

ACCEPTED

12/18/19

40541

PRINTED: 12/03/2019  
FORM APPROVED  
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/03/2019
NAME OF PROVIDER OR SUPPLIER  BEACHWOOD POST-ACUTE & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 15TH STREET SANTA MONICA, CA 90404	
(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)

## F 000 INITIAL COMMENTS

Surveyor: 40541

The following reflects the findings of the California Department of Public Health during an investigation of a complaint.

Complaint Number: CA00657679

Representing the California Department of Public Health:

Health Facilities Evaluator Nurse: 40541

The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.

A deficiency was issued for Complaint Number: CA00657679

F 880 Infection Prevention & Control  
SS=D CFR(s): 483.80(a)(1)(2)(4)(e)(f)

## §483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

## §483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections

F 000

This plan of correction as submitted shall serve as provider's letter of credible allegation in reference to the survey findings. Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.

F 880

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880	F 880  CNA 1 in-serviced immediately by the DSD regarding sanitizing the shower chair after Resident's 1 use. RT 1 in-serviced immediately regarding sanitizing the ventilator after resident's 1 use. DON visited resident 1 to ensure that resident had no adverse effect r/t shower chair and vent not being immediately sanitized after use. Resident 1 did not show any signs or symptoms of adverse effect. Completed 11/20/19.  Director of Staff Development performed rounds on all floors to ensure that shower chairs and ventilators were being sanitized after use. No findings were noted. Completed 11/20/19  Director of Staff Development in-serviced licensed staff to ensure that shower chairs and ventilators were being sanitized after use. Completed by 12/10/19.  Director of Staff Development will perform facility rounds to ensure that shower chairs and ventilators are being sanitized after use daily X 4 weeks then 1X a week X 3 months. Random spot checks will be continuously performed by the Director of Staff Development or designee. On-going.  Director of Staff Development or designee to report any findings regarding	12/10/19	

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F 880	<p>Continued From page 2</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Surveyor: 40541 Based on observation and interview, the facility failed to maintain an infection prevention program including a sanitary environment for one of two sampled residents (Resident 3). The facility staff did not clean the shower chair and portable ventilator after showering resident (Resident 3). This deficient practice had the potential to spread infection from one resident to another resident.</p> <p>Findings:</p> <p>On 10/7/19, at 10 a.m., an unannounced visit was made to the facility to investigate a complaint regarding infection control and physical environment.</p> <p>During an observation, on 11/20/19, at 10:50 a.m., on the subacute unit, Certified Nursing Assistant 1 (CNA 1) did not clean Resident 3's shower chair and portable ventilator after Resident 3's shower, and placed the items in the hallway.</p> <p>During a concurrent interview with CNA 1, on 11/20/19, at 11 a.m., CNA 1 acknowledged they did not clean the shower chair or the portable ventilator after Resident 3's shower use. CNA 1</p>	F 880	<p>shower chairs and ventilators not being sanitized after use to the IDT in the quarterly quality assurance meeting. On-going.</p>		12/10/19

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F 880	<p>Continued From page 3</p> <p>stated these items should have been cleaned after Resident 3's shower to prevent potential cross-contamination between residents.</p> <p>During an interview with Respiratory Therapist 1 (RT 1), on 11/20/19, at 2:38 p.m., RT 1 stated and confirmed the portable ventilator used for Resident 3's shower was not cleaned after Resident 3's shower. RT 1 further stated and confirmed the portable ventilator should have been cleaned after the Resident 3's shower to prevent cross-contamination and potential spread of infection between residents.</p> <p>A review of the facility's policy and procedure titled, "Cleaning and Disinfection of Resident-Care Items and Equipment," revised October 2009, indicated reusable resident care equipment must be decontaminated between residents.</p>	F 880			

WEEK 1				
DAY 5	DAY 4	DAY 3	DAY 2	DAY 1
5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR
4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR
3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR
2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR

WEEK 2				
DAY 5	DAY 4	DAY 3	DAY 2	DAY 1
5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR
4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR
3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR
2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR

WEEK 3				
DAY 5	DAY 4	DAY 3	DAY 2	DAY 1
5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR
4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR
3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR
2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR

WEEK 4				
DAY 5	DAY 4	DAY 3	DAY 2	DAY 1
5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR
4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR	4 <sup>TH</sup> FLOOR
3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR	3 <sup>RD</sup> FLOOR
2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR	2 <sup>ND</sup> FLOOR

5 <sup>TH</sup> FLOOR	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
150	150	150	150	150	150
150	150	150	150	150	150
150	150	150	150	150	150
150	150	150	150	150	150

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
5 <sup>TH</sup> FLOOR					
4 <sup>TH</sup> FLOOR					
3 <sup>RD</sup> FLOOR					
2 <sup>ND</sup> FLOOR					

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
5 <sup>TH</sup> FLOOR					
4 <sup>TH</sup> FLOOR					
3 <sup>RD</sup> FLOOR					
2 <sup>ND</sup> FLOOR					

DAY 5	DAY 4	DAY 3	DAY 2	DAY 1	5 <sup>TH</sup> FLOOR
			0.50	0.50	4 <sup>TH</sup> FLOOR
			0.50	0.50	3 <sup>RD</sup> FLOOR
			0.50	0.50	2 <sup>ND</sup> FLOOR

## INSERVICE LESSON PLAN

Date: 11/20/19 Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Name of Presenter: Rose De Leon ASD

Class: \_\_\_\_\_

Title: Infection Control

**I. Reasons for In-service: (Check appropriate circle):**

- ☐ New Equipment
- ☐ New Procedure
- ☒ Review due to identified need
- ☐ Others: \_\_\_\_\_

**II. Program Outline**

- A. Principle of Infection Control
- B. Clean & Sanitize prior & post using Shower chair & ventilator
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**Method** (check appropriate circle)

<input checked="" type="radio"/> Discussion	<input checked="" type="radio"/> Demonstration
<input type="radio"/> Written Materials	<input type="radio"/> Lecture
<input type="radio"/> Video	<input type="radio"/> Others

**III. Educational Objective(s):**

At the end of the in-service staff will be able to:

1. understand the basic principle of infection control
2. redemonstrate & understand the importance of cleaning & sanitizing shower chair & ventilator pre & post using it

**IV. Method of Evaluation (check appropriate circle):**

<input checked="" type="radio"/> Return Demonstration	<input checked="" type="radio"/> Q&A
<input type="radio"/> Written Evaluation	<input type="radio"/> Others
<input type="radio"/> Post Test	<input type="radio"/>

Beachwood Post-Acute & Rehab  
1340 15<sup>th</sup> St. Santa Monica, Ca. 90404  
**IN-SERVICE STAFF ATTENDANCE**

DEPARTMENT:

DATE: 11/20/19

INSTRUCTOR: Rose Nelson DSP

TIME:

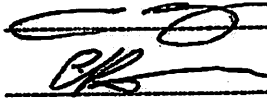
TOPIC/SUBJECT: Infection Control

PRINT NAME

SIGNATURE

SHIFT

~~John Yuter~~  
CHRISTOPHER KIMBELL



6am-4pm

## INSERVICE LESSON PLAN

Date: 12/10/14 Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Name of Presenter: Rose De Leon DSO

Class: All Staff Meeting

Title: Infection Control

### I. Reasons for In-service: (Check appropriate circle):

- ☐ New Equipment
- ☐ New Procedure
- ☒ Review due to identified need
- ☐ Others: \_\_\_\_\_

### II. Program Outline

- A. Basic Principle of Infection Control
- B. Clean & Sanitize Pre & Post Use
- C. Hand Washing & PPE
- D. \_\_\_\_\_

### Method (check appropriate circle)

<input checked="" type="radio"/> Discussion	<input checked="" type="radio"/> Demonstration
<input checked="" type="radio"/> Written Materials	<input type="radio"/> Lecture
<input type="radio"/> Video	<input type="radio"/> Others

### III. Educational Objective(s):

At the end of the in-service staff will be able to:

1. understand the basic principle on how to <sup>prevent</sup> spread of infection
2. demonstrate clean & sanitize technique before using equipment
3. demonstrate proper hand washing

### IV. Method of Evaluation (check appropriate circle):

<input checked="" type="radio"/> Return Demonstration	<input checked="" type="radio"/> Q&A
<input type="radio"/> Written Evaluation	<input type="radio"/> Others
<input type="radio"/> Post Test	<input type="radio"/>



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**IN-SERVICE STAFF ATTENDANCE**

DEPARTMENT:

DATE:

12/10/14


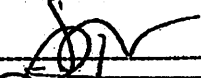
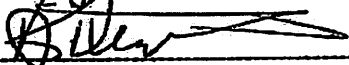
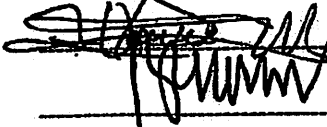
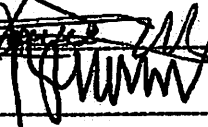
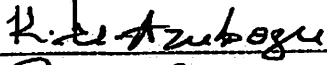
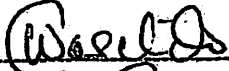


INSTRUCTOR:

Rose Nelson DSO

TIME:

TOPIC/SUBJECT:

Infection Control & Prevention

PRINT NAME	SIGNATURE	SHIFT
NEVITA D Astika		3-11
LIZETH LOPEZ		3-11
Rosaline Ventres		3-11
Omar Manzanares		3-11
POY UABAN		3-11
Raymond Azubogu		3-11
WILLIAMIA CASADO		3-11
Jasmine Moore		3-11
Yewubmt Nielsen		3-11

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INSTRUCTOR:.

TIME:

TOPIC/SUBJECT:

Infection Control & Prevention

PRINT NAME	SIGNATURE	SHIFT
<del>GUADALUPE DE LOS REYES</del>		7-8:30
Juan Pablo Gonzalez		8-5:00
Am. Marie CASAS		
Mariela		
Iman Buxer		9-5
Yolanda Arias		
WILFREDO ARIAS		
Debra Craft		
CARLENE HARRIS		
Sam Back		
SHARON HUEY		
Alison Morley		
Gaelle Simmonds		9-5
Sarah Johnson		Am
Andrea Owens		7:30am
Christian Hunter		8:30am
Lydia Waters		Day

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INSTRUCTOR:

TIME:

TOPIC/SUBJECT:

Infection Control & Prevention

PRINT NAME	SIGNATURE	SHIFT
Latoja Durden (Red cross)	[Signature]	7-3 <sup>am</sup>
Amy Palubicki (Red cross)	[Signature]	7-3
Rarelin Garcia (Red cross)	[Signature]	1-3
Pauline Lyne (Red cross)	[Signature]	7-3
Joan Boonin (Red cross instructor)	[Signature]	7-3
Manila Ramirez	[Signature]	7-3
Gladis Vasquez	[Signature]	7-3
J. Kelly	[Signature]	7-3
Glenn Maska	[Signature]	7-3
[Signature]	[Signature]	
Alyssa Escarcega	[Signature]	7-3
Sarah Antabli	[Signature]	7-3
Deidre Bronson	[Signature]	7-3
Sebele. Bozale	[Signature]	7-3
Nakoya Summers	[Signature]	7-3
Tiara Burton	[Signature]	7-3
Norma Johnson	[Signature]	7-3

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INSTRUCTOR:

TIME:

TOPIC/SUBJECT:

Infection Control & Prevention

PRINT NAME	SIGNATURE	SHIFT
ANA AGUIRRE	<i>[Signature]</i>	7-3
Rosa Sanchez	<i>[Signature]</i>	8-3
Christina Garcia	<i>[Signature]</i>	7-3
Mercedes Altam	<i>[Signature]</i>	7-3
Ann Alvarado	<i>[Signature]</i>	7-3
Glendy Carr	<i>[Signature]</i>	7-3
Rosa Roldan	<i>[Signature]</i>	7-3
Angelshier Gibbs	<i>[Signature]</i>	7-3
Martha Rege	<i>[Signature]</i>	7-3
Christina Garcia	<i>[Signature]</i>	7-3
Elysebeth Ruiz	<i>[Signature]</i>	7-3
Melissa Tucker (Red cross)	<i>[Signature]</i>	7:30-2
Angelica Castillo (Red cross)	<i>[Signature]</i>	7:30-3
Emyrcena Jones (Red cross)	<i>[Signature]</i>	7-3
Sharon Rodriguez (Red cross)	<i>[Signature]</i>	7-2
Denise Hernandez (Red cross)	<i>[Signature]</i>	7-3
Maryori Medina (Red cross)	<i>[Signature]</i>	7-3

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INSTRUCTOR:

TIME:

TOPIC(SUBJECT):

Infection Prevention & Control

PRINT NAME	SIGNATURE	SHIFT
Nuniat Sollerch	Nuniat Sollerch	7-3pm
Estefania Baltazar	Estefania Baltazar	7-3
Cynthia Perez	Cynthia Perez	7-3
Lawrence Chung	Lawrence Chung	6-6
JOHN YUTIC	JOHN YUTIC	6-6
BRIAN BOYD LESTER	BRIAN BOYD LESTER	7-3
NASHUA CHAN	NASHUA CHAN	6-6
Valma Reyes	Valma Reyes	7-3
Hilda Rodriguez	Hilda Rodriguez	7-3
Angela Lopez	Angela Lopez	7-3
Jenny Allen	Jenny Allen	7-3
Richard Dunge	Richard Dunge	11-7
Mark Gochingco	Mark Gochingco	PM 7-3
MICHELLE SPURSON	MICHELLE SPURSON	7-3
Lilibeth Bachua	Lilibeth Bachua	7-3
Juliet L. Raymundo	Juliet L. Raymundo	7-3
BOB JAVELANA	BOB JAVELANA	11-7