

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

PRINTED: 10/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555673	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2022
NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00799171. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 36681 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 880 SS=D	Infection Prevention & Control 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 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;	F 880			

*poc rec'd 10/12/22
accepted 10/12/22
BIC = 10/12/22
per RS*

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

TITLE

(X6) DATE

T. M. Cash

ADMINISTRATOR

10-11-22

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.

The plan of correction is prepared in compliance with state and federal statutes and regulations and is not intended to be an admission to or agreement with the allegations contained herein. This plan of Correction constitutes the facility's written credible allegation of compliance for the deficiencies noted.

Signed _____

Date of Compliance is 10/12/2022

F880 – Infection Prevention & Control

- 1. How corrective action was accomplished for those residents found to have been affected by the deficient practice**

The oxygen concentrators were immediately removed from the floor for both Resident 1 and Resident 2. Both concentrator filters were cleaned by the Licensed Nursing staff.

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

All oxygen concentrator filters located in the facility were checked by the Licensed Nurses for cleanliness, no other filters were found to have gray dust like particles.

- 3. What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur.**

In-service was completed for the Licensed Nurses by the Director of Nursing on 10/6/2022 regarding the facility policy on cleaning the oxygen concentrator filters weekly and to ensure Licensed Nurses check the concentrator filter prior to signing the medication administration record (MAR). A weekly oxygen concentrator cleaning log was created for Central Supply to complete weekly to ensure all concentrator filters are clean. The Infection Preventionist/Designee will collect the logs weekly and verify the concentrator filters have been cleaned. All findings will be reported to the Director of Nursing. On 10/12/2022 in-services were conducted with all staff regarding the 5 infection control videos and Infection prevention. The facility compliance date will be 10/12/2022.

- 4. How the facility plans to monitor its performance to make sure the 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 plan of correction is integrated in the quality assurance system**

Director of Nursing/Designee will monitor for the completion of the logs and report findings to the monthly QAPI/QAA meeting for 3 months and thereafter as determined by the QAPI/QAA committee.

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NAME OF PROVIDER OR SUPPLIER

ASBURY PARK NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**2257 FAIR OAKS BLVD.
SACRAMENTO, CA 95825**

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F 880 Continued From page 1

F 880

§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.

§483.80(e) Linens.

Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

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F 880	<p>Continued From page 2</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: Based on observation, interview, and record review, the facility failed to ensure proper infection control practices were followed when the oxygen concentrator (device used for delivering oxygen to individuals with breathing-related disorders) filter for 2 of 2 residents (Resident 1 and Resident 2) had gray, dust-like particles, for a census of 125.</p> <p>These failures increased the potential to cause respiratory infections.</p> <p>Findings:</p> <p>A review of the medical records indicated Resident 1 was admitted with diagnoses including chronic obstructive pulmonary disease (COPD, a chronic inflammatory lung disease) and dependence on supplemental oxygen. Resident 1 had a physician order dated 4/22/19, for oxygen at 2-4 liters per minute (LPM, unit of measurement).</p> <p>A review of the medical records indicated Resident 2 was admitted with diagnoses including chronic respiratory failure with hypoxia (occurs when there is low levels of oxygen in the blood). Resident 2 had a physician order dated 8/19/22, for continuous oxygen therapy at 2 liters per minute.</p> <p>A concurrent observation and interview was</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>conducted on 8/26/22 starting at 11 a.m. with the Licensed Nurse (LN) in Resident 1's room. Resident 1's oxygen concentrator filter was covered with gray, dust-like particles. The LN confirmed the finding and stated the filter was dirty.</p> <p>A subsequent observation and interview was conducted on 8/26/22 starting at 11:16 a.m. with the LN in Resident 2's room. Resident 2's oxygen concentrator filter was covered with gray dust-like particles. The LN confirmed the finding and stated the filter was dirty.</p> <p>An interview was conducted on 8/26/22 at 11:48 a.m. with the Director of Nursing (DON). The DON stated her expectation was for the licensed nurses to clean the oxygen concentrator filters every week.</p> <p>In an interview on 8/26/22 at 2:26 p.m., the Infection Preventionist (IP) stated the licensed nurses should clean the oxygen concentrator filters every week.</p> <p>An undated facility document with an illustration titled, "Cleaning and Maintenance Procedures", indicated, "...The only item that requires cleaning on your concentrator is the external filter and the cabinet. The cabinet can be washed with a damp cloth...Cleaning and decontamination of respiratory equipment...is of major concern. To prevent equipment contamination, a simple but effective cleaning procedure must be carried out on a routine basis...Wash the filter once a week."</p>	F 880			

Asbury Park Nursing & Rehabilitation Center

DIRECTED PLAN OF CORRECTION

Involved Personnel:

Nursing Home Administrator Timothy Caslmon	Medical Director Munish Kumar
Director of Nursing Letty Marker	Infection Preventionist Negar Golshan
Director of Staff Development Atherine Chambers	Assistant Director of Nursing

Findings:880

Date:	Event:
10/6/22	<p>Based on observation, interview, and record review, staff failed to ensure the oxygen concentrator filters were cleaned for Resident 1 and Resident 2. Failure to ensure the oxygen concentrators have clean filters had the potential to place residents at risk for respiratory infection.</p> <p>Findings:</p> <p>Review of Resident 1's medical records indicated that they were admitted with a diagnoses including chronic obstructive pulmonary disease (COPD) and dependence on supplemental oxygen. Resident 1 had a physicians order on 4/22/19 for oxygen at 2-4 liters per minute. Review of the medical records indicated Resident 2 was admitted with diagnoses including chronic respiratory failure with hypoxia. Resident 2 had a physician order dated 8/19/22 for continuous oxygen therapy at 2 liters per minute.</p> <p>During an observation and interview with the Licensed Nurse for Resident 1 on 08/26/2022 at 11:00AM, Resident 1's oxygen concentrator filter was covered with gray dust like particles. The Licensed Nurse confirmed the findings and stated the filter was dirty. A subsequent observation and interview as conducted on 8/26/22 starting at 11:16AM with the Licensed Nurse in Resident 2's room. Resident 2's oxygen concentrator filter was covered with gray dust like particles. The Licensed Nurse confirmed the findings and stated the filter was dirty. An interview was conducted on 8/26/22 at 11:48AM with the Director of Nursing the DON stated her expectation was for the Licensed Nurses to clean the oxygen concentrator filters every week. In an interview on 8/26/22 at 2:26PM the Infection Preventionist stated the Licensed Nurses should clean the oxygen concentrator filters every week.</p>

Corrective Action:

Date	Executed through:	Education Focused:	Participants:
10/6/22	In-services related to 1. The cleaning of oxygen concentrator filters weekly	2. Importance of ensuring all concentrator filters and cleaned weekly to prevent respiratory infection with the Residents.	1. Related employees include: • Licensed Nurses • Central Supply • Infection Preventionist 2. All Licensed Staff and Central Supply

Elements of Effective DPOC:

10/6/2022	F-Tag 880: Infection Control Plan of Correction – immediate action taken by the facility to ensure corrective measures were taken.
10/6/2022	Notified Governing Body regarding deficient practices of infection control measures noted with 2 findings resulting in 2 oxygen concentrator filters found to have gray dust like matter.
8/26/2022	How corrective action was accomplished for those residents found to have been affected by the deficient practice The oxygen concentrators were immediately removed from the floor for both Resident 1 and Resident 2. Both concentrator filters were cleaned by the Licensed Nursing staff.
8/26/2022	How the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All oxygen concentrator filters located in the facility were checked by the Licensed Nurses for cleanliness, no other filters were found to have gray dust like particles.
11/6/2022	What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur. In-service was completed for the Licensed Nurses by the Director of Nursing on 10/6/2022 regarding the facility policy on cleaning the oxygen concentrator filters weekly and to ensure Licensed Nurses check the concentrator filter prior to signing the medication administration record (MAR). A weekly oxygen concentrator cleaning log was created for Central Supply to complete weekly to ensure all concentrator filters are clean. The Infection Preventionist/Designee will collect the logs weekly and verify the concentrator filters have been cleaned. All findings will be reported to the Director of Nursing. How the facility plans to monitor its performance to make sure the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved

	<p>and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated in the quality assurance system</p> <p>Director of Nursing/Designee will monitor for the completion of the logs and report findings to the monthly QAPI/QAA meeting for 3 months and thereafter as determined by the QAPI/QAA committee.</p>
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Root Cause Analysis:

Who:	Licensed Nurses
What:	<p>Inconsistent Infection Control practices</p> <ol style="list-style-type: none"> 1. Licensed Nurses should be cleaning the oxygen concentrator filters weekly. Prior to giving the oxygen to the Resident the Licensed Nurses should sign the medication administration record noting that the oxygen concentrator filter is clean.
Where:	Patient rooms or wherever the oxygen concentrators are stored
When:	Weekly and checked prior to administration of oxygen to the Residents
Why:	Licensed Nurses failed to follow the facility protocol that requires them to clean the oxygen filters weekly. The nurses did not realize that the external filter can be washed with a damp cloth. This procedure must be completed on a weekly basis.

Conclusion – RCA solution and Systemic changes:

<p>The root cause of the issue was that the Licensed Nurses did not follow the cleaning instructions for the oxygen concentrator filters. The instructions clearly state that the oxygen concentrator filters must be cleaned with a damp cloth on a weekly basis. In order to ensure that does not happen again the Director of Nursing in-serviced the Licensed Nurses on the importance of cleaning the oxygen concentrator filters on a weekly basis and checking them for cleanliness prior to administering oxygen. Central Supply was trained on the process for cleaning the filters and will keep a weekly log to ensure the filters have been cleaned. In addition, the Infection Preventionist (IP) will monitor by randomly checking oxygen concentrators in use to ensure the filters are clean. The IP will also collect the weekly oxygen concentrator cleaning logs to ensure they are being checked by Central Supply. The IP will report findings to the Director of Nursing and the Director of Nursing will report those findings to the QAA/QAPI Committee on a monthly basis for three months. After three months, the QAA/QAPI Committee will evaluate for need to continue.</p>
