

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056150 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/24/2025 |
| NAME OF PROVIDER OR SUPPLIER Catered Manor Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4010 N Virginia Rd. Long Beach, CA 90807 | |

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>45981</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist ([IP]) term used for the person(s) designated by the facility to be responsible for the infection prevention and control program) had specialized training in infection prevention and control.</p> <p>This failure had the potential to lead to inadequate oversight and potential spread of infections within the facility due to poor infection control education training.</p> <p>Findings:</p> <p>During an interview on 1/24/2025 at 10:45 a.m. with Director of Staff Development (DSD), DSD stated that the IP should be fulltime and have an IP certificate to ensure adequate training. DSD stated IP needs to be trained to perform their job duties adequately and train the staff on how to prevent the spread of infections which could lead to the residents becoming sick.</p> <p>During a concurrent interview and record review on 1/24/2025 at 11:05 a.m. with Infection Preventionist (IP), IP stated that she works full time at the facility. IP stated that she is responsible for training and providing in-services for the staff about infection control practices (a set of policies and procedures implemented in medical settings to prevent the spread of infections among patients, healthcare workers, and visitors) and hand washing. IP stated that training is required to be the IP and validated that she was unable to provide her IP certificate. IP stated that it is important to have the proper training for the IP because it equips the staff with the knowledge and skills necessary to prevent the spread of infections within the facility.</p> <p>During an interview on 1/24/2025 at 11:40 a.m. with Registered Nurse Supervisor (RNS), RNS stated that the IP in the facility should have the required training in order to have the knowledge to teach the staff about infection control practices. RNS stated that without proper training it puts the staff and the residents at risk of getting or spreading infections.</p> <p>During an interview on 1/24/2025 at 12:35 p.m. with Administrator (Admin), Admin stated that he had not been employed at the facility for a long time. Admin stated that the IP nurse had only been in the position for two weeks and he did not know if she had her certification. Admin validated that the staff working in the position of IP should be certified because it is in the regulation.</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 |
|---|-------|-----------|
|---|-------|-----------|

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056150 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/24/2025 |
| NAME OF PROVIDER OR SUPPLIER Catered Manor Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4010 N Virginia Rd. Long Beach, CA 90807 | |
| 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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | During a review of Job Description/Performance Evaluation Job Title: Infection Preventionist dated 1/6/2025, the Job Description/Performance Evaluation indicated, must have training in infection prevention and control in accordance with federal requirements. | | |