

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER BEACHWOOD POST-ACUTE & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1340 15TH STREET SANTA MONICA, CA 90404	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper infection control practices were followed for 1 of 3 sampled residents (Resident 1) when staff failed to: 1. Don (put on) gloves prior to entering Resident 1's isolation room, 2. Doff (remove) isolation gown when exiting Resident 1's isolation room, and 3. Perform hand hygiene. This deficient practice had the potential to cause cross contamination and spread of infection. Findings: An unannounced visit was conducted on 7/30/20 for a complaint regarding infection control. On 7/30/20, at 11 a.m., a droplet precaution sign (requires staff to put on mask, gown and gloves prior to entering the room and discard prior to exiting the room to contain pathogens) was observed on the door of room [ROOM NUMBER]. The Social Service Director (SSD) was observed donning a disposable gown. The SSD did not don gloves and entered the room to speak with Resident 1. While in room, the SSD reached over the bedside table and grabbed the remote control to lower the television volume. The SSD walked out of the room wearing the disposable gown while talking on her personal cell phone. During an interview with the SSD, on 7/30/20, at 11:15a.m., the SSD confirmed the findings and stated she should have donned gloves before entering the room, removed gown, gloves and performed hand hygiene prior to exiting the room. The SSD further stated she could have caused a cross contamination and spread of infection. During an interview with the Administrator, on 7/30/20 at 11:15a.m., the Administrator stated the SSD broke proper infection prevention technique and caused potential spread of infection. During an interview with the Infection Prevention Nurse (IPN), on 7/30/20, at 11:30 a.m., the IPN stated residents leaving the facility multiple times a week for [MEDICAL TREATMENT] are continuously placed on droplet precautions. A review of Resident 1's Admission Record indicated Resident 1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Physician order [REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool), dated 5/11/20, indicated Resident 1 was cognitively (thought process) moderately impaired. The facility policy and procedure titled, Personal Protective Equipment dated June, 2005, indicates, Remove gown and gloves and discard into appropriate receptacle inside of the room. The facility policy and procedure titled, Handwashing/ Hand Hygiene dated August 2015, indicates, Alcohol based hand rub or alternatively soap and water should be used before and after entering isolation precaution setting.</p>		
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.