

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA060000045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BEACHSIDE NURSING CENTER**

**7781 GARFIELD AVENUE  
HUNTINGTON BEACH, CA 92648**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a COVID-19 Skilled Nursing Facility Mitigation Plan Implementation Monitoring Survey.</p> <p>A COVID-19 Mitigation Plan Implementation Survey was conducted by the California Department of Public Health on 9/17/2020.</p> <p>Representing the California Department of Public Health: Surveyor 42256, HFEN and Surveyor 37726, HFEN</p> <p>Total Residents: 31.</p> <p>The facility was found not to be in compliance with the California Code of Regulations, title 22 section(s) outlined below related to implementation of the Skilled Nursing Facility Mitigation Plan for COVID-19.</p> <p>§ 72321. Nursing Service -Patients with Infectious Diseases.</p> <p>(a) Patients with infectious diseases shall not be admitted to or cared for in the facility unless the following requirements are met:</p> <p>(1) A patient suspected of or diagnosed as having an infectious or reportable communicable disease or being in a carrier state who the attending officer determines is a potential danger, shall be accommodated in a room, vented to the outside, and provided with a separate toilet, hand-washing facility, soap dispenser and individual towels.</p> <p>(2) There shall be:</p> <p>(A) Separate provisions for handling contaminated linens.</p> <p>(B) Separate provisions for handling contaminated dishes.</p> <p>(b) The facility shall adopt, observe and</p>	C 000		

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 000	Continued From page 1  implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as necessary. (c) The following shall be available in each nurse's station: (1) The facility's infection control policies and procedures. (2) Name, address and telephone numbers of local health officers.  § 72523. Patient Care Policies and Procedures. (c) Each facility shall establish and implement policies and procedures, including but not limited to: (3) Infection control policies and procedures.  A deficiency was written at the below state regulation(s): 72523(c)(3) Documents: Beachside Nursing Center_Patient Roster_9-17-20.docx Download	C 000		
C4190	T22 DIV5 CH3 ART5-72523(c)(3) Patient Care Policies and Procedures  (c) Each facility shall establish and implement policies and procedures, including but not limited to:  (3) Infection control policies and procedures.  This Statute is not met as evidenced by: GLOSSARY OF ABBREVIATIONS AND BRIEF DEFINITIONS:	C4190		

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C4190	<p>Continued From page 2</p> <p>COVID-19 - SARS-CoV-2 DON - Director of Nursing F - Fahrenheit MP - Mitigation Plan P&amp;P - Policy and Procedure RN - Registered Nurse</p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to implement the COVID-19 MP P&amp;P regarding infection control guidance on cohorting for two of two sampled patients (Patients 1 and 2).</p> <p>* The facility failed to consistently screen Patients 1 and 2 for symptoms of COVID-19 and monitor their temperatures at least twice a day.</p> <p>Findings:</p> <p>Review of the facility ' s P&amp;P titled COVID-19 Facility Mitigation Management Plan revised 6/26/2020, under the section for Expanded Infection Control Guidance on Cohorting, showed all patients will be screened and assessed for symptoms of COVID-19, with vital signs monitored, including temperatures at least twice a day and documented in the clinical record.</p> <p>1. Medical record review for Patient 1 was initiated on 9/17/20. Patient 1 was admitted to the facility on 11/4/2014.</p> <p>Review of the Weights and Vitals Summary showed Patient 1 ' s temperatures were monitored only once a day on the following days:</p> <ul style="list-style-type: none"> <li>- On 9/13/20 at 0245 hours, the temperature was 97.9 F degrees.</li> <li>- On 9/14/20 at 0201 hours, the temperature was 98.0 F degrees.</li> </ul>	C4190		

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C4190	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- On 9/15/20 at 0150 hours, the temperature was 97.3 F degrees.</li> <li>- On 9/16/20 at 0219 hours, the temperature was 96.8 F degrees.</li> </ul> <p>Review of Patient 1 ' s Progress Notes showed the COVID-19 symptoms were monitored once daily only on 9/15 and 9/16/20.</p> <p>2. Medical record review for Patient 2 was initiated on 9/17/20. Patient 2 was admitted to the facility on 9/6/20.</p> <p>Review of Patient 2 ' s Weight and Vitals Summary showed Patient 2 ' s temperatures were monitored only once a day on the following days:</p> <ul style="list-style-type: none"> <li>- On 9/7/20 at 1404 hours, the temperature was 97.28 F degrees.</li> <li>- On 9/8/20 at 0121 hours, the temperature was 97.8 F degrees.</li> <li>- On 9/14/20 at 1903 hours, temperature was 98.4 F degrees.</li> <li>- On 9/16/20 at 2204 hours, the temperature was 97.5 F degrees.</li> </ul> <p>In addition, there was no documentation Patient 2 ' s temperature was monitored on 9/11/20. There was no documentation Patient 2 ' s was monitored for COVID-19 symptoms on 9/7 and 9/11/20.</p> <p>On 9/17/20 at 1425 hours, a concurrent interview and medical record review was conducted with RN 1. RN 1 stated the reason the staff should monitor the patients for COVID-19 symptoms and temperatures twice daily was to quickly identify</p>	C4190		

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C4190	Continued From page 4  suspected COVID-19 infected patients. RN 1 verified both Patients 1 and 2 had failed to have their vital signs and COVID screening done according to the facility ' s MP.  On 9/17/20 at 1400 hours, an interview was conducted with the DON. The DON stated all patients were to be assessed for the symptoms of COVID-19, including having their temperatures taken twice a day as directed by the facility ' s COVID-19 Mitigation Management Plan.	C4190		

§ 72523. Patient Care Policies and Procedures.

(c) Each facility shall establish and implement policies and procedures, including but not limited to:

(3) Infection control policies and procedures.

**How corrective actions(s) will be accomplished for those residents found to have a deficient practice.**

Director Of Staff Development immediately reviewed the vitals signs for Residents #1 and #2 and ensured they were documented in the medical record. Completed 09/17/2020

Director of Nursing provided immediate in-service to Licensed Nurses regarding facility COVID-19 Mitigation plan policy and procedure regarding consistently screening patients for symptoms of COVID-19 and monitoring their temperatures at least twice a day. Completed 09/17/2020

**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.**

Director Of Staff Development conducted an audit to identify any other Residents that had not had temperatures taken twice for the current day and documented in the medical record. None identified. Completed 09/17/2020.

**What measures will be put into place or what systemic changes changes the facility will make to ensure that the deficient practice does not occur again.**

DON/ or Designee will conduct daily temperature audits to ensure that Residents are having their temperatures monitored at least twice daily and documented in the medical record for 3 months and/or as needed per QA recommendations.

**How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that corrections is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.**

DON/ or Designee will provide audits to the Administrator weekly for review and corrective action as appropriate. DON will present the audits to the QAPI committee monthly for review and recommendations for 3 months and/or as needed per QA recommendations.

Accepted 10/15/20  
# 42256