

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055387</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EDGEWATER SKILLED NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2625 EAST FOURTH STREET LONG BEACH, CA 90814</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	<p><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 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 for six of 6 residents (1, 2, 3, 4, 5, 6) and three of 3 staff members: There were three nurses sitting beside each other at the nurse station. The six feet recommended standards of practice distancing guidelines was not followed. The following Resident 1, 2, 3 and 4, who were not under observation or designated as persons under investigation (PUI) were placed in the yellow zone (this area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; [MEDICAL TREATMENT] patients; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests). Residents 5, and 6, who were determined as PUI were placed in the green zone (this area is reserved for residents who do not have COVID-19 and to be in this area, patient must have either completed quarantine, cleared isolation, or have tested negative and remained asymptomatic after initial negative baseline testing). There were no posted signage by the resident rooms or doors to show the correct transmission-based precautions (there are three types of precautions, contact, droplet, and airborne and the type used depends on the mode of transmission of a specific disease) observed in the yellow zone (designated area for persons under investigation (PUI)). The breakroom had two refrigerators and one water dispenser that was shared by staff, which was considered highly touched equipment, however, there were no disinfectant wipes to clean the equipments after use. These failures had the potential to cause cross contaminations and spread coronavirus ((COVID-19) [MEDICAL CONDITION] that causes respiratory illness that can spread from person to person), and other infections to the residents, staff, and the community. Findings: During an observation on 9/1/20 at 1:40 p.m., the following were observed: 1. There were three nurses at the nurse's station sitting close, beside each other. 2. Resident 1, 2, 3 and 4, who were not under observation or not designated as PUI were still placed in the yellow zone. 3. Residents 5, and 6, who were under PUI were placed in the green zone.) 4. There were no transmission-based precautions signage posted in the PUI rooms or on the doors. During a concurrent interview Licensed Vocational Nurse (LVN 1) stated There's a risk in infections and cross contamination if six feet distancing is not observed and when a PUI and non PUI residents not cohorted properly, when residents in the green zone were placed in the yellow zone and residents that were supposedly in the yellow zones were placed in the green zone. During interview LVN 1 stated the new admissions and symptomatic residents showing signs of COVID-19 were placed in the yellow zone. LVN 1 stated these residents placed in the yellow zone should be on contact and droplet precautions. LVN 1 also stated that housekeeping came daily but was unsure how many times shared equipment in the breakroom were disinfected. During a review of the clinical records for Resident 1 the face sheet (admission record) indicated a [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 2 the face sheet indicated a [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 3 the face sheet indicated a [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 4 the face sheet indicated a [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 5 the face sheet indicated a [DIAGNOSES REDACTED]. During a review of the clinical records for Resident 6 the face sheet indicated a [DIAGNOSES REDACTED]. A review of an undated City of Long Beach Guidelines for Preventing and Managing COVID-19 in skilled Nursing Facilities indicated the yellow cohort is the area for newly admitted or readmitted residents; all staff in the facility should adhere to social distancing of at least six feet while in the facility; Green cohort is reserved for residents who do not have COVID-19. The guidelines indicated to be in this area, patient must have either completed quarantine, cleared isolation, or have tested negative and remained asymptomatic after initial negative baseline testing; to post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE; enhanced environmental disinfection with EPA-approved Healthcare disinfectants should be performed on high touch surfaces multiple times per shift, at least every 6 hours.</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.