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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pelican Ridge Post Acute	466 Flagship Road Newport Beach, CA 92663

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	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 ensure the infection control practices were followed for one of 10 sampled residents (Resident 3). * The facility failed to ensure the staff wore proper PPE when providing treatment to Resident 3 who was on contact isolation for C. diff. This failure put the resident at risk for increased risk of infection and transmissions of diseases.Findings: Review of the facility's P&P titled Infection Surveillance revised on 12/2022 showed a system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections. Review of the CDC's Transmission-Based Precautions for Contact Precautions dated 4/2024 showed the use of contact precautions for resident with known or suspected infections that represent an increased risk for contact transmission. Use of personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the resident or resident's environment. Medical record review for Resident 3 was initiated on 3/11/26. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's Order Summary Report showed the following physician's orders:- dated 2/18/26, for contact precautions related to C. Difficile; and- dated 2/18/26, for Hemodialysis Access Site Monitoring: Type: Central Catheter Location: RUC. Site dressing changes at dialysis center and as needed every shift. Monitor access site for signs and symptoms of infection. Review of Resident 3's H&P examination dated 2/25/26, showed Resident 3 had the capacity to make medical decisions. On 3/12/26 at 1617 hours, an observation of Resident 3's room showed a Contact Precaution sign posted on the wall and an isolation cart. RN 1 was inside Resident 3's room kneeling at the bedside and doing a dressing change on Resident 3's dialysis site to the right upper chest. RN 1 was not wearing a gown. On 3/12/26 at 1620 hours, an interview was conducted with RN 1. RN 1 verified Resident 3 was on contact isolation precautions for C.diff. RN 1 verified she was not wearing a gown and stated she should have worn one. RN 1 stated contact precautions including putting on a gown and gloves for infection control. On 3/13/26 at 0915 hours, an interview was conducted with the DON. The DON verified Resident 3 was on contact isolation precautions for C.diff. The DON stated she expected staff to wear gown and gloves in contact isolation rooms. The DON stated the use of proper PPE ensures infection control was maintained. On 3/13/26 at 1700 hours, an interview was conducted with the Administrator and DON. The Administrator and DON acknowledged findings.

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