

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN HILL SUBACUTE & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 1201 34TH ST. SAN DIEGO, CA 92102	
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 an infection prevention protocol was followed when a licensed nurse (LN) did not disinfect a vital signs machine between multiple-resident use. This failure had the potential for the spread of infectious organisms to other residents and staff, resulting in illnesses. Finding: On 7/22/2020, a complaint related to infection control issues was received. During an observation on 7/23/20 at 7:30 A.M., LN 1 checked Resident 2's vital signs in room [ROOM NUMBER]. LN 1 was wearing personal protective equipment (PPE) mask, gown and gloves. An Enhanced Standard Precaution sign (expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated) was posted outside of the room. When LN 1 was done, she removed her PPE and went out of the room without disinfecting the vital signs machine. LN 1 donned (to put on) new PPE to enter room [ROOM NUMBER] with the same vital signs machine used in room [ROOM NUMBER] without disinfecting the machine. Residents 3 and 4 were in room [ROOM NUMBER]. An Enhanced Standard Precaution sign was also posted on the wall outside of room [ROOM NUMBER]. LN 1 checked the vital signs of Residents 3 and 4 without disinfecting the vital signs machine in between resident use. LN 1 removed her PPE and went out of room [ROOM NUMBER] without disinfecting the machine. There were no disinfectant wipes available in the room. During an interview with LN 1 on 7/23/2020 at 7:45 A.M., LN 1 stated she should have disinfected the vital signs machine in between use on Residents 2, 3 and 4. A review of Residents 2, 3 and 4's medical records were conducted. According to Resident 2's physician order, the resident was on enhanced standard precaution for CRE (Carbapenem Resistant [MEDICATION NAME]), a family of bacteria that cause infections) in the sputum. According to Resident 3's physician order, the resident was on enhanced standard precaution for CRE and [DIAGNOSES REDACTED] Pneumoniae (bacteria commonly found in human intestines and stools and can cause severe infections in other parts of the body) in the sputum. According to Resident 4's physician orders, the resident was also on enhanced standard precaution for MDRO (Multi-Drug Resistant Organisms, bacteria that have developed resistance to multiple types of antibiotics), CRE, Pseudomonas (bacteria found commonly in the environment and cause infections in humans). During an interview with the infection preventionist (IP) on 7/23/2020 at 10:48 A.M., the IP stated LN 1 should have disinfected the vital signs machine in between each resident use. During an interview with the director of nursing (DON), on 8/7/2020 at 10:15 A.M., the DON stated the standard practice was to disinfect all shared equipment in between resident use, and it was not done by LN 1. The DON further stated, it was important to disinfect the vital signs machine between each use for infection control and resident safety. A review of the facility's policy and procedure titled, Equipment Cleaning and Disinfecting, revised 1/10/2019, indicated .Shared patient care equipment will be cleaned and disinfected according to current infection prevention guidelines.</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.