

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OCEAN POINTE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1330 17TH STREET SANTA MONICA, CA 90404</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure Certified Nursing Assistant 1 (CNA 1) performed hand hygiene after removing his gloves and discarding his isolation gown following provision of care for 1 of 5 sampled residents (Resident 4). This deficient practice had the potential to spread infection. Findings: On 7/30/2020, at 3 p.m., an unannounced visit was made to the facility to investigate a complaint regarding infection control. A review of the Admission Record, the facility originally admitted Resident 4 on 7/28/2020 with [DIAGNOSES REDACTED]. On 7/30/2020, at 4:20 p.m., together with the Assistant Administrator (AA), Director of Nursing (DON), Infection Preventionist (IP), and the Director of Staff Development (DSD), CNA 1 was observed removing his gloves and isolation gown prior to exiting Resident 4's room. CNA 1 was observed carrying the isolation gown outside the room and discarded it in the dirty linen cart located in the hallway across from Resident 4's room. After touching the dirty linen cart, CNA 1 proceeded to walk down the hallway to answer a call light in another isolation room without performing hand hygiene. The IP reminded CNA 1 to perform hand hygiene prior to entering the room. In a concurrent interview, the AA, DON, IP, and DSD acknowledged CNA 1 did not perform hand hygiene after removing his gloves and discarding isolation gown in dirty linen cart following the provision of care Resident 4. They further stated and confirmed CNA 1 should have performed hand hygiene to prevent spread of infection. A review of the facility's policy and procedure titled Infection Prevention and Control: Novel Coronavirus (COVID-19), revised on 9/15/2020, indicated it is the policy of this facility to minimize exposures to respiratory pathogens and adhere to standard contact precautions. All healthcare personnel will be trained and capable of implementing infection control procedures and adhere to the requirements. Staff will do hand hygiene using alcohol based hand rub/sanitizer before and after all resident contact, and before and after removal of PPE, including gloves. Hand washing is required for at least 20 seconds.		
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.