

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Santa Ana District Office
2 MacArthur Place, Suite 720
Santa Ana, CA 92707
Phone: (714) 558-4451 Fax: (714) 558-2035

Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 1 Item 1 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 342(a). Reporting Work-connected Fatalities and Serious Injuries.

(a) Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

Employer failed to report to the Division serious illnesses suffered by employees including, but not limited to, the following:

- (1) Employee admitted to a hospital for a COVID 19 related illness on or about March 26, 2020.**
- (2) Employee admitted to a hospital for a COVID 19 related illness on or about June 30, 2020.**
- (3) Employee admitted to a hospital for a COVID 19 related illness on or about July 10, 2020.**

In addition, for the serious illnesses, the employer failed to report all of the information as outlined in 8CCR 342(c).

[Reference 8CCR 342(c):

When making such report, the reporting party shall include the following information, if available:

- (1) Time and date of accident.*
- (2) Employer's name, address and telephone number.*
- (3) Name and job title, or badge number of person reporting the accident.*

- (4) Address of site of accident or event.
- (5) Name of person to contact at site of accident.
- (6) Name and address of injured employee(s).
- (7) Nature of injury.
- (8) Location where injured employee(s) was (were) moved to.
- (9) List and identity of other law enforcement agencies present at the site of accident.
- (10) Description of accident and whether the accident scene or instrumentality has been altered.]

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$5000.00

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Citation 1 Item 2 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 3203(b)(1). Injury and Illness Prevention Program.

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year;

Prior to and during the course of the inspection, including, but not limited to, on August 19, 2020, the employer failed to maintain records for at least one (1) year for scheduled and periodic inspections that included the person(s) conducting the inspection and action taken to correct the identified unsafe conditions as required by t8CCR 3203(b)(1).

Date By Which Violation Must be Abated:

April 26, 2021

Proposed Penalty:

\$450.00

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Citation 1 Item 3 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 3342(h). Violence Prevention in Health Care.

(h) Recordkeeping.

(1) Records of workplace violence hazard identification, evaluation, and correction shall be created and maintained in accordance with Section 3203(b)(1), except that the Exception to Section 3203(b)(1) does not apply.

(2) Training records shall be created and maintained for a minimum of one year and include training dates, contents or a summary of the training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions. Section 3203(b)(2) EXCEPTION NO. 1 does not apply to these training records.

(4) All records required by this subsection shall be made available to the Chief on request, for examination and copying.

Instance 1

Prior to and during the course of the inspection, including, but not limited to, on October 12, 2020, the employer failed to create and maintain records of workplace violence hazard identification, evaluation, and correction in accordance with Section 3203(b)(1).

Instance 2

Prior to and during the course of the inspection, including, but not limited to, on October 12, 2020, the employer failed to create and maintain training records for a minimum of one year that includes training dates, contents or a summary of the training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training session as required by 8CCR 3342(h)(2).

In the Alternative

During the course of the inspection, including, but not limited to, on October 12, 2020, the employer failed to ensure that all records required by this subsection were made available to the Chief on request as required by 18CCR 3342(h)(4).

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Citation 1 Item 4 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 5142(b). Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation.

(b) Inspection and Maintenance:

(1) The HVAC system shall be inspected at least annually, and problems found during these inspections shall be corrected within a reasonable time.

(2) Inspections and maintenance of the HVAC system shall be documented in writing. The employer shall record the name of the individual(s) inspecting and/or maintaining the system, the date of the inspection and/or maintenance, and the specific findings and actions taken. The employer shall ensure that such records are retained for at least five years.

(3) The employer shall make all records required by this section available for examination and copying, within 48 hours of a request, to any authorized representative of the Division (as defined in Section 3207), to any employee of the employer affected by this section, and to any designated representative of said employee of the employer affected by this section.

Instance 1

Prior to and during the course of the inspection, including, but not limited to, on October 12, 2020, the employer failed to inspect the HVAC system at least annually as required by 18CCR 5142(b)(1).

Instance 2

Prior to and during the course of the inspection, including, but not limited to, on October 12, 2020, the employer failed to ensure that the inspections and maintenance of the HVAC system was documented in writing with the name of the individual(s) inspecting and/or maintaining the system, the specific findings and actions taken, and ensure that records are retained for at least five years as required by 18CCR 5142(b)(2).

In the alternative

The employer failed to make all records required by this section available for examination within 48 hours of a request to an authorized representative of the Division in accordance with t8CCR 5142(b)(3). These records include inspections and maintenance of the HVAC system for the past five years as required by t8CCR 5142(b)(1) and 5142(b)(2).

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Citation 1 Item 5 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 5193(h)(2)(B). Bloodborne Pathogens.

(h) Recordkeeping.

(2) Training Records.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

Prior to and during the course of the inspection, the employer failed to maintain training records for 3 years from the date on which the training occurred with the information required by 18CCR 5193(h)(2)(A) and 18CCR 5193(h)(4)(B).

[Reference: 18CCR 5193(h) Recordkeeping.

(2) Training Records.

(A) Training records shall include the following information:

- 1. The dates of the training sessions;*
- 2. The contents or a summary of the training sessions;*
- 3. The names and qualifications of persons conducting the training; and*
- 4. The names and job titles of all persons attending the training sessions.*

(4) Availability.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.]

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Citation 1 Item 6 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 14300.29(a). Forms.

(a) Basic requirement. You must use Cal/OSHA 300, 300A, and 301 forms, or equivalent forms, for recordable injuries and illnesses. The Cal/OSHA Form 300 is called the Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A is called the Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 is called the Injury and Illness Incident Report. Appendices A through C give samples of the Cal/OSHA forms. Appendices D through F provide elements for development of equivalent forms consistent with Section 14300.29(b)(4) requirements. Appendix G is a worksheet to assist in completing the Cal/OSHA Form 300A.

Prior to and during the course of the inspection, the employer did not fully complete the 2020 Cal/OSHA Form 300. The employer had not recorded COVID-19 related employee illnesses on the 2020 Cal/OSHA Form 300 where employees had at least 90 COVID-19 illnesses, which included nine (9) hospitalizations.

[Reference: 18CCR 14300.5(a)]

(a) Basic requirement. You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in Section 14300.5(b)(2) specifically applies.]

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Citation 1 Item 7 Type of Violation: **Regulatory**

California Code of Regulations, Title 8, Section 14300.29(b). Forms.

(b) Implementation.

(3) How do I record a work-related injury or illness that results in days away from work?

You must enter each recordable injury or illness on the Cal/OSHA Form 300 and Cal/OSHA Form 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

(4) What is an equivalent form?

An equivalent form is one that has the same information, is as readable and understandable to a person not familiar with it, and is completed using the same instructions as the Cal/OSHA form it replaces.

Instance 1

Prior to and during the course of investigation, including but not limited to August 11, 2020, the employer failed to enter each recordable injury or illness within seven (7) calendar days on the Cal/OSHA Form 300, or its equivalent form as required by 8CCR 14300.29(b)(3) and 8CCR 14300.29(b)(4) for the following:

- (1) Employee admitted to a hospital for a COVID 19 related illness on or about March 26, 2020.
- (2) Employee admitted to a hospital for a COVID 19 related illness on or about May 22, 2020.
- (3) Employee admitted to a hospital for a COVID 19 related illness on or about June 24, 2020.
- (4) Employee admitted to a hospital for a COVID 19 related illness on or about June 26, 2020.
- (5) Employee admitted to a hospital for a COVID 19 related illness on or about June 30, 2020.
- (6) Employee admitted to a hospital for a COVID 19 related illness on or about July 5, 2020.
- (7) Employee admitted to a hospital for a COVID 19 related illness on or about July 10, 2020.

Instance 2

Prior to and during the course of investigation, including but not limited to August 11, 2020, the employer failed to enter each recordable injury or illness within seven (7) calendar days on the Cal/OSHA Form 301, or its equivalent form as required by t8CCR 14300.29(b)(3) and t8CCR 14300.29(b)(4) for the following:

- (1) Employee admitted to a hospital for a COVID 19 related illness on or about March 26, 2020.
- (2) Employee admitted to a hospital for a COVID 19 related illness on or about May 22, 2020.
- (3) Employee admitted to a hospital for a COVID 19 related illness on or about June 24, 2020.
- (4) Employee admitted to a hospital for a COVID 19 related illness on or about June 26, 2020.
- (5) Employee admitted to a hospital for a COVID 19 related illness on or about June 30, 2020.
- (6) Employee admitted to a hospital for a COVID 19 related illness on or about July 5, 2020.
- (7) Employee admitted to a hospital for a COVID 19 related illness on or about July 10, 2020.

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Citation 1 Item 8 Type of Violation: **General**

California Code of Regulations, Title 8, Section 3342(c). Violence Prevention in Health Care.

(c) Workplace Violence Prevention Plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, the employer shall establish, implement and maintain an effective workplace violence prevention plan (Plan) that is in effect at all times in every unit, service, and operation. The Plan shall be in writing, shall be specific to the hazards and corrective measures for the unit, service, or operation, and shall be available to employees at all times.

Prior to and during the course of the inspection, including, but not limited to, on October 12, 2020, the employer failed to establish, implement and maintain an effective workplace violence prevention plan (Plan) in writing as required by t8CCR 3342(c).

Date By Which Violation Must be Abated:	April 26, 2021
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Citation 1 Item 9 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5193(c)(1). Bloodborne Pathogens.

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);
2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;
4. An effective procedure for gathering the information required by the Sharps Injury Log.
5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

NOTE: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;
- 2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;
3. To include new or revised employee positions with occupational exposure;
4. To review and evaluate the exposure incidents which occurred since the previous update; and
5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

Prior to and during the course of the inspection, including, but not limited to August 19, 2020, the employer failed to establish, implement and maintain an effective Exposure Control Plan in the following instances:

Instance 1

The employer failed to include the elements set forth in t8CCR 5193(c)(1)(B)1., t8CCR 5193(c)(1)(B)2., and t8CCR 5193(c)(1)(B)4. through t8CCR 5193(c)(1)(B)8. in its written Exposure Control Plan.

Instance 2

The employer failed to review and update its written Exposure Control Plan at least annually as required by t8CCR 5193(c)(1)(D).

Instance 3

The employer failed to document the input solicited from non-managerial employees in their Exposure Control Plan as required by t8CCR 5193(c)(1)(E).

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Citation 1 Item 10 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5193(c)(2). Bloodborne Pathogens.

- (c) Exposure Response, Prevention and Control.
- (2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

- (A) Date and time of the exposure incident;
- (B) Type and brand of sharp involved in the exposure incident;
- (C) A description of the exposure incident which shall include:
 - 1. Job classification of the exposed employee;
 - 2. Department or work area where the exposure incident occurred;
 - 3. The procedure that the exposed employee was performing at the time of the incident;
 - 4. How the incident occurred;
 - 5. The body part involved in the exposure incident;
 - 6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
 - 7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
 - 8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

Prior to and during the course of the inspection, the employer failed to establish and maintain a Sharps Injury Log as required by 18CCR 5193(c)(2), 18CCR 5193(h)(3), and 18CCR 5193(h)(4)(D).

[Reference:18CCR 5199(b) Definitions.

"Sharps Injury Log" means a written or electronic record satisfying the requirements of subsection (c)(2).

18CCR 5193(h) Recordkeeping.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.]

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Citation 1 Item 11 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5194(e)(1). Hazard Communication.

(e) Written Hazard Communication Program.

(1) Employers shall develop, implement, and maintain at the workplace a written hazard communication program for their employees which at least describes how the criteria specified in sections 5194(f), (g), and (h) for labels and other forms of warning, safety data sheets, and employee information and training will be met, and which also includes the following:

(A) A list of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas); and

(B) The methods the employer will use to inform employees of the hazards of non-routine tasks (for example, the cleaning of reactor vessels), and the hazards associated with chemicals contained in unlabeled pipes in their work areas.

Prior to and during the course of the inspection, including, but not limited to, on October 7, 2020, employees used hazardous substances including, but not limited to, ethyl alcohol, sodium hydroxide and sodium hypochlorite. The employer failed to develop, implement, and maintain a written hazard communication program in accordance with this section. The written program shall include a list of the hazardous chemicals known to be present in the workplace, the methods the employer will use to inform employees of the hazards of non-routine tasks and the hazards associated with chemicals contained in unlabeled pipes in their work areas.

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Citation 1 Item 12 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5194(h)(2). Hazard Communication.

(h) Employee Information and Training.

(2) Information and training shall consist of at least the following topics:

(A) Employees shall be informed of the requirements of this section.

(B) Employees shall be informed of any operations in their work area where hazardous chemicals are present.

(C) Employees shall be informed of the location and availability of the written hazard communication program, including the list(s) of hazardous chemicals and safety data sheets required by this section.

(D) Employees shall be trained in the methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.).

(E) Employees shall be trained in the physical, health, simple asphyxiation, combustible dust and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area, and the measures they can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

(F) Employees shall be trained in the details of the hazard communication program developed by the employer, including an explanation of the labels received on shipped containers and the workplace labeling system used by their employer and the safety data sheet, and how employees can obtain and use the appropriate hazard information.

(G) Employers shall inform employees of the right:

1. To personally receive information regarding hazardous chemicals to which they may be exposed, according to the provisions of this section;
2. For their physician or collective bargaining agent to receive information regarding hazardous chemicals to which the employee may be exposed according to provisions of this section;
3. Against discharge or other discrimination due to the employee's exercise of the rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act.

Prior to and during the course of the inspection, including, but not limited to, on October 7, 2020, employees used hazardous substances including, but not limited to, ethyl alcohol, sodium hydroxide and sodium hypochlorite. The employer failed to ensure that information and training provided to employees included the topics as required in t8CCR 5194(h)(2)(A) through t8CCR 5194(h)(2)(G).

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Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 1 Item 13 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5199(c)(4). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(4) The employer shall establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients. These shall include procedures to receive information from the facility to which patients were referred and to provide necessary infection control information to employees who were exposed to the referred person.

Prior to and during the inspection, including, but not limited to, on August 19, 2020, the employer failed to establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients as required by 8CCR 5199(c)(4).

Date By Which Violation Must be Abated:
Proposed Penalty:

April 26, 2021
\$840.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Santa Ana District Office
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Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 1 Item 14 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5199(c)(5). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(5) The employer shall establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period the person requiring referral is in the facility or is in contact with employees. In addition to source control measures, these procedures shall include, to the extent feasible:

- (A) placement of the person requiring referral in a separate room or area;
- (B) provision of separate ventilation or filtration in the room or area; and
- (C) employee use of respiratory protection when entering the room or area in which the person requiring referral is located, if that person is not compliant with source control measures. Respirator use shall meet the requirements of subsection (g) and Section 5144, Respiratory Protection, of these orders.

Instance 1

Prior to and during the inspection, including, but not limited to, on October 7, 2020, the employer failed to ensure that respirator use met the requirements of subsection 8CCR 5199(g)(1). Makrite 9600 N95 respirators were re-used beyond their NIOSH approved maximum service time of five (5) consecutive calendar days.

Instance 2

Prior to and during the inspection, including, but not limited to October 7, 2021, the employer failed to ensure that the written respiratory protection program was updated to reflect changes in the workplace conditions that affect respiratory use, including but not limited to re-use and extended use of filtering facepiece respirators per subsection 8CCR 5199(g)(2).

[Reference t8CCR 5199(g):

(g) Respiratory Protection.

(1) Respirators provided for compliance with this section shall be approved by NIOSH for the purpose for which they are used.

(2) Each employer who has any employee whose occupational exposure is based on entering any of the work settings or performing any of the tasks described in subsection (g)(4) shall establish, implement and maintain an effective written respiratory protection program that meets the requirements of Section 5144 of these orders, except as provided in subsections (g)(5) and (g)(6).

Reference t8CCR 5144(c)(1):

(c) Respiratory protection program.

(1) In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use.]

Date By Which Violation Must be Abated:

April 26, 2021

Proposed Penalty:

\$840.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
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Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 1 Item 15 Type of Violation: **General**

California Code of Regulations, Title 8, Section 5199(c)(9). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(9) The employer shall establish and maintain training records, vaccination records, records of exposure incidents, and records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with subsection (j). If the employer utilizes respirators, the employer shall maintain records of implementation of the Respiratory Protection Program in accordance with Section 5144, Respiratory Protection, of these orders.

Instance 1

Prior to and during the inspection, including, but not limited to, on August 19, 2020, the employer failed to establish and maintain medical records in accordance with subsection t8CCR 5199(j)(1) as required by t8CCR 5199(c)(9).

Instance 2

Prior to and during the inspection, including, but not limited to, on August 19, 2020, the employer failed to establish and maintain records of the annual review of the ATD Plan in accordance with subsection t8CCR 5199(j)(3)(A) as required by t8CCR 5199(c)(9).

Instance 3

Prior to and during the inspection, including, but not limited to, on August 19, 2020, the employer failed to establish and maintain records of exposure incidents in accordance with subsection t8CCR 5199(j)(1) as required by t8CCR 5199(c)(9).

[Reference: t8CCR 5199(j):

(j) Recordkeeping.

(1) Medical records.

(A) The employer shall establish and maintain an accurate medical record for each employee with occupational exposure, in accordance with Section 3204, Access to Employee Exposure and Medical Records, of these orders.

NOTE to subsection (j)(1)(A): This record may be combined with the medical record required by Section 5193, Bloodborne Pathogens, of these orders, but may not be combined with non-medical personnel records.

(B) This record shall include:

1. The employee's name and any other employee identifier used in the workplace;

2. The employee's vaccination status for all vaccines required by this standard, including the information provided by the PLHCP in accordance with subsection (h)(5)(F), any vaccine record provided by the employee, and any signed declination forms;

EXCEPTION to subsection (j)(1)(B)2.: As to seasonal influenza vaccine, the medical record need only contain a declination form for the most recent seasonal influenza vaccine.

3. A copy of all written opinions provided by a PLHCP in accordance with this standard, and the results of all TB assessments; and

4. A copy of the information regarding an exposure incident that was provided to the PLHCP as required by subsection (h)(7)(B).

(C) Confidentiality. The employer shall ensure that all employee medical records required by this section are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as permitted by this section or as may be required by law.

NOTE to subsection (j)(1)(C): These provisions do not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed.

(D) The employer shall maintain the medical records required by this section for at least the duration of employment plus 30 years in accordance with Section 3204, Access to Employee Exposure and Medical Records, of these orders.

(3) Records of implementation of ATD Plan and/or Biosafety Plan.

(A) Records of annual review of the ATD Plan and Biosafety Plan shall include the name(s) of the person conducting the review, the dates the review was conducted and completed, the name(s) and work area(s) of employees involved, and a summary of the conclusions. The record shall be retained for three years.

(B) Records of exposure incidents shall be retained and made available as employee exposure records in accordance with Section 3204. These records shall include:

1. The date of the exposure incident;

2. The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation;

3. The disease or pathogen to which employees may have been exposed;

4. The name and job title of the person performing the evaluation;

5. The identity of any local health officer and/or PLHCP consulted;

6. The date of the evaluation; and

7. The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure.]

Date By Which Violation Must be Abated:
Proposed Penalty:

April 26, 2021
\$840.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
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Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 1 Item 16 Type of Violation: **General**

California Code of Regulations, Title 8, Section 6151(e)(2). Portable Fire Extinguishers.

(e) Inspection, Maintenance and Testing.

(2) Portable extinguishers or hose used in lieu thereof under Subsection (d)(3) of this Section shall be visually inspected monthly.

Prior to and during the course of the inspection, including, but not limited to, on October 7, 2020, the employer failed to visually inspect all portable extinguishers monthly in accordance with 8CCR 6151(e)(2).

Date By Which Violation Must be Abated: April 26, 2021
Proposed Penalty: \$225.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
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Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 2 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around March 26, 2020, the employer failed to establish a system of medical services for employees, including a Certified Nurse Assistant who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

Date By Which Violation Must be Abated:
Proposed Penalty:

April 07, 2021
\$13500.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
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Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21

**Citation and Notification of Penalty**

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 3 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around April 22, 2020, the employer failed to establish a system of medical services for employees, including a Certified Nurse Assistant who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

Date By Which Violation Must be Abated:

April 07, 2021

Proposed Penalty:

\$13500.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
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Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 4 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around May 22, 2020, the employer failed to establish a system of medical services for employees, including a Restorative Nurse Assistant who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

Date By Which Violation Must be Abated:
Proposed Penalty:

April 07, 2021
\$13500.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
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Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 5 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around June 24, 2020, the employer failed to establish a system of medical services for employees, including a Licensed Vocational Nurse who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

Date By Which Violation Must be Abated:
Proposed Penalty:

April 07, 2021
\$13500.00

State of California

Department of Industrial Relations
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Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 6 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around June 26, 2020, the employer failed to establish a system of medical services for employees, including a Dietary Aide who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

Date By Which Violation Must be Abated:
Proposed Penalty:

April 07, 2021
\$13500.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Santa Ana District Office
2 MacArthur Place, Suite 720
Santa Ana, CA 92707
Phone: (714) 558-4451 Fax: (714) 558-2035

Inspection #: 1487399
Inspection Dates: 08/10/2020 - 03/23/2021
Issuance Date: 03/23/2021
CSHO ID: J9223
Optional Report #: 005-21



Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 7 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around the end of June 2020 or early July 2020, the employer failed to establish a system of medical services for employees, including a Licensed Vocational Nurse who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

- 1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.*
- 2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.*
- 3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.*
- 4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]*

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Citation and Notification of Penalty

Company Name: Anaheim Healthcare Center, LLC
Establishment DBA: Anaheim Healthcare Center
and its successors
Inspection Site: 501 S Beach Blvd
Anaheim, CA 92804

Citation 8 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around July 5, 2020, the employer failed to establish a system of medical services for employees, including a Licensed Vocational Nurse who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

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Citation 9 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around July 5, 2020, the employer failed to establish a system of medical services for employees, including a Certified Nurse Assistant who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).]

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Citation 10 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8, Section 5199(c)(6)(B). Aerosol Transmissible Diseases.

(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(6) The employer shall establish a system of medical services for employees which meets the following requirements:

(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).

Prior to and during the course of the inspection, on or around July 10, 2020, the employer failed to establish a system of medical services for employees, including a Certified Nurse Assistant who was hospitalized in that the employer failed to develop, implement, and maintain effective procedures for investigating this exposure incidents to COVID-19 in accordance with t8CCR 5199(h)(6).

Instance 1

The employer failed to conduct an exposure analysis, including the determination of which employees had significant exposures as required by t8CCR 5199(h)(6)(C)1.

Instance 2

The employer failed to notify employees with significant exposures to COVID-19 in a reasonable timeframe after becoming aware of the potential exposure, of the date, time and nature of the exposure as required by t8CCR 5199(h)(6)(C)2.

Instance 3

The employer failed to provide post-exposure medical evaluation to all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)3.

Instance 4

The employer failed to obtain a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9) from a Physician or other licensed health care professional (PLHCP) for all employees who had a significant exposure to COVID-19 as required by t8CCR 5199(h)(6)(C)4.

[Reference t8CCR 5199(h)(6)(C):

(h) Medical Services.

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.
2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.
3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.
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Ujitha Perera
Compliance Officer / District Manager