

*Doc accepted
HFEN #38557 11/3/2021*

PRINTED: 10/08/2021
FORM APPROVED

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA910000071 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 09/08/2021 |
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| NAME OF PROVIDER OR SUPPLIER BEACHSIDE POST ACUTE | STREET ADDRESS, CITY, STATE, ZIP CODE 22520 MAPLE AVENUE TORRANCE, CA 90505 |
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| (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 STATE MONITORING SURVEY.</p> <p>A COVID-19 State Monitoring Survey was conducted by the California Department of Public Health on 09/08/2021.</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse (HFEN) 44251, 45425</p> <p>Total Residents: 102</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> | C 000 | | |
| C4140 | <p>T22 DIV5 CH3 ART5-72523(c) Patient Care Policies and Procedures</p> <p>(c) Each facility shall establish and implement policies and procedures, including but not limited to:</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, according to the current and most stringent requirements, as stated in AFL 21-28, the facility failed to test their unvaccinated and partially vaccinated 12 out of 116 staff members and 17 out of 102 residents according to the</p> | C4140 | | |

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

TITLE

(X6) DATE

STATE FORM

0099

BM4411

If continuation sheet 1 of 2

[Signature]

ADMINISTRATOR

10-08-2021



Beachside Post Acute submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders.

The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.

Any changes to provider policy or procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.

Patient Care Policies & Procedures

Immediate Corrective Action:

1:1 in-service was provided to the IP by the Director of Nursing on the required per AFL 21-28 that is HCP that are unvaccinated and not fully vaccinated will be tested for COVID-19 twice per week on the week of 9/15/2021. Infection Preventionist has initiated COVID-19 testing twice a week for HCP that are not fully vaccinated and unvaccinated on 9/15/2021.

Process to Identify other Residents Potentially Affected by the Deficient Practice:

On 9/17/2021, Director of Nursing reviewed the COVID -19 test results for unvaccinated and not fully vaccinated staff. There were no residents affected by the said deficiency as evidence by no positive for COVID-19 were noted and the residents of the remained asymptomatic of signs and symptoms of COVID-19.

Measures to Avoid Recurrence:

On 9/15/2021, the Infection Preventionist and the Director of Nursing provided an in-service to the facility staff on COVID-19 testing requirements for unvaccinated and not fully vaccinated staff.

Director of Nursing will review with the Infection Preventionist the list of staff that are not fully vaccinated and unvaccinated and their COVID -19 test results twice a week to ensure compliance with AFL 21-28.

Facility receives updates on AFL's. The Administrator and the Director of Nursing will ensure that any update regarding testing for COVID-19 will be communicated to the Infection Preventionist

Infection Preventionist will report to the Director of Nursing and to the Administrator the status of compliance on a monthly basis.

The Director of Nursing will be responsible to monitor for compliance.

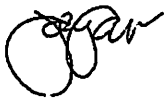
ADMINISTRATOR

10-8-21

Monitoring Corrective Action:

The Director of Nursing and/or Infection Preventionist will track any trends or concerns related to infection prevention and control; this will be communicated to the QA & A Committee monthly for further evaluation and recommendations. If it is determined that we have accomplished the objectives in the POC above and the results are successful, then the facility will consider the matter resolved. The QA & A committee will continue to review until such time that the deficiency has been proven to be resolved for 3 consecutive months and/or advised by the QA & A Committee.

Compliance date: 10/8/2021



ADMINISTRATOR

10-8-21