

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

PRINTED: 06/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055956</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/12/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWOOD POST ACUTE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 LEMON HILL AVE</b> <b>SACRAMENTO, CA 95824</b>			
(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 #CA00903453 and facility reported incident #CA00903164.  Representing the Department of Public Health:  Health Facilities Evaluator Nurse, 42255  The inspection was limited to the specific incidents 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			F 880			

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

TITLE

(X6) DATE



CNO

6/20/24

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	<p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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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 follow proper infection prevention and control practices for two of three sampled residents (Resident 1, and Resident 2) when:</p> <ol style="list-style-type: none"> <li>1. Oxygen tubing was not labeled,</li> <li>2. Urinal ½ full of a yellow amber colored fluid was found sitting on top of the bedside table.</li> <li>3. The floor has multiple white shiny pieces of food laying on the floor next to the bed.</li> <li>4. Urinal was mislabeled.</li> </ol> <p>During an initial tour on 6/12/24 at 12:35 p.m., an observation of room 118 with three residents, Resident 2's bedside table had a urinal with yellow amber colored fluid in it, multiple white shiny pieces of food on the floor next to the bed. Resident 1 has a mislabeled urinal on his bedside table and his oxygen tubing was not labeled.</p> <p>During a concurrent observation and interview on 6/12/24 at 12:40 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated, "That trash on the floor we don't even know what that is. I think it's an eggshell ..." CNA also confirmed the urinal for bed C is labeled for bed B. And stated, "I know the urinal is his [bed C]. He moved and we just know that's his urinal."</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>During a concurrent observation and interview on 6/12/24 at 1:05 p.m., with the Licensed Vocational Nurse (LVN), the LVN stated, "Typically the night shift on Sundays is supposed to change the urinals and they're supposed to date it. There should never be urinals on the tables. They go inside the black bag. I would expect that are dated with the right room and right resident. Infection control is so important for the resident's safety." The LVN confirmed the urinal is mislabeled and the oxygen tubing is not dated.</p> <p>During an interview on 6/12/24 at 2:20 p.m., with the Director of Nursing (DON), the DON stated, "The staff should follow the policy for tubing and the urinals. They [urinals] really should not be on the table.</p> <p>During a review of the facility policy titled, "Disinfection of bedpan and urinals" dated 5/1/2023 indicated, "Bedpans and urinals are handled in a manner to prevent the spread of infection through personal equipment ...Bedpan and urinals are for single use only. Mark with the resident's name and discard upon discharge ...Store bedpans and urinals in resident's bedside cabinet or drawer after placing in a plastic bag or as per facility policy."</p> <p>During a review of the facility policy titled, "Oxygen Administration Infection Prevention," dated 5/1/2023 indicated, "The purpose of this procedure is to guide the prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff ... Change the oxygen cannula and tubing every seven (7) days, or as needed."</p>	F 880			