing, and putting on/taking off footwear. During a review of Resident 3's care plan, dated 9/28/24, the care plan indicated Resident 3 was on contact isolation due to C. diff. The care plan interventions indicated to adhere to complete duration of isolation precautions, educate the resident on what contact precautions are and why it was important, and to educate staff on proper use of personal protective equipment (PPE, protective clothing or equipment worn to protect the wearer from injury, diseases, or infection) and how to prevent the spread of infection. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056117	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rowland	330 W. Rowland Street Covina, CA 91723

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	During a review of Resident 3's physician's order, dated 10/11/24, the physician's order indicated to place Resident 3 on contact isolation precautions (precautions used to prevent the spread of diseases through direct or indirect contact with a patient or their environment. Contact precautions are used when a patient has an infection that can be spread through skin, mucous membranes, feces, vomit, urine, wound drainage, and other body fluids) for C. diff until 11/11/24. 2. During a review of Resident 4's AR, the AR indicated Resident 4 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and a wound on the left foot. During a review of Resident 4's progress note (PN), dated 10/8/24 and timed 3 pm, the progress note indicated the licensed nurse (unknown) was informed by the laboratory that Resident 4's stool tested positive for C. diff. The PN indicated Resident 4 was placed on contact isolation precautions. During a review of Resident 4's physician's order, dated 10/10/24, the physician's order indicated Resident 4 was on contact isolation precautions for C. Diff. During an observation on 10/18/24 at 1 pm while inside Resident 3's room, CNA 1 moved Resident 3's overbed table, and asked Resident 3 if `Resident 3's briefs were soiled. CNA 1 straightened Resident 3's bed sheets and blanket. Then CNA 1 removed CNA 1's isolation gown and gloves and exited Resident 3's room without washing CNA 1's hands and/or using alcohol-based hand sanitizer. CNA 1 walked to the nurses' station sink and washed CNA 1's hands. During an interview on 10/18/24 at 1:15 pm with CNA 1, CNA 1 stated CNA 1 must wash hands before exiting Resident 3's room. CNA 1 stated CNA 1 did not wash hands in Resident 3's bathroom because Resident 3 touched everything in the bathroom and CNA 1 did not want to risk getting an infection. During an interview on 10/18/24 at 1:40 pm with CNA 4, CNA 4 stated Resident 4 was on contact isolation precautions because of C. diff. CNA 4 stated before going inside Resident 4's room, CNA 4 must wash hands and then put gown and gloves on. CNA 4 stated after providing care to Resident 4, CNA 4 must remove CNA 4's gown and gloves, wash hands in Resident 4's bathroom, then exit Resident 4's room and use alcohol-based hand sanitizer outside Resident 4's room. During an interview on 10/18/24 at 1:50 pm with CNA 7, CNA 7 stated after providing care to a resident with C. diff, CNAs must remove their gown and gloves inside the room, wash their hands in the bathroom, then exit the room. CNA 7 stated C. diff is very infectious and is found in the stool. CNA 7 stated nursing staff can spread C. diff if they don't wash their hands properly. During a phone interview on 10/18/24 at 2:30 pm with the Infection Prevention Nurse (IPN), the IPN stated residents with C. diff infection must be placed on contact isolation. The IPN stated for contact isolation precautions nursing staff must wear gloves and a gown and must perform hand hygiene (cleaning hands by either washing them with soap and water, or by using alcohol-based hand sanitizer) before and after providing care to the resident. The IPN stated handwashing with soap and water, instead of using alcohol-based hand sanitizer, is recommended to prevent the spread of C. diff. The IPN stated nursing staff must wash their hands before exiting the room of a resident on contact isolation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056117	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rowland	330 W. Rowland Street Covina, CA 91723

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	During a review of the facility's P&P titled, undated Handwashing and Hand Hygiene, the P&P indicated the facility considers hand hygiene as their primary means to prevent the spread of infection. The P&P indicated, All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations .after contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile . and . n. Before and after entering isolation precaution settings.