

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055888	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER HUNTINGTON VALLEY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 8382 NEWMAN AVENUE HUNTINGTON BEACH, CA 92647	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure all controlled medications were accounted for and documented. This failure posed the risk of drug diversion. Findings: Review of the facility's P&P titled Q Shift Controlled Drug Reconciliation (undated) showed controlled drug quantities will be verified and reconciled at the change of each nursing shift. At the completion of each nursing shift the on-coming and off-going license nurses will count and reconcile controlled drugs subject to regulations and/or facility policies for individual counts. Each licensed nurse will sign the Controlled Drug Reconciliation Form. All controlled drugs as defined in the Routine Accountability will be counted and reconciled before the off-going nurse transfers the keys to the on-coming nurse. On 9/1/2020 at 1815 hours, an observation, medical record reviews, and concurrent interview was conducted with the DON, IP, DSD, and LVN 1 in the COVID-19 positive unit. The DON, DSD, and IP were observed placing the medications into the medication cart. The medication cart had a binder with narcotic and antibiotic count sheets. However, there were no narcotic reconciliation logs for shift-to-shift reconciliation in the binder. The count sheets showed the following: - Resident C, [MEDICATION NAME] (antibiotic to treat infection) 500 mg, two tablets and [MEDICATION NAME] (hypnotic to treat difficulty falling asleep) 10 mg, seven tablets - Resident D, [MEDICATION NAME] mono-MCR (antibiotic to treat infection) 100 mg, five tablets - Resident E, [MEDICATION NAME] (antianxiety) 0.5 mg, 17 tablets - Resident F, [MEDICATION NAME] (narcotic to treat pain) 50 mg, half five-tablets and [MEDICATION NAME] 50 mg, 26 tablets - Resident G, [MEDICATION NAME]-[MEDICATION NAME] (narcotic to treat pain) 5-325 mg, 17 tablets The DON, IP, DSD, and LVN 1 were asked for the narcotic reconciliation logs. The DON, IP, and DSD attempted to locate the narcotic reconciliation logs; however, the DON stated there was none. The DON acknowledged the above findings and stated there should be a shift-to-shift reconciliation log. On 9/1/2020 at 1834 hours, an interview was conducted with LVN 1. LVN 1 stated she and the previous shift's licensed nurse only counted the medications and looked at the medications in the computer; they did not see a narcotic reconciliation log.		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and facility P&P review, the facility failed to ensure the medications were safely stored and accessed by authorized personal only. * Multiple medications were stored in plastic basins, in an unlocked and unattended room on the COVID Unit. * An unlicensed staff (CNA) was observed transporting the residents' medications. These had the potential for drug diversion and/or medication administration errors. Findings: Review of the facility's P&P titled Storage of Medications revised April 2019 showed the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. On 9/1/2020 at 1730 hours, an observation and concurrent interview was conducted with the IP in the COVID Unit. The following was observed: - A room labeled Beauty Salon was observed with the door wide open. The room was identified by the IP to currently be used as the nurses' charting room. Upon entrance to the room, multiple medications were observed stored in pink plastic unlocked/unsecured basins. There was no licensed nurse in the room upon our entry. - CNA 2 was observed standing outside and behind the plastic barrier to the entrance of the COVID Unit. The CNA was holding a plastic bag containing the residents' medication bubble packs. CNA 2 handed the plastic bag containing several medications to the IP (who was inside the COVID Unit). The IP was asked if CNA 2 was a licensed nurse. The IP verified CNA 2 was not a licensed nurse and should not have had the medications with her. On 9/1/2020 at 1742 hours, the Administrator was notified of the findings. The Administrator acknowledged the findings and stated he would go to the COVID Unit to check. On 9/1/2020 at 1815 hours, an observation and concurrent interview was conducted with the DON, IP, DSD, and LVN 1 in the COVID Unit. The DON, DSD, and IP were observed placing medications in a medication cart. LVN 1 stated she was employed by a registry agency and it was her first day to work the day shift (0700 to 1900 hours). LVN 1 was asked if she had the key to lock the Beauty Salon, which was currently being used as a charting room and medication storage room as identified above. LVN 1 stated she did not know and then showed she had a key for the door. The DON acknowledged the medications should remain locked and only the licensed nurses should have access to them. On 9/1/2020 at 1845 hours, the Administrator and the DON were informed and acknowledged the above findings.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to maintain the infection control practices to help prevent the transmission of diseases and infections. * The facility failed to ensure the staff practiced contact precautions when entering the room of residents who were on transmission-based precautions. This failure posed the risk of infection and the transmission of disease-causing microorganisms. Findings: Review of the facility's P&P titled Isolation - Categories of Transmission-Based Precautions revised October 2018 showed under the section for Contact Precautions, the staff and visitors will wear a disposable gown upon entering the room and remove the PPE before leaving the room. On 9/1/2020 at 0943 hours, an observation and concurrent interview was conducted with Housekeeper 1. A sign was observed outside Room A notifying the staff and visitors that the residents in this room were under contact precautions. Housekeeper 1 was observed entering Room A without a gown. Housekeeper 1 was then observed going in Room A's bathroom with a roll of paper towel. Housekeeper 1, then, came out from the bathroom and left the room. Housekeeper 1 verified he did not wear a gown when entering the room of a resident who was on transmission-based precautions. Housekeeper 1 stated he forgot to put a gown on. Housekeeper 1 stated he should have worn a gown when entering Room A. Medical record review was initiated on 9/1/2020. Resident A was readmitted to the facility on [DATE]. Review of the Physician order [REDACTED]. On 9/1/2020 at 1059 hours, an interview was conducted with the IP. The IP was asked who needed to wear a gown when entering a room on contact precautions. The IP stated, everyone should wear a gown, no matter what they were doing in the room.		
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.