

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SEA CLIFF HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18811 FLORIDA ST HUNTINGTON BEACH, CA 92648</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></p> <p>Based on interview, medical record review, and facility document review, the facility failed to maintain the infection control program designed to help prevent the development and transmission of diseases and infections. The facility failed to conduct accurate surveillance of respiratory infections. This posed the risk of the facility not accurately identifying, investigating, and preventing new infections from developing, and an outbreak going unrecognized within the facility.</p> <p>Findings: Review of the CDC's Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List showed the line list provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness. Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet is designed to capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring. Review of the facility's census dated 5/27/2020, showed there were 31 residents in the COVID-19 positive unit. On 5/28/2020 at 1551 hours, an interview and concurrent medical record review for Resident 1 was conducted with the MDS Coordinator. The MDS Coordinator stated she and the DSD served as the facility's IPs. The MDS Coordinator stated she was responsible for educating the staff on COVID-19 and surveillance of the staff and residents related to COVID-19. The MDS Coordinator was asked for the facility's Respiratory Surveillance Line List. The MDS Coordinator stated she had to retrieve the line list because it was on her laptop. On 5/28/2020 at 1620 hours, the MDS Coordinator was again asked to provide the facility's Respiratory Surveillance Line List. The MDS Coordinator stated she was still trying to find the line list. On 5/28/2020 at 1645 hours, a follow-up interview and concurrent facility record review was conducted with the MDS Coordinator. The Respiratory Surveillance Line List showed the last documented symptom onset date and symptoms was on 5/22/2020, for Resident 1. Prior to 5/22/2020, the last documented symptom onset date, identified symptoms, and resident demographics was on 4/23/2020. There was no documentation of the residents' demographics, symptom onset date, and symptoms between 4/23 and 5/22/2020. When asked about the missing surveillance information, the MDS Coordinator did not answer but instead referred to the dates when some residents were tested for COVID-19. On 5/28/2020 at 1710 hours, an interview and concurrent facility document review was conducted with the DSD. The DSD stated he shared the role of an IP with the MDS Coordinator. The DSD stated the facility used the CDC's Respiratory Surveillance Line List to monitor for and identify new cases of COVID-19. The DSD verified the resident demographics, symptom onset date, and symptoms were supposed to be documented on this line listing. The DSD verified there was no respiratory surveillance documented on the line list between 4/23 and 5/22/2020. On 5/28/2020 at 1725 hours, an interview and concurrent facility document review was conducted with the DON. The DON verified there were 31 residents in the COVID-19 positive unit. The DON stated the MDS Coordinator was the main IP and was assisted by the DSD. The DON stated the purpose of the Respiratory Surveillance Line List was to identify and monitor the respiratory outbreaks to implement appropriate infection control interventions. The DON stated the line list should be updated daily. The DON asked the MDS Coordinator and DSD to join the interview. Residents A, B, and C (located in the COVID-19 positive unit) were randomly chosen for a medical record review based on the facility's census dated 5/27/2020. Review of Residents A, B, and C's Change in Condition Evaluations showed these residents had developed COVID-19 symptoms with onset dates between 4/23 and 5/22/2020. The DON verified Residents A, B, and, C's demographic information, symptoms, and symptom onset date were not documented on the Respiratory Surveillance Line List but should have been along with any other residents who developed COVID-19 symptoms between those dates. There was no explanation why the line listing form was incomplete.</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.