

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOREST HILL MANOR HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>551 GIBSON AVENUE PACIFIC GROVE, CA 93950</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> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview, the facility failed to implement infection control practice when the staff responsible for screening staff/visitors did not disinfect the reusable thermometer scanner after it was used to check three staff/visitor's temperature prior to entry in the facility. This failure had the potential to place residents, staff and visitors at risk for transmission of infection. Findings: During an observation on 5/27/2020 at 9:00 a.m., the facility screener (FS) checked surveyor's and two other facility staff's temperature using the reusable forehead scanner and did not disinfect the thermometer after each use. During an interview on 5/27/2020 at 9:10 a.m., with the health sciences administrator (HSA), she validated the observation with the FS. The HSA stated, the FS had been in-serviced to disinfect reusable equipment like the thermometer and he should have disinfected it using the disinfectant wipes after each use to prevent possible spread of infection.		

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.