

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CATERED MANOR NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4010 VIRGINIA RD. LONG BEACH, CA 90807</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0925  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</b>  Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to prevent the presence of cockroaches (small insects that cause spread of bacterial infection) in the facility's laundry room. This deficient practice placed the 75 residents at risk of vector-borne diseases (diseases that result from an infection transmitted to human by insects such as cockroaches, mosquitos, ticks, and fleas). Findings: On 1/31/20 at 11:43 a.m., during an interview, the Director of Nursing (DON) stated infection control was very important so that we can maintain a facility free from infection issues and prevent from any form of cross-contamination. On 1/31/20 at 12:15 p.m., during an interview, the Dietary Aide (AD) stated she saw two cockroaches in the afternoon a month prior but one of the kitchen staff killed it using a broom. The AD stated that she reported it to the Dietary Supervisor (DS) and after that did not see anymore cockroaches. On 1/31/20 at 12:57 p.m., during an interview, the Maintenance Director (MD) stated the laundry personnel saw a big cockroach in the laundry section area. On 1/31/20 at 1:03 p.m., during an observation in the laundry room, there was four cockroaches found in the laundry room, one dead and three live ones that were observed crawling on the laundry floor. On 1/31/20 at 1:10 p.m., during an interview, the Director of Staff Development (DSD) stated it would be an infection control issue if you see cockroaches in the facility because normally cockroaches will be looking for food. The DSD stated if they are laying eggs in the food areas and if the residents ingest that food it can cause food poisoning diseases. On 1/31/20 at 2:57 p.m., during another observation in the laundry room, there was one live cockroach found crawling on the laundry floor. A review of the proof of service record, dated 1/29/20 at 4:51 p.m., indicated there was no activity of any pest found inside the facility building, floor interior, and exterior. A review of the facility's policy titled, Pest Control, dated 2/09, indicated the purpose was to maintain a sanitary and clean environment through control of insects and rodents. The policy indicated signs of pests were reported to the supervisor who contacts the pest control operator.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.