

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Pacific Grove Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Lighthouse Avenue Pacific Grove, CA 93950	
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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 46552 Based on an interview and record review the facility failed to ensure to follow their policy and procedure (P&P) for quality assurance and performance improvement (QAPI: a program to enhance the quality of care provided to residents in healthcare facilities) committee meeting attendees. This failure had the potential to result in to identify, monitor, implement and enhance the quality of facility wide system for infection prevention and control practices. Findings: Review of documents for QAPI Committee Minutes dated 1/24/2024 and 4/24/2024 indicated there was no infection preventionist (IP: a healthcare specialist who make sure healthcare workers and residents are doing all things they should to prevent infections in facility)'s signature under Attendees Present for quarterly QAPI meeting on 1/24/2024 and 4/24/2024. During an interview with minimum data set coordinator (MDSC: clinical and functional assessment tool coordinator) on 8/28/2024 at 2:00 p.m., MDSC stated she attended QAPI meetings on 1/24/2024 and 4/24/2024 but she was not certified for IP. During an interview with facility's director of nursing (DON) on 8/14/2024 at 3:30 pm., DON confirmed IP or designee did not attend QAPI quarterly meetings on 1/24/2024 and 4/24/2024. During a concurrent interview and record review on 8/14/2024 at 3:34 pm., with facility's administrator (ADMN), facility's QAPI Committee Minutes, dated 1/24/2024 and 4/24/2024 were reviewed. ADMN confirmed there was no IP signature on both meetings for list of attendees. ADMN stated IP must attend all QAPI meetings. ADMN also stated IP should have attended these meetings and discussed infection control concerns during meetings with other attendees. Review of facility's P&P titled, Quality Assurance and Performance Improvement (QAPI) Program-Governance and Leadership, revised March 2020, the P&P indicated, 6. The following individuals serve on the committee: a. Administrator, or a designee who is in a leadership role; (continued on next page)		

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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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** 46552 Based on observation, interview and record review, the facility failed to maintain an infection prevention and control practices when: 1. Wet wash cloth (a small,soft and absorbent cloth that used for washing face and body) on sink and dry wash cloth on the floor in bathroom; 2. Medical doctor (MD) did not use required contact precautions (used for infections, diseases, or germs that spread by touching residents or resident's environment) personal protective equipment (PPE: any piece of clothing or equipment that is worn by healthcare workers to mitigate contracting the infections between residents and staff); 3. Laundry aide did not use required contact precautions PPE. These failures had the potential to result in transmission of infection among residents. Findings: 1.During an initial facility tour on 8/5/2024 at 11:50 a.m., observed one wet wash cloth on laying on sink and another dry washcloth on floor in resident room [ROOM NUMBER]'s bathroom. During an interview with certified nursing assistant A (CNA A) on 8/5/2024 at 1:00 p.m., CNA A confirmed wet wash cloth on sink and dry wash cloth on floor in Resident room [ROOM NUMBER] bathroom. CNA A stated wet wash cloth was placed on sink after use, and dry wash cloth was unused and fell on floo. CNA A also stated staff should not have placed used wash cloth on sink after use. CNA A further stated staff should have sent used and unused wash clothes to laundry for washing to maintain infection control practices. 2.During an observation on 8/5/2024 at 11:55 a.m., noted posting on the wall outside Resident room [ROOM NUMBER] and Resident room [ROOM NUMBER] for contact precautions. This posting indicated all staff and visitors must put on gloves and gown before room entry, discard gloves and gown before room exit. During an observation along with facility's director of nursing (DON) on 8/5/2024 at 1:22 pm., noted facility's medical doctor (MD) placed gloves, no gown on, walked into Resident room [ROOM NUMBER], and came out to hallway after few minutes with gloves on for both hands. During an interview with MD on 8/5/2024 at 1:26 pm., MD confirmed he did not wear gown before went to Resident room [ROOM NUMBER]. MD stated he should have worn gown along with gloves before entering to room and removed gloves before came out of the room to follow contact precautions. 3.During an observation on 8/5/2024 at 1:30 pm., noted facility's laundry aid (LA) walked into Resident room [ROOM NUMBER] without gloves and gown, and came out of the room after few minutes later. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with LA on 8/5/2024 at 1:35 p.m., LA confirmed she forgot to wear gloves and gown before entered to Resident room [ROOM NUMBER] as posted for contact precautions for this room. LA stated she should have worn gloves and gown before entered to room and removed before came out and washed hands for infection control. During an interview with license vocational nurse B (LVN B) on 8/5/2024 at 1:40 pm., LVN B stated all staff should have worn gloves and gown before entering into resident rooms with contact precautions posting for infection control. During an interview with DON on 8/5/2024 at 2:15 p.m., DON stated facility following CDC nursing staff should not have left used wash cloth in bathroom sink and on the floor, they both should have sent for laundry for washing. DON also stated MD should have followed contact precautions for PPE before entered to resident room [ROOM NUMBER]. DON further stated all staff should have followed required PPE for contact precautions before entering to resident rooms with contact precautions posting on the wall for infection control practice. During a review of facility's policy and procedure (P&P) titled, Transmission-Based Precautions, revised August 2016, the P&P indicated, Contact Precautions: Wear gloves when contact with resident environment. Wear gown if you anticipate that your clothing may become contaminated. During a review of facility's P&P titled, Personal Protective Equipment, revised October 2018, the P&P indicated, PPE required for transmission-based precautions is maintained outside and inside the resident's room, as needed.		