

Accepted  
SPT  
8/13/15

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

PRINTED: 07/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/30/2015
NAME OF PROVIDER OR SUPPLIER  FIRESIDE CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 947 THIRD STREET SANTA MONICA, CA 90403	
(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 Department of Public Health during a Complaint investigation.  Complaint number: CA00449895 - Substantiated.  There was one deficiency issued F 441 as a result of complaint #CA00449895.  Highest severity and scope (S/S)-E.  The inspection was limited to the specific complaint(s) and does not represent the findings of a full inspection of the facility.  Representing the Department of Public Health:  Surveyor ID#: 14042, HFEN, RN F 441 483.65 INFECTION CONTROL, PREVENT SS=E SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	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.  (a.) Immediate Correction Resident 1 was discharged against medical advised ( AMA) from the facility on 7/7/2015 and Resident 9 was discharged to home on 6/30/2015. On July 13, 2015, the Director of Nursing provided an in-service to Licensed Nurses regarding MDRO/C- Difficile infection control care and management with emphasis on residents co-horting requirements.	

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

TITLE

(X6) DATE

*Brian K. Boone*

*Administrative*

*8/7/15*

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	<p>Continued From page 1</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the resident: (1) who had symptoms of clostridium difficile [(C-diff)-a spore forming bacterium which is present in the stool that can cause symptoms ranging from diarrhea, abdominal pain, and cramping, to life-threatening inflammation of the colon] would not be cohorted in the room with the resident (9) who was not diagnosed with the C-diff and was free of its symptoms, and failed to cleanse the floor in the laundry room, hallways carpeted areas and a lobby furniture with the a proper disinfectant solution to prevent possible spread of infection, and failed to ensure the facility policy and procedure on Infection Control</p>	F 441	<p><b>Identification of Other Residents that can be affected with the Deficient Practice:</b> No other residents are affected by the deficient practice. <b>Measures that was put into place to ensure deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>The new Director of Nurses (DON) on 8/5/15, 8/6/2015 provided a follow-up in-service to Licensed nurses regarding facility policy and procedure on care and management of residents with MDRO/C-difficile infections with emphasis on co-horting requirements. Another in-service shall be done on 8/10/15.</li> <li>DON, DSD and RN supervisor shall review residents record comprehensively prior to any room changes to ensure that residents room changes are appropriate and co-horting of residents are compatible per infection control requirement s/management.</li> <li>DON and RN supervisor shall review residents with a change of condition daily to determine any trends of symptoms /infection to ensure appropriate management and co-horting of</li> </ul>		

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F 441	<p>Continued From page 2</p> <p>was reflecting accurate information on preparation of bleach solution in accordance with Center for Disease Control and Prevention (CDC). This deficient practice had the potential to spread the infection throughout the facility and placed the residents in the facility at risk of contracting C-diff infection.</p> <p>Findings:</p> <p>On July 10, 2015, at 1 p.m., unannounced visit was made to the facility to investigate a complaint allegation the facility had an outbreak of C-diff.</p> <p>During an interview the director of nursing (DON) presented a line list of the residents who developed diarrhea as one of the major symptoms of gastrointestinal illness (C-diff). According to the list Resident 1, 2, 3, 4, 5, 6, 7, and 8, were having diarrhea. According to the presented documents tree out of eight listed residents were diagnosed positive for C-diff. The DON stated residents Resident 2, 4 and 5 were tested positive for C-diff infection. Based on information from a line list and interview with the DON the facility had a potential to have an outbreak of communicable illness of C-diff.</p> <p>a. According to the admission record Resident 1 was admitted to the facility on June 18, 2015, with diagnoses which included infection of right lower extremity.</p> <p>The Minimum Data Set (MDS) - a standardized assessment and care screening tool, dated June 25, 2015, indicated Resident 1 was alert and oriented, required extensive assistance from staff</p>	F 441	<p>residents if necessary.</p> <ul style="list-style-type: none"> <li>DSD shall maintain an on-going line listing log of residents admitted with MDRO/C-deficile infections including a lists of residents who develop MDRO/C-Deficile infection in the facility to ensure appropriate co-horting and room changes of residents in the facility if needed.</li> <li>DON/DSD shall provide an on-going in-service to Licensed nurses on a quarterly basis and as needed regarding care and management of residents with MDRO/C-deficile infection to ensure compliance.</li> <li>CQI Nurse shall review residents with change of condition, residents on isolation during facility visit to ensure compliance with co-horting requirements. Any identified issues shall be communicated to the DON for immediate follow-up and resolution.</li> </ul> <p><b>Monitoring Put in Place to ensure Compliance is sustained:</b></p> <p>Director of Nurses shall ensure that above process is on-going and any trends identified shall will be</p>	

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F 441	<p>Continued From page 3</p> <p>for transfer, walking, dressing, toilet use, personal hygiene, but needed total assistance for showering. The resident was continent (had control) of bowel and bladder functions.</p> <p>A review of the licensed nurses notes dated June 29, 2015, at 3:06 p.m., indicated Resident 1 was monitored for chills, shivering and pain in the lower abdominal area.</p> <p>There was a physician order dated June 29, 2015, for Flagyl (antibiotic) 500 milligram (mg) orally three time a day for 14 days, and to collect a stool sample for diagnostic test to rule out C-diff.</p> <p>According to the laboratory test result dated June 29, 2015, Resident 1 tested positive for C-diff infection.</p> <p>A review of the licensed nurses notes dated June 29, 2015, at 11:18 p.m., indicated Resident 1 continued to have loose stools.</p> <p>According to the room change notification form dated June 29, 2015, Resident 1 was moved from his room to Resident 9's room.</p> <p>A review of Resident 9's medical record review indicated the resident did not have diarrhea or other signs and symptoms which could indicate he could an infection of C-diff. There was no documented evidence for clinical justification to move Resident 1 to Resident 9 room.</p> <p>Resident 1 was moved to Resident 9's room while he was exhibiting abdominal pain and loose stools indicating he was still contagious. The facility cohort Resident 1 and Resident 9 together</p>	F 441	<p>reported to the QA and A committee for review and further plan of action.</p> <p><b>Date of Compliance: 8/7/2015</b></p> <p><b>(b.) Immediate Correction</b></p> <ul style="list-style-type: none"> <li>The use of Sanisol for disinfecting was immediately replaced with bleach based solution as per the EPA approved label guidelines for C. Diff spores. The housekeeping staff was in-serviced on 7/10/2015 regarding the updated requirements. Further cleaning and disinfecting will occur per recommendations by the CDC, EPA approved manufactures guidelines, and specific instruction from the LA County Health Department Nurse. <p><b>Identification of Other Residents that can be affected with the Deficient Practice:</b></p> <ul style="list-style-type: none"> <li>No other residents were affected by the deficient practice.</li> </ul> <p><b>Measures that was put into place to ensure deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>The Administrator, DSD and Housekeeping Supervisor conducted in-service on</li> </ul> </li></ul>		

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F 441	<p>Continued From page 4</p> <p>even though Resident 9 was never diagnosed with C-diff infection.</p> <p>On July 10, 2015, at 11 a.m., the DON confirmed the facility did not document the clinical rationale to cohort both residents together. The DON stated Resident 1 requested to be moved to another room because of personal issues with his previous roommate.</p> <p>On June 30, 2015, there was a physician order to place Resident 1 on contact isolation for C-diff, to discontinue Flagyl 500 mg and to start Vancomycin 250 mg one tablet four times a day for 17 days for C-diff infection.</p> <p>A review of the County of Los Angeles Department of Public Health Acute Communicable Disease Control Program (Guidelines for prevention and control of multi-drug resistant organisms and clostridium difficile in nursing care facilities) dated May 26, 2009, indicated the resident who was tested positive for C-diff should be placed in an isolation/private room. When an isolation/private room is not available, the resident could be cohort with another resident who has a C-diff infection.</p> <p>During an interview with the DON on July 10, 2015, at 11 a.m., confirmed Resident 1 should not have been cohort with Resident 9 who was C-diff infection free. The DON also confirmed by cohorting infected Resident 1 with non-infected Resident 9 placed Resident 9 at risk to develop a C-diff infection.</p> <p>b. On July 10, 2015, at 1:20 p.m., during</p>	F 441	<p>7/14/2015 with housekeeping staff to review cleaning/disinfecting procedures of resident rooms, high contact areas and the laundry room as per the EPA approved manufacturer's label, CDC and LA County Health Department Nurse.</p> <ul style="list-style-type: none"> <li>The Policy and Procedures were updated to reflect the recommendations of the CDC, EPA approved bleach manufacturer, and LA County Health Department Nurse. The policy to be approved by the Medical Director, the Infection Control Committee and the QAA Committee.</li> </ul> <p><b>Monitoring Put in Place to ensure Compliance is sustained:</b></p> <ul style="list-style-type: none"> <li>The facility Infection Control Committee will track and trend nosocomial C. Diff infection rates. The data will be reviewed, analyzed and further action plans developed by the Infection Control Committee. Rates to be reported to the facility QAA Committee.</li> <li>Housekeeping staff compliance with updated procedure will be</li> </ul>		

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F 441	<p>Continued From page 5</p> <p>observation of facility environment, accompanied by the maintenance/laundry supervisor and the administrator, both confirmed the use of regular commercial cleaning solution Neutral Sanisol to mop the laundry floor and to clean front lobby furniture (high touched surfaces).</p> <p>A review of Neutral Sanisol bottle manufacturer's label indicated the solution would not kill C-diff spores (a protective covering adopted by a bacterial cell to survive in adverse conditions for extended period of time).</p> <p>The maintenance/laundry supervisor stated he cleaned the carpeted area by using hot water from the patio mixed with Carpet Cleaner cleaning solution.</p> <p>A review of the Carpet Cleaner bottle manufacturer's label indicated it would not kill C-diff spores.</p> <p>The C-dif. spores can survive on the surfaces for several months and are present in the stool which can be spread from person to person through a contaminated (infected) environment while at the facility (CDC guidelines, 2010).</p> <p>A review of an undated facility's policy and procedure titled "Infection Control", indicated due to spore-forming nature of Clostridium difficile and its ability to survive on dry environment surfaces for many months, the disinfectant solution recommended for cleaning the environment is a bleach solution with dilution of 1:8 (one part of bleach to eight parts of water).</p> <p>On July 30, 2015, at 1 p.m., during an interview</p>	F 441	<p>monitored by the Maintenance supervisor, DSD, and Administrator. Results to be reported to the facility QAA for a minimum of 3 months or until compliance threshold is achieved. Routine in-services and other action plans will be developed to ensure compliance.</p> <ul style="list-style-type: none"> <li>Administrator and DSD will conduct random observation of housekeeping staff cleaning procedures on isolation rooms. Any issues identified shall be address promptly with the staff and further in-services shall be provided if needed.</li> </ul> <p><b>Date of Compliance: 8/7/2015</b></p>		

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F 441	<p>Continued From page 6</p> <p>with the newly appointed DON who started his duties at the facility on July 30, 2015, he confirmed that a current facility's Infection Control policy did not reflect acceptable preparation of bleach solution.</p> <p>DON confirmed the current Infection Control policy was not in accordance with CDC guidelines on preparation of bleach solution to disinfect contaminated surfaces to kill C-diff spores. According to the CDC guidelines the bleach solution recommended for cleaning and disinfecting the environment should be 1:10 (one part of bleach to 9 parts of water).</p> <p>DON stated that Infection Control policy would be reviewed and revised immediately to reflect CDC guidelines on disinfecting surfaces to kill C-diff spores.</p>			F 441			