

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/19/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2023
NAME OF PROVIDER OR SUPPLIER Studebaker Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13226 Studebaker Rd Norwalk, CA 90650	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055</p> <p>Based on observation, interview and record review the facility failed to ensure one of one Coronavirus disease ([Covid-19] a very contagious infectious disease) positive resident (Resident 4) had physician orders for Novel Respiratory Precautions (precautions to follow before entering a room of someone who has a newly identified germ that can cause respiratory infections).</p> <p>This deficient practice had the potential for the continued spread of Covid-19 to other residents and staff in the facility.</p> <p>Findings:</p> <p>During a review of Resident 4 's Admission Record (Face Sheet), indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including urinary tract infection (UTI-infection in the part of the body that filters the waste through urine) and bacteremia (blood infection).</p> <p>During a review of Resident 4's Minimum Data Set (MDS-standardized assessment and care-screening tool), dated 11/10/2023, the MDS indicated Resident 4's cognition (thought process) was intact. The MDS indicated Resident 4 was independent when eating, needed set up assistance with oral hygiene and personal hygiene, and needed supervision with toileting and dressing.</p> <p>During a review of Resident 4's Change of Condition evaluation, dated 11/29/2023 at 10:24 p.m., the evaluation indicated Resident 4 was tested positive for Covid-19.</p> <p>During a review of Resident 4's Order Summary, active as of 12/2/2023, the order summary indicated, starting on 11/29/2023, Resident 4 will be on contact (measures followed when infection transmitted by direct or indirect contact) and droplet precautions (measures followed when infection is transmitted through air droplets by coughing, sneezing, or talking) due to Covid-19 for 14 days.</p> <p>During a concurrent observation and record review in front of Resident 4's room, observed the isolation sign posted on 12/2/2023 at 8:11 a.m. indicated Resident 4 was on Novel Respiratory Precautions.</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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview with the Infection Preventionist (IP) and record review of isolation orders and the isolation signage posted in front of the isolation rooms of Resident 4 on 12/3/2023 at 9:20 a.m., the signage was reviewed, and the signage indicated Resident 4 was on Novel Respiratory Precautions. The orders were reviewed, and the orders indicated Resident 4 was on contact precautions and for droplet precautions. The IP stated the orders should have been accurately entered in Resident 4's physician order, and it should not have indicated only for contact precautions and droplet precautions. The IP stated the orders should have been for Novel Respiratory precautions as indicated in the facility's mitigation plan.</p> <p>During a review of the facility's P&P, titled Coronavirus Disease (COVID-19) Mitigation Plan, undated, the P&P indicated health care personnel should adhere to transmission-based precautions when caring for residents positive for Covid-19 and use the proper personal protective equipment (PPE). The P&P indicated the Covid-19 positive resident needed to be on Novel Respiratory Precautions.</p> <p>During a review of the Centers for Disease Control and Prevention, Interim Infection Prevention And Control Recommendations For Healthcare Personnel During the Coronavirus Disease 2019 Pandemic, updated 5/8/2023, the recommendations indicated for staff to follow standard precautions (basic practices to protect spread of germs) and transmission-based precautions for patients with documented Covid-19 infection.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055</p> <p>Based on interview and record review the facility failed to ensure the:</p> <p>a. Minimum Data Set Nurse (MDSN) documented the date a care plan was started for one of one resident (Resident 3) and not when it should have started.</p> <p>b. Infection Preventionist Nurse (IPN) entered the order for isolation on the day she informed Medical Doctor (MD).</p> <p>These deficient practices had the potential to result in an inaccurate depiction of care rendered and received by the residents.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Order (Face Sheet) indicated Resident 3 was admitted on [DATE] with diagnoses including essential hypothyroidism (when the thyroid gland doesn't make enough thyroid hormones to meet your body's needs), hyperlipidemia (high lipids in the blood) urinary tract infection (UTI- an infection in any part of the urinary system).</p> <p>During a review of Resident 3's Nurses Progress Note dated 12/1/2023, indicated Resident 3 was alert and verbally responsive.</p> <p>During a review of Resident 3's Physicians Order dated 11/30/2023 indicated to start Ceftriaxone (an antibiotic that may be used to treat different types of bacterial infections) intravenously (IV- through a vein) 1 gram (unit of measurement): administer daily for UTI for seven days. Resident 3's Physician Order also indicated that Vancomycin (kills bacteria in the intestines) 1 capsule orally four times a day for C-difficile C-difficile (also known as Clostridioides difficile a germ that causes diarrhea and colitis (an inflammation of the colon) infection until 12/6/2023.</p> <p>During a record review of Resident 3's care plans and interview with the Director of Staff development (DSD) on 12/2/2023 at 12:45 p.m., the care plans were reviewed, and The DSD stated Resident 3 has only 2 care plans on file. The DSD stated that no isolation care plan. The DSD stated that the MDSN has 14 days to initiate the care plan and it was not late so MDSN does not need to back date if it was within the time frame.</p> <p>During a record review of Resident 3's care plans and interview with the Medical Records Director on 12/3/2023 at 8:25 a.m., the care plans were reviewed and MRD stated that it was back dated.</p> <p>During an interview on 12/3/2023 at 8:42 a.m. with Registered Nurse 2 (RN) 2, RN 2 stated that care plan can be done within allowed 14 days, and if nurses missed to document it can be done as late entry, RN 2 further added that back dating was not allowed but late entry was acceptable. RN 2 stated that as nurses we have a lot of things to do if we charted in the wrong chart, we could strike it out and document our initial.</p> <p>(continued on next page)</p>		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>b. During an interview on 12/3/2023 at 10:01 a.m. with the IPN, the IPN stated she was not aware that she back dated, IPN added she thought that she did not change the date in the isolation order. IPN further added that she should not back date and put the MD's order on the day that the MD was informed.</p> <p>During an interview on 12/3/2023 at 12:45 p.m. with Director of Nursing (DON), the DON stated that documentation needs to be.</p> <p>accurate and no back dating, it was important to do care plan, but MDSN was allowed to complete it during the specified time frame, so she does not understand the reason behind back dating a document.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Medical Record Content, implemented 10/1/2023, the P&P indicated the facility will maintain a medical record, whether in a paper or electronic format, for each resident admitted to the facility that will contain sufficient information to identify the resident, support the diagnosis, justify the medical necessity for the treatment, and facilitate continuity of care among healthcare providers. The P&P indicated. Medical record will be accurate, timely and complete. The P&P indicated it will include laboratory and test reports.</p> <p>During a review of the facilities P&P on 11/24/2023, there was no facility policy addressing the residents' medical records need to be complete, accurately documented, readily accessible, and systematically organized.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43906</p> <p>Based on observation, interview, and record review the facility failed to implement Coronavirus disease (COVID-19 a potentially severe respiratory illness caused by a corona virus and characterized by fever, coughing, and shortness of breath) outbreak response measures (acts and procedures to minimize the spread of a disease) as evidenced by the facility failure to:</p> <p>a.Ensure Licensed Vocational Nurse (LVN) 3 was wearing an N95 mask (well fitted mask that filters airborne particles) and not eating potato chips while typing on the keyboard at the nursing station.</p> <p>b.Ensure Certified Nurse Assistant (CNA) 2 was wearing a mask while feeding one of one random resident.</p> <p>c.Ensure two visitors was screened for signs and symptoms of covid-19, by Registered nurse (RN) 1, prior to entry to the facility.</p> <p>d.Ensure CNA 10 donned (put on) eye protection (eye shield or goggles) when entering one Covid-19 positive resident's (Resident 4) isolation room (room keeps resident separated from others to prevent spread of infection).</p> <p>These failures had the potential to result in the continued spread of Covid-19 in the facility.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview with LVN 3 in nursing station 2 on 12/2/2023 at 8:21 a.m., LVN 3 was observed not wearing an N95 mask, eating potato chips while typing on the desk computer. LVN 3 stated he was eating chips while typing on the keyboard at the nursing station.</p> <p>During an interview with LVN 4 on 12/2/2023 at 10:46 a.m., LVN 4 stated the nurses should not be eating while charting in the nursing station due to cross contamination. The nursing station and desks are high touch areas that have germs.</p> <p>During a review of the facility's policy and procedure (P&P), titled Infection Prevention and Control Program, the P&P indicated the facility will provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection in the facility.</p> <p>During a review of the facility's P&P, titled Coronavirus Disease (COVID-19) Mitigation Plan, undated, the P&P indicated entering the facility during an outbreak increases the risk for contracting Covid-19. The P&P indicated health care personnel should adhere to standard precautions (minimum infection prevention practices) in the facility.</p> <p>b. During an observation of breakfast service on 12/2/2023 at 8:10 a.m., CNA 2 was observed feeding random resident without wearing a mask.</p> <p>During a review of the facility's P&P, titled Coronavirus Disease (COVID-19) Mitigation Plan, undated, the P&P indicated all staff will wear a face mask while in the facility.</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 - Some</p>	<p>c. During an observation in the lobby and nursing station 1 on 12/2/2023 at 7:49 a.m., Visitor 1 and 2 entered the facility and met with Registered Nurse (RN) 1. The facility lobby did not have any instructions to self-screen visitors and RN 1 did not screen Visitor 1 and 2.</p> <p>During an interview with RN 1 on 12/2/2023 at 8:06 a.m., RN 1 stated Visitors 1 and 2 were not screened and should have been screened for signs and symptoms of Covid-19 upon entry to the facility.</p> <p>During an interview with the Infection Preventionist (IP) on 12/2/2023 at 11:52 a.m., the IP stated Visitor 1 and 2 should have been screened upon entrance to the facility and should have been tested for Covid-19.</p> <p>During a review of the facility's P&P, titled Coronavirus Disease (COVID-19) Mitigation Plan, undated, the P&P indicated upon arriving to the facility all visitors entering will be screened for fever and symptoms of Covid-19.</p> <p>d. During a review of Resident 4 's Admission Record (Face Sheet), indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including urinary tract infection (UTI-infection in the part of the body that filters the waste through urine) and bacteremia (blood infection).</p> <p>During a review of Resident 4's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 11/10/2023, the MDS indicated Resident 4's cognition (thought process) was intact. The MDS indicated Resident 4 was independent when eating, needed set up assistance with oral hygiene and personal hygiene, and needed supervision with toileting and dressing.</p> <p>During a review of Resident 4's Change of Condition evaluation, dated 11/29/2023 at 10:24 p.m., the evaluation indicated Resident 4 was tested positive for Covid-19.</p> <p>During a review of Resident 4's care plan for Covid-19, initiated 11/29/2023 at 10:24 p.m., the care plan indicated Resident 4 was tested positive for Covid-19 and was placed on transmission-based precautions (measures to follow to prevent spread of infection depending on the way the infection is transmitted).</p> <p>During an observation in the isolation area on 12/2/2023 at 8:11 a.m., CNA 10 was observed entering Resident 4's isolation room not wearing eye protection.</p> <p>During an interview with CNA 10 and CNA 11 on 12/2/2023 at 8:17 a.m., CNA 10 and CNA 11 stated they do not wear eye goggles or eye shields in the isolation rooms because they were already wearing eyeglasses.</p> <p>During an interview with the IP on 12/3/2023 at 10:20 a.m., the IP stated eye goggles or face shield should also be donned, even if the staff was already wearing eyeglasses, when entering an isolation room for residents positive for Covid-19.</p> <p>During a review of the facility's P&P, titled Coronavirus Disease (COVID-19) Mitigation Plan, undated, the P&P indicated health care personnel should adhere to transmission-based precautions when caring for residents positive for Covid-19 and use the proper personal protective equipment (PPE). The P&P indicated the PPE when entering an isolation room for a Covid-19 positive resident included an isolation gown gloves, an N95 mask and face shield or goggles.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43906</p> <p>Based on interview and record review, the facility failed to implement their protocol for Antibiotic Stewardship (refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use) for one of three sampled residents (Resident 1). Resident 1 was prescribed antibiotic drug without meeting the criteria, after being screen for C-difficile (also known as Clostridioides difficile a germ that causes diarrhea and colitis (an inflammation of the colon) and urinary tract infection (UTI- infection in any part of the urinary system, the kidneys, bladder, or urethra).</p> <p>This failure had the potential for resident to develop antibiotic resistance (not effective to treat infection) from unnecessary or inappropriate antibiotic (medication to treat infection) use.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Order (Face Sheet) indicated Resident 3 was admitted on [DATE] with diagnoses including essential hypothyroidism (when the thyroid gland doesn't make enough thyroid hormones to meet your body's needs), hyperlipidemia (high lipids in the blood) urinary tract infection.</p> <p>During a review of Resident 3's Nurses Progress Note dated 12/1/2023, the Nurses Progress Note indicated Resident 3 was alert and verbally responsive.</p> <p>During a review of Resident 3's Physicians Order dated 11/30/2023 indicated to start Ceftriaxone (an antibiotic that may be used to treat different types of bacterial infections) intravenously (IV) 1 gram (unit of measurement); administer daily for UTI for seven days. Resident 3's physicians order also indicated Vancomycin (kills bacteria in the intestines) one capsule orally four times a day for C-difficile infection until 12/6/2023.</p> <p>During an interview on 12/3/2023 at 10:31 a.m., with Infection Preventionist Nurse (IPN) stated Resident 3 was admitted for UTI and C-difficile infection stated that she was responsible for screening residents if they qualify for antibiotic therapy to prevent antibiotic resistance since facility has elderly residents and needs to be cautious about the medicine they take.</p> <p>During a concurrent interview and record review on 12/3/2023 at 10:41 a.m., with IPN, reviewed Resident 3's Physicians order for the month of December 2023, IPN stated that she used Mc Geer's criteria (Infection surveillance definitions for long-term care facilities) to ensure residents meet the criteria. IPN stated three things were checked in medical chart including signs and symptoms of infection, Medical Doctor's order and laboratory results. IPN stated that she could not find the laboratory test for Resident 3's antibiotic use. IPN stated Resident 3 did not qualify under McGeer's criteria, MD was not informed, and she should have checked the inquiry from the hospital.</p> <p>(continued on next page)</p>		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 12/3/2023 at 10:42 a.m. with IPN, stated that no physician order for contact isolation (used when a patient has an infectious disease that may be spread by touching either the patient or other objects the patient has handled). IPN stated contact isolation signs was important so facility staff that comes in and out of Resident 3's room will be able to use proper personal protective equipment ([PPE]worn to minimize exposure to hazards that cause serious workplace injuries and illnesses).</p> <p>During a review of the facility's policy and procedure (P&P) titled, Antimicrobial Stewardship Program dated 10/01/2023 indicated the facility will promote appropriate use of antimicrobials while optimizing the treatment of infections, and simultaneously reducing the possible adverse events associated with antimicrobial use. This policy has the potential to limit antimicrobial resistance in the post-acute care setting, while improving treatment efficacy and resident safety. The IP or other similarly qualified healthcare professionals will educate nursing staff to obtain and communicate pertinent clinical information to physicians to promote appropriate diagnosis and prescribing of antibiotics.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43906</p> <p>Based on interview and record review, the facility failed to assess resident eligibility and offer pneumonia (an infection of the lungs) vaccination (medication to prevent a particular disease) for 2 of 5 sample residents (Resident 5 and 6) and offer influenza (contagious respiratory disease that can cause mild to severe illness) vaccination for Resident 6.</p> <p>These failures placed two residents at a higher risk of acquiring and transmitting the pneumonia and influenza to other vulnerable and immunocompromised (a weak immune system) residents in the facility.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record (Face Sheet) indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease with acute exacerbation (COPD- a group of diseases that cause airflow blockage and breathing-related problems), hypertension (high blood pressure), unspecified asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe).</p> <p>During a review of Resident 5's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 10/6/2023, the MDS indicated Resident 5 sometimes understood and sometimes understands other, needed some help on self-care, indoor mobility (ambulation), stairs and functional cognition. Resident 5 used manual wheelchair and walker.</p> <p>During a record review of the Resident's 5 immunization record no record of immunization on Resident 5's medical record.</p> <p>During a review of Resident 6's Admission Record, indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including hypertension, end stage renal disease (ESRD- medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), hyperlipidemia (high lipids in blood).</p> <p>During a review of Resident 6's Admission Note dated 11/14/2023, the Admission Note indicated Resident 6 was alert and oriented to name, time, and place. Resident 6 was able to make needs known.</p> <p>During a record review of the Resident's 6 immunization record no record of immunization offered to Resident's 6.</p> <p>During a concurrent interview and record review on 12/2/2023 at 12:56 p.m. with the Infection Preventionist Nurse (IPN) and Director of Staff Development (DSD), a record review of the current Resident 5 and 6's medical chart immunization record, IP stated facility transitioned on the electronic charting and all previous records should be scanned in the electronic medical record. DSD stated influenza, pneumonia and covid vaccination was not in Resident's 5 medical chart. DSD stated that he could not find the consent for vaccination as well.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/2/2023 at 1:06 p.m. with the Medical Record Director (MRD), MRD stated that all records were transferred electronically and was scanned. MRD stated that whatever was in the previous chart should be in the current chart.</p> <p>During a concurrent interview and record review on 12/2/2023 at 1:04 p.m. with the IPN, the IPN stated pneumonia vaccine should be offered to elderly to protect them from getting pneumonia, influenza or covid. IPN further added pneumonia vaccines timing depends on what kind of vaccine they get there are 3 years and 5 years, depending as well on the age of the resident. IPN stated vaccine was very important especially for vulnerable elderly as they can get the diseases easily and can cause hospitalization even death. IPN stated vaccination consents and care plan should be present in residents' chart to show if the immunization was being offered. IPN stated it was not in the medical chart of Resident 5 and Resident 6.</p> <p>During a record review of the facility's policy and procedure (P&P) dated 10/1/2023 titled Pneumococcal Disease Prevention, the P&P indicated to ensure that the facility will provide education and offer the pneumococcal vaccine to residents to prevent and control the spread of pneumococcal disease in the facility. The resident's medical records include documentation that indicates, at a minimum the following: that the resident either received the pneumococcal vaccine or did not receive the vaccination due to medical contraindications or refusal.</p> <p>During a record review of the facility's P&P dated 10/1/2023 titled Influenza Prevention and Control, the P&P indicated that the facility would offer training to facility staff upon hire and inform residents on precautions and best practices to control the infection and spread of influenza in the facility. It also indicates that the resident was given copy informed consent/refusal which is placed in the resident's medical record.</p>		

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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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43906</p> <p>Based on interview and record review the facility failed to offer the coronavirus 19 (Covid-19 a potentially severe respiratory illness caused by a corona virus and characterized by fever, coughing, and shortness of breath) vaccine (medication to prevent a particular disease) for two of two sampled residents (Resident 5 and 6).</p> <p>This failure placed Resident 5 and 6 at higher risk for acquiring Covid-19 infection.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record, the Admission Record indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease with acute exacerbation (COPD- a group of diseases that cause airflow blockage and breathing-related problems), hypertension (high blood pressure), unspecified asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe).</p> <p>During a review of Resident 5's Minimum Data Set (MDS), a standardized assessment and care planning tool, dated 10/6/2023, the MDS indicated Resident 5 sometimes understood and sometimes understands other, needed some help on self-care, indoor mobility (ambulation), stairs and functional cognition (ability to learn, remember, understand, and make decision).</p> <p>Resident 5 used manual wheelchair and walker for mobility.</p> <p>During a record review of the Resident's 5 immunization (process by which a person becomes protected against a disease through vaccination) record no record of immunization on Resident 5 medical record.</p> <p>During a review of Resident 6's Admission Record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including hypertension, end stage renal disease (ESRD- medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [treatment that helps the body remove extra fluid and waste products from the blood]), hyperlipidemia (high lipids in blood).</p> <p>During a review of Resident 6's admission note dated 11/14/2023, the admission note indicated Resident 6 was alert and oriented to name, time, and place. Resident 6 was able to make needs known.</p> <p>During a review of Resident's 6 immunization record no record of immunization offered to Resident's 6.</p> <p>During a review of Resident 6's Change of Condition evaluation (COC-internal document) dated 11/26/2023, COC indicated on 11/26/2022 Resident 1 had symptoms of cough. Resident 6 tested positive for Covid -19 and being monitored.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During a concurrent interview and record review on 12/2/2023 at 12:56 p.m. with the Infection Preventionist Nurse (IPN) and Director of Staff Development (DSD), Resident 5 and 6's medical chart immunization record, IP stated they transition on the electronic charting and that all previous records should be scanned in the medical record. DSD stated influenza (contagious respiratory illness), pneumonia (infection that affects one or both lungs) and Covid 19 vaccination was not in Resident's 5 and Resident 6's medical chart. DSD stated that he couldn't find the vaccination consent to administer vaccines. DSD stated that if it was not in the Resident 5 and 6's medical record, it was not done.</p> <p>During a record review of the facility's Policy and Procedure (P&P) dated 10/1/2023 titled Covid-19 Vaccination, the P&P indicated that the facility would educate and offer Covid-19 vaccinations to residents, facility staff and consultants to reduce transmission of SARS-Cov-2 (Covid-19) and may administer such vaccine upon consent. The IP or designee will ensure that the resident's medical record includes documentation that, at a minimum, the resident and or resident representative was provided education regarding the vaccine they were offered, if they accepted and received the vaccine or refused and each dose of the covid-19 vaccine if administered. Such documentation should include date the education was offered.</p>		