

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49324</p> <p>Based on observation, interview, and facility P&amp;P review, the facility failed to ensure the infection control practices were implemented to help prevent development and transmission of diseases and infections for two of four sampled residents (Residents 3 and 4) and six of six nonsampled residents (Residents 5, 6, 7, 8, 9, and 10).</p> <p>* The facility failed to properly store and label two bedpans and a basin observed on a handrail in Room A's restroom occupied by Residents 5 and 6.</p> <p>* The facility failed to properly store and label a basin found in Room B's restroom occupied by Residents 3, 7, 8 and 9.</p> <p>* The facility failed to properly store and label a urinal found on top of a toilet tank in Room C occupied by Residents 4 and 10.</p> <p>These failures had the potential for cross contamination and spread of infections.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Infection Prevention and Control Program revised 9/18/24, showed an infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Review of the facility's P&amp;P titled Resident's Personal Property revised 8/25/21, showed the facility should protect the resident's rights to retain his/her personal belongings and preserve the resident's individuality and dignity.</p> <p>1. During an initial tour on 7/24/24 at 0829 hours, there were two unlabeled bedpans and one unlabeled basin in Room A's restroom. Room A was occupied by Residents 5 and 6.</p> <p>2. On 7/24/24 at 0905 hours, an observation was conducted in Room B. Resident 3 was in Room B with Residents 7, 8 and 9. There was an unlabeled basin touching the clean toilet paper seat dispenser.</p> <p>3. On 7/24/24 at 1050 hours, an observation was conducted in Room C. Room C was occupied by Residents 4 and 10. There was an unlabeled urinal placed on top of the toilet tank.</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)		
F 0880  Level of Harm - Potential for minimal harm  Residents Affected - Some	On 7/24/24 at 1130 hours, an observation and concurrent interview was conducted with the DON. The DON verified all the findings and stated all bedpans, basins, and urinals should be properly stored and labeled to avoid cross contamination.		