

POC accepted 12/10/2021 11:42am
JRM 37393

PRINTED: 12/01/2021
FORM APPROVED
OMB NO. 0938-0391

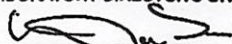
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2021
NAME OF PROVIDER OR SUPPLIER BEACHSIDE POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 22520 MAPLE AVENUE TORRANCE, CA 90505		
(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 the investigation of a complaint investigation. Complaint number: CA00755703 Representing the California Department of Public Health: Surveyor 37393, Health Facility Evaluator Nurse 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 for complaint number CA00755703 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	F 000	The facilities infection control policies and procedures are followed for the purposes of adhering to all standards, guidelines and practices in conjunction to the safety and wellness of all residents under the care of Beachside Post-Acute. All vinyl gloves, synthetic disposable gloves and any other kinds of gloves are to be disposed of into designated receptacle. On 10/8/2021, 11-7 shift RN Supervisor immediately discarded the used gloves that was observed draped over a handrail in the trash can receptacle. On November 29, Administrator, Director of Nursing, DSD and IP has made rounds throughout the facility to ensure that there are no other similar instances of noncompliance in relation to non-proper disposal of gloves in areas other than the appropriate receptacle. The facility will conduct an annual review of policy and procedure and update the program as necessary.		

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

TITLE

(X6) DATE



Administrator

12/9/21

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</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following 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.</p>	F 880	<p>Inservice was given to staff.</p> <p>Inservice on November 29, 2021 and November 30, 2021 by Director of Nursing Charito Escudero and IP Consult Mary Lou Verano regarding compliance with the facility infection control program in particular disposed of used gloves onto the proper</p> <p>Daily Facility rounds down common areas along with room-to-room rounds will be done by the facility department leaders to ensure the team establishes and maintains an infection prevention and control program designed to pride a safe, sanitary and comfortable environment and to help prevent the development of communicable diseases and infections. Disciplinary measure will be done for repeat infraction by the DON/Administrator. Administrator will discuss further concern as the quarterly QA meeting.</p>		

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F 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</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 staff failed to implement the facility's infection control policies and procedures by failing to ensure proper disposal of a vinyl glove (synthetic disposable glove) into a designated trash can.</p> <p>This deficient practice had the potential to spread infection to staff, visitors, and residents.</p> <p>Findings:</p> <p>During an observation on 10/8/2021 at 5:10 a.m., a vinyl glove was observed turned inside out and draped over a handrail next to Room 17.</p> <p>During an interview on 10/8/2021 at 5:33 a.m., the Registered Nurse Supervisor (RN1) stated the glove was used and left on the handrail was inappropriate and should have been disposed of into a trash can. RN1 stated it was an infection control issue, and she would make sure the used glove was removed and the handrail disinfected.</p> <p>During a subsequent observation on 10/8/2021 at 5:34 a.m., RN 1 was observed disposing of the used glove into a trash can.</p> <p>During a review of the facility's policy and procedure (P/P) titled, "Personal Protective</p>	F 880	<p>The Director of Nursing and/or designee will track any trends or concerns related to Infection 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</p> <p>receptacle. The staff will be monitored for compliance by the Infection Preventionist and Director of Staff Development during daily rounds</p> <p>the deficiency has been proven to be resolved for 3 consecutive months and/or advised by the QA & A Committee.</p> <p>The date that the corrective action is to be completed stands at December 7, 2021.</p>		

INSERVICE MEETING MINUTES

Facility: Beachside Post-Acute

Month/Year: NOVember 29, 2024

LECTURER/Trainer: Charito Escudero, RN, DON

TOPIC /BRIEF LECTURE SUMMARY:

Proper disposal of used gloves - Used gloves are considered contaminated. Placed in appropriate receptacle only after use. Observance of strict infection control is expected of all staff.

NAME/TITLE	SIGNATURE	SHIFT	DATE
JAYME BANEZ RN		3-11	11/29/21
MARICELA CIGARRON		3-11	11/29/21
Siguen Cardenas		7-4	11/29/21
JANE CASIANO LVN		3-11	11/29/21
SUSANA COLLINS		Laundry	11/29/21
Androneda Fuentes		3-11	11/29/21
JOSEPH FOLGOSA		Janitor	11/29/21
Edith Flores		7:30-3:30	11/29/21
Wendy Dominguez		3-11	11/29/21
MARILYN FERRELL		5-11	11/29/21
MARLENE KAMARA		7-3	11/29/21
Jacqueline Kapado		7-3	11/29/21
EDUARDO CRISTIAN		3-11	11/29/21
Vanessa JAMES		3-11	11/29/21
MARY ANN AQUINO		11-7	11/29/21
ROSALINDA BOUTIN		11-7	11/29/21
Elizabeth Alconis		11-7	11-29-21
Wendy FRIED		11-7	11/29/21
Alma J. Corcoran		11-7	11-29/21
Josephine SANCHEZ LVN		11-7	11/29/21
Shirley Langdon		11-7	11/29/21
WYATT TEAN		11-7	11/29/21

INSERVICE MEETING MINUTES

Facility: Beachside Post-Acute

Month/Year: Nov. 30, 2021

LECTURER/Trainer: Charito Escudero, RN, DON; Mary Lou Verano RN

TOPIC /BRIEF LECTURE SUMMARY:

Infection Control; Proper disposal of gloves


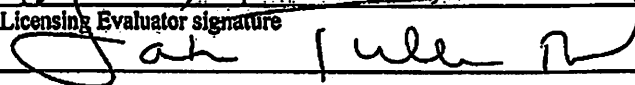
All used gloves will be disposed into the appropriate receptacle at all times.

NAME/TITLE	SIGNATURE	SHIFT	DATE
Maria Ucho CNA	Maria	7-3	11/30/21
Memuna Komara	Memuna	7-3	11/30/21
Angela Reyes	Angela	7-3	11/30/21
Shari Carter	Shari	7-3	11/30/21
Torqueline Rapado	Torqueline	7-3	11/30/21
Iladith Cabrera	Iladith	7-3	11/30/21
Maria Rina	Maria Rina	7-3	11/30/21
Chelsea Arrington	Chelsea	7-3	11/30/21
J.H. MAXIMBA	J.H. MAXIMBA	7-3	11/30/21
John John, LVN	John John	7-3	11/30/21
Angeline, Veronica LVN	Angeline	7-3	11/30/21
Norma Tobar	Norma	7-3	11/30/21
RENEE CAPITANO	RENEE	8-0	11/30/21
Jeneve Wilson	Jeneve Wilson	day	11/30/21
JAMIE VELASCO	JAMIE	AM	11/30/21
Monica Saucedo	Monica	am	11/30/2021
Lorena McLemore Activities	Lorena	A-11	11/30/2021
Ariela Duran	Ariela	AM	11/30/21
Rina Baganza	Rina	Day	11/30/21
CHARVDESCUDES	CHARV	9-1	11/30/21
PEDRO RAMORIN V.R	PEDRO	Day	11/30/2021
Leif Rivera	Leif	Day	11/30/21
Wayne Fort	Wayne	Day	11/30/21
Arista Sarmiento	Arista	AM	11/30/21
Fike WARR	Fike	A-11	12/02/21
JEAN	JEAN	7-11	12/2/21
		3-11	12/2/21

SIGNATURE REQUIREMENT NOTICE (For Plan of Correction)

Notice to Licensee/Designee

The surveying state agency is required to obtain a signed plan of correction for deficiencies noted on the Statement of deficiencies and Plan of Correction (Code of Federal Regulations, title 42, Section 489.13; state Operations Manual, Section 2612; and California Health and Safety Code, Section 1280). By signing a plan of correction, a licensee or designee does not necessarily admit guilt of any alleged violation nor does this interfere with the right to contest or appeal any alleged violations on which the plan of correction is based or the same period for correction. It does acknowledge responsibility for compliance with licensing requirements, with appropriate requirements of the Medicare and Medi-Cal programs, that an exit conference was held during which the items listed were discussed, and that a copy of the deficiency/report and plan of correction was received.

Beachside Post Acute	22520 Maple Avenue Torrance, CA 90505
Licensee or Designee signature 	Date 12/1/21
Copy of this notice presented to Licensee or Designee:	
Licensing Evaluator signature 	Date 12-1-21

FOR: COMPLAINT NOTICE #755703 – Beachside Post Acute

If there should be disagreement between the Licensee or Designee and the Evaluator of the Survey Team on an interpretation of the regulations of field decision, the Licensee or Designee may wish to call and discuss this with the District Licensing Supervisor.

Name of Licensing Supervisor BEVERLY UKOHA – West District Supervisor	Telephone (310) 965-2820
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Instructions

This notice is to be used with Plans of Correction for Skilled Nursing Facilities, Intermediate Care Facilities, Intermediate Care Facilities/Developmentally Disabled, Intermediate Care Facilities/Developmentally Disabled-Habilitative, Intermediate Care Facilities/Developmentally Disabled-Nursing, Congregate Living Health Facilities, Pediatric Day Health and Respite Care Facilities, and Hospitals with Distinct Part Skilled Nursing Facilities or Intermediate Care Facilities. It is to be signed by the licensee/designee and the licensing evaluator. A copy is left with the licensee/designee and the original is kept in the district office licensing file.

HS 315 (5/02)