

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER MARINA POINTE HEALTHCARE & SUBACUTE		STREET ADDRESS, CITY, STATE, ZIP 5240 SEPULVEDA BLVD CULVER CITY, CA 90230	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to 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 by: To ensure the shared devices such as glucometers (a portable medical device used to check level of sugar in the blood) and tray caring the glucometers was cleaned after each use; To ensure the cleaning products were readily available to use at the point of care; and To ensure the staff performed hand hygiene (the act of washing hand with soap and water and or using hand sanitizers) after care of the resident and prior to touching clean linens from the linen cart. These deficient practices had the potential to cause cross contamination, exposing the residents to infections. Findings: a. On 8/7/20 at 9:15 a.m., during an observation, a tray with a glucometers and several fingerstick devices (lancets) was observed sitting on the medication cart. There were two red blood like stains on the tray. During a concurrent interview licence vocational nurse (LVN 2) stated she had not noticed the stains. When LVN 2 lifted the glucometer, there was a used alcohol pad placed on the tray that was stained red. LVN 2 stated she conducted a blood sugar check on one resident. LVN 2 then dumped the fingerstick devices into sharps container. While checking the drawers of the medication cart, LVN 2 was not able to find proper products to clean the glucometer and the tray after its use. LVN 2 left the cart stating she was going to get cleaning wipes and sanitizers (reduces bacteria on a surface by at least 99.9%) to clean the glucometer and the tray. b. On 8/7/20 at 9:26 a.m., during an observation certified nursing assistant (CNA 2) came out from the resident's room wearing a pair of gloves and placed a bag of trash into a barrel that was placed in the hallway. CNA 2, without removing the gloves and prior to performing hand hygiene took clean linens from the clean linen cart that was placed in the hallway, and then reentered the resident's room. During an interview on 8/7/20 at 10:17 a.m., the facility's infection preventionist (IP) stated the glucometers should be cleaned right away inbetween each resident's use. IP stated the staff should make sure items cleaning wipes were available in the beginning of their shift. IP stated CNA 2 should have washed her hands before taking clean linens from the linen cart. A review of the facility's policy titled Infection Prevention and Control Program, revised October 2011 indicated to clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice. A review of the facility's policy titled Handwashing/Hand Hygiene, revised August 2015, indicated handwashing after handling used dressings, contaminated equipment, etc., and before handling clean or soiled dressing, gauze pads, etc.</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.