accepted 34178 RN 2/26/18

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FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555036	A. BUILDING _____ B. WING _____	C 02/02/2018

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESIDE CONVALESCENT HOSPITAL	947 THIRD STREET SANTA MONICA, CA 90403

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health (DPH) during a complaint investigation. Complaint number: CA00522549 Representing the DPH: Health Facilities Evaluator Nurse: 34178 RN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint number 522549.	F 000	Submission of this Plan of Correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interests against the facility, the administrator, or any employees, agents, or other individual who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth by the survey agency. The submission of the plan of correction within the time frame should in no way be considered or construed as agreement with the allegations of non-compliance of admissions by the facility. This plan of correction shall constitute this facilities credible allegation of compliance as outlined by Section 1280 of the California Health and Safety Code.	
F 441 SS=E	INFECTION CONTROL, PREVENT SPREAD, LINENS CFR(s): 483.80(a)(1)(2)(4)(a)(f) (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: (1) A system for preventing, identifying, reporting, investigating, and controlling infections 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 (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not	F441	**F441** **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** a) The facility performed an in-service with the nurses regarding infection control and proper hand washing techniques when providing bedside care. b) The facility performed an in-service with the nurses regarding g-tube and catheter	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joann Mitchell — TITLE: Administrator — (X6) DATE: 2-14-18

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 441	Continued From page 1 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. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store,	F 441	care. **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.** **The facility reviewed the proper infection control practices with the nurses providing wound care, g-tube care, and catheter care for all patients in-house to ensure compliance to the facility policies and procedures.** **What measures will be put into place, or what systematic changes will the facility make to ensure that the deficient practice does not recur.** **The facility Infection Control Nurse or designee, shall follow the treatment nurse periodically no less than monthly, at random to ensure that proper hand washing techniques are in place and that infection control practices are being followed during treatment of wounds, g-tubes, and catheters. These audits shall be ongoing for at least three consecutive months until compliance is achieved. These finding shall be reported to the Administrator and Dir. Of Nursing if there are deficient practices noted, Further training and follow up to continue as needed.** **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the QA system;**	

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F 441	Continued From page 2 process, and transport linens so as to prevent the spread of infection. (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: Based on observation, interview and record review, the facility staff failed to wash hands before and after the dressing changes for surgical wound, gastrostomy tubing site, and suprapubic catheter site for two of three sampled residents (Resident 2 and 3). (G-tube, is an opening into the stomach from the abdominal wall, made surgically for the introduction of food, and suprapubic catheter site is a urine drainage catheter which is inserted into the bladder so that urine can be drained out, usually when the normal way out for the urine is blocked. Instead of being passed up through the urethra as is usual, the supra pubic catheter is inserted through the abdominal wall just above the pubic bone and into the bladder). This deficient practice had the potential for cross contamination and spread of infection to other residents. Findings: a. On 2/22/17, at 8:15 a.m., during an unannounced complaint visit, it was observed that the licensed vocational nurse (LVN 1) performed wound treatment for Resident 2. LVN 1 gloved hand hold 4 x 4 gauze, tape, normal saline cup. LVN 1 placed 4 x 4 gauze, tape, hydrogen peroxide cup on bed side table edge where the	F 441	and This plan of correction is integrated into the monthly quality assurance and performance improvement and shall be reviewed by the quality assurance (QA) committee monthly for three (3) months, or until compliance is determined to be complete. Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency. 2/21/18	

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F 441	Continued From page 3 bed side table had breakfast tray. LVN 1 removed soiled dressing at right and left anterior hips post-op surgical wounds. LVN 1 cleansed the right and left anterior hip, pat dried, wrapped around surgical wound and taped. LVN 1 did not change gloved and or wash hand from the beginning of to the end of procedures. Resident 2's admission record indicated the resident was admitted to the facility on 12/29/16, with diagnoses that included difficulty in walking, and hypertension (high blood pressure). A Minimum Data Set (MDS) is a standardized resident assessment care screening tool, dated 2/8/17, indicated resident's cognitive skills for daily decision making was intact and required limited to extensive assistance from the staff with activities of daily living with foot surgical wounds care. A review Resident 2's Discharge Summary from general acute care hospital (GACH) dated 12/29/16, indicated post-op ortho follow up with a history of right sacral pelvic fracture in fixation device. The resident was admitted to the skills nursing facility for ortho follow-up pelvic of opened reduction internal fixation (ORIF) and also reduction of the right tib-fib fracture. Resident 2 had a physician order dated 2/8/17 for left anterior hip and right anterior hip status post ORIF, cleanse with hydrogen peroxide 3% solution - apply Bactroban 2% to sites, pat dry and cover with dry dressing treatment daily at 7 - 3 shift for 14 days then re-evaluate. b. On 2/22/17, at 8:25 a.m., during a treatment observation for Resident 3, LVN 1 put 4 x 4	F 441		

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F 441	Continued From page 4	F 441		

gauze, measure tape, scissor, cup of normal saline with gauze inside on the resident's bed side table, the bedside table were a pair of socks and dark blue Foley dignity bag (urine collecting bag). LVN 1 put gloves on, removed soiled dressing from G-tube site, with the same gloved hand LVN 1 cleaned G-tube site with normal saline gauze, pat dry, and wrapped 4 x 4 gauze around G-tube, covered 4 x 4 gauze dry dressing. LVN 1 changed new gloves, and proceeded to remove soiled dressing from suprapubic catheter site, cleaned area with normal saline gauze with the same gloved hand, 4 x 4 gauze wrapped around suprapubic catheter. LVN 1 asked the certified nurse assistant (CNA 2) to hold Resident 3's hand. Then LVN 1 covered suprapubic catheter with 4 x 4 gauze. LVN 1 picked up dark blue Foley dignity bag on bed side table and handed it to CNA 2. CNA 2 verbalized "I forgot to put the dignity bag on the foley bag" while putting on to dignity bag to cover foley bag. LVN 1 continued to cut tap with scissor and secured tape to suprapubic catheter. LVN 1 did not wash hands after removed soiled dressing and before proceeding to a second dressing change.

Resident 3's admission record indicated the resident was re-admitted to the facility on 2/17/17, with diagnosed that included urinary tract infection and dysphagia (difficulty in swallowing).

A Minimum Data Set (MDS) is a standardized resident assessment care screening tool, dated 1/31/17, indicated resident's cognitive skills for daily decision making was severely impaired and required extensive to total assistance from the staff with activities of daily living.

The Resident 3 had a physician order dated

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F 441	Continued From page 5 2/17/17 for cleanse G-tube site with normal sterile saline, apply dry dressing daily, and peri-care at suprapubic site daily treatment. On 2/22/17, at 9:43 a.m., during an interview with LVN 1, who stated "I should have a tray for my equipment. I did not have sterile field. I should have change my gloves and wash my hand. I did not wash my hand during treatment, after removed old dressing. I forgot to wash my hand after treatment." The facility policy and procedure titled, "Care of Skin Tears, Abrasions and Minor Skin Breaks" no dated, indicated establish a clean field on the resident's overbed table (a clean, dry paper towel is adequate). Place all items to be used during the procedure on the clean field. Arrange the supplies so they can be easily reached. Wash and dry hands thoroughly. Put on gloves. A gown is only necessary if soiling of your skin or clothing with blood, or other body fluid is likely. Cleanse the wound with normal saline or wound cleanser to remove dirt or debris as ordered. Remove disposable gloves. Wash hands and don new pair of clean disposable gloves. Apply topical antibiotics if ordered. Apply dressing as indicated. The facility policy and procedure, titled "Infection Control Program" no dated, indicated the facility establish an infection control program designed to provide a safe, sanitary and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection. The facility policy and procedure, titled "Hand Washing" no dated, indicated the principle of	F 441		

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F 441	Continued From page 6 good handwashing technique is the primarily that of mechanical removal of dirt and microorganisms. Handwashing should be done at the appropriate time, such as before and after a duty; before and after physical contact with each resident; before and after use of gloves; after handling excretions; handling soiled equipment or linen.	F 441		