

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  The Pavilion at Ocean Point		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 Duke Street San Diego, CA 92110	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50175</b></p> <p>Based on observation, interview, and record review, the facility failed to follow infection control policies when Certified Nursing Assistant (CNA) 1 and CNA 3 did not wear appropriate personal protective equipment (PPE - gown and gloves) when providing care to one of two residents (Resident 2) who was on Enhanced Barrier Precaution (EBP - a type of precaution indicating the need for PPE when providing care to a resident).</p> <p>This failure had the potential to result in the spread of multidrug-resistant organisms (MDRO - microorganisms, mainly bacteria, that are highly resistant to many types of antibiotics) among the residents at the facility.</p> <p>Findings:</p> <p>Resident 2 was admitted to the facility on [DATE] with a diagnosis of chronic kidney disease (longstanding kidney disease) and retention of urine (inability to empty the bladder when urinating) per Resident 2 ' s face sheet. Per Resident 2 ' s physician ' s orders, dated 11/10/22, Resident 2 had a urinary catheter (a tube inserted into the bladder to collect urine).</p> <p>On 10/10/24 at 1:16 P.M., a concurrent observation and interview with the Director of Staff Development (DSD) was conducted. A sign located on the wall outside of Resident 2 ' s room indicated that Resident 2 was on EBP. The sign indicated PPE should be worn when caring for Resident 2. CNA 1 and CNA 3 entered Resident 2 ' s room. CNA 1 and CNA 3 did not put on PPE before entering the room. CNA 1 and CNA 3 stood next to Resident 2 ' s bed and repositioned Resident 2. The DSD stated that CNA 1 and CNA 3 should have worn PPE when providing patient care for Resident 2, who had a urinary catheter. The DSD stated it was important to follow EBP protocol to prevent the spread of infection.</p> <p>An joint interview was conducted with the Infection Preventionist (IP) and the Director of Nursing (DON) on 10/10/24 at 2:21 P.M. in the Administrator ' s office. The IP stated the expectation was to see the sign for EBP and to use PPE when providing care to residents on EBP. The IP and DON acknowledged that Resident 2 was on EBP and that CNA 1 and CNA 3 should have worn PPE when they entered the resident ' s room to provide care.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the CDC ' s guidelines titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated 7/12/22, indicated, . The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents .Enhanced Barrier Precautions applies to all residents with any of the following: .indwelling medical devices (e.g., .urinary catheter .) regardless of MDRO colonization status .</p> <p>A review of a facility policy titled Enhanced Standard Precautions Infection Control Manual, dated 8/22/19, indicated .The facility will reduce the potential for transmissions of pathogens including MDROs and viruses through the use of enhanced standard and transmission based precautions .</p>