

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 Grand Ave Long Beach, CA 90804	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49606</p> <p>Based on observation, interview and record review, the facility failed to ensure the Long Beach Department of Health and Human Services (LBDHHS) guidelines were followed during a facility outbreak of Carbapenemase-producing organisms ([CPO] gut bacteria that has become resistant to many antibiotics known as carbanemens), by not posting the correct isolation precaution signs on 8 out of 12 rooms on the facility's sub-acute unit ([SAU] a place that provides short-term intensive care for patients who need more care than what's available at home or in a assisted living facility, but less than what's needed in a hospital).</p> <p>This deficient practice resulted in the facility posting signs to indicate residents on the facility's SAU were on Enhanced Barrier Precautions ([EBP] infection control interventions using gown and gloves during high contact resident care activities designed to reduce the transmission of multi-drug resistant organisms [MDROS]) instead of contact isolation precautions (infection control interventions using gown and gloves before entering a resident's room that are designed to prevent/decrease the spread of germs that can be transmitted from direct contact with the resident and their environment). This deficient practice had the potential to cause ineffective care to residents, the transmission of infectious microorganisms and increase the risk of infection causing a larger outbreak.</p> <p>Findings:</p> <p>During a review of an email from LBDHHS dated 1/2/2025, the email indicated all residents who tested positive for CPO and who were on the facility's sub-acute unit ([SAU] a place that provides short-term intensive care for patients who need more care than what's available at home or in a assisted living facility, but less than what's needed in a hospital) should be on contact precautions and no longer on EBP.</p> <p>During an observation on 1/6/2025 at 8:57 a.m., in the hallway of the facility's SAU signs indicating EBP was observed on the outside wall of 8 out of 12 rooms instead of contact isolation signs, per the LBDHHS guidelines.</p> <p>During a concurrent observation, and interview on 1/6/2025 at 9:17 a.m., on the SAU with the Director of Staffing (DSD), EBP signs were observed posted on the outside wall of 8 out of 12 rooms on the unit, instead of contact isolation signs per the LBDHHS guidelines. The DSD stated the wrong isolation precautions signs were posted on the wall of eight rooms.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/6/2025 at 10:28 a.m., the Infection Preventionist Nurse (IPN), stated all residents on the SAU should be on contact isolation precautions and no longer on EBP. The IPN stated contact isolation is when staff wear personal protective equipment ([PPE] clothing or equipment that protects the wearer from injury or illness) for all residents and their PPEs are donned (put on) outside the resident's room. The IPN stated EBP alerts staff to wear PPE when in direct contact with residents that have wounds, a tracheostomy and/or GTs. The PPEs are donned inside the resident's room. The IPN stated all rooms with residents who tested positive for CPO should have signs indicating contact isolation precautions and not EBP, per the LBDHHS guidelines that were provided to the facility on [DATE].</p> <p>During an interview on 1/6/2025 at 2:26 p.m., the DSD stated the appropriate isolation signs should be posted outside the wall of the resident's rooms when residents were placed on isolation precautions because the signs alert staff to don the appropriate PPEs which helps stop/decrease the spread of infection. The DSD stated she did not know why the correct signs were not posted because this was communicated to staff during the morning huddles.</p> <p>During an interview on 1/6/2025 at 2:40 p.m., the Director of Nurses DON stated the guideline from the LBDHHS was provided to them on 1/2/2025 indicating residents who test positive for CPO should be placed on contact isolation. The DON stated she did not know why the EBP isolation signs were posted and not the contact isolation signs</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, IPC400 Infectious Disease Management, dated 5/4/2023, the P&P indicated patients who have evidence of an infectious disease will be treated according to physician/provider order and current guidelines (refer to Centers for Disease Prevention and Control (CDC) Appendix A Type and Duration of Precautions). Manage patient care according to CDC and state/local Health department recommendations for the purpose to prevent the transmission of infectious disease.</p>		