

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024
NAME OF PROVIDER OR SUPPLIER Ocean Ridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 E. Esther St. Long Beach, CA 90804	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</p> <p>Based on observation, interview, and record review the facility failed to implement its Infection Prevention and Control Program for one of six residents (Resident 6) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Certified Nursing Assistant (CNA) 1 put on an isolation gown when providing high-contact care for Resident 6 who was on enhanced barrier precautions ([EBP] infection control precautions in addition to the standard to prevent the spread of multidrug-resistant organisms). 2. Ensure proper perineal (the area of the skin located between the vagina and anus) care was provided to Resident 6. 3. Ensure CNA 1 properly discarded contaminated linens and incontinence (loss of bladder and/or bowel control) brief by opening the door with contaminated gloves to discard in the hallway. <p>These deficient practices had the potential to place Resident 6 at risk of contracting a urinary tract infection (UTI- an infection in the bladder/urinary tract), moisture-associated skin damage ([MASD] caused from prolonged exposure to moisture), potential to contract other infections, and placed other residents and staff at risk from cross contamination.</p> <p>Findings:</p> <p>During a review of Resident 6 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 6 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness) and cognitive communication deficit (difficulty in communicating due to an underlying cognitive impairment, impacting abilities like attention, memory, organization, problem-solving, and reasoning).</p> <p>During a review of Resident 6 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 12/17/2024, the MDS indicated Resident 6 ' s had moderate cognitive (ability to think and reason) impairment. The MDS indicated Resident 6 was dependent (helper does all the effort) with toileting, hygiene, and bathing.</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>During a concurrent observation and interview on 12/26/2024 at 1:41 p.m., in Resident 6 ' s room, Resident 6 was observed awake, alert, and oriented. There was an EBP sign observed outside Resident 6 ' s room door. The EBP sign indicated staff included staff must wear a disposable gown when providing close contact care to residents. Resident 6 stated she needed to be changed because she was wet.</p> <p>During an observation on 12/27/2024 at 1:44 p.m., Certified Nursing Assistant (CNA) 1 did not put a disposable gown on prior to entering Resident 6 ' s room nor prior to changing Resident 6 ' s soiled incontinence brief. Resident 6 ' s incontinence brief was observed with wet with yellow colored fluid. CNA 1 was observed cleaning the outside of Resident 6 ' s perineal area with a moistened washcloth and did not clean Resident 6 ' s labia minora (the inner lips of the vulva (external female genital organs) or urethra (the tube through which urine leaves the body). CNA 1 was observed taking the soiled incontinence brief, the contaminated disposable absorbent pad, and soiled wash clothes and opened the door to take them to the hallway bins with contaminated gloves used which she had on while cleaning Resident 6.</p> <p>During an interview on 12/27/2024 at 1:55 p.m., CNA 1 stated she was unsure why Resident 6 was placed on EBP. CNA 1 stated she should have put on a disposable gown since the room had a sign outside the door indicating it was an EBP room, but stated she was nervous and forgot. CNA 1 stated she did not realize she opened the door with contaminated gloves and must have been nervous. CNA 1 stated it is important to provide proper perineal care for Resident 6 by cleaning more thoroughly to prevent irritation on the skin from urine.</p> <p>During an interview on 12/27/2024 at 2:28 p.m., the Director of Staff Development (DSD) stated she trained the CNAs to bring a bag in with them to the room with them when changing residents with soiled linens and trash prior to bringing it out to the bin right outside the door. The DSD stated the proper way to do discard soiled linens and trash was to bag the linens and trash, discard gloves, perform hand hygiene, put on clean gloves, discard the bags, discard gloves, and perform hand hygiene again to prevent contaminating the environment and potentially spreading an infection. The DSD stated CNAs are supposed to clean inside of the labia/urethra of a female resident when they are receiving incontinent care because if they are not cleaned properly, they could get a urinary tract infection. The DSD stated if a room and/or resident is placed on EBP, the CNA must wear a disposable gown while providing care to residents since the CNAs can potentially be carriers of infections, which could be passed to the residents.</p> <p>During an interview on 12/27/2024 at 4:21 p.m., the Director of Nursing (DON) stated all nursing staff should put on a disposable gown when providing care to residents in an EBP room to prevent the spread of infection to residents. The DON stated linens and trash should be discarded in a bag in the room prior to taking it out to a bin to prevent contaminating the environment and spreading infection. The DON stated when residents are incontinent, providing proper perineal care is important to prevent a potential urinary tract infection or skin breakdown.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Enhanced Barrier Precautions, dated 2001, the P&P indicated the purpose of the policy was to reduce the transmission of multi-drug resistant organisms (MDROs) to residents. The P&P indicated to wear a gown and gloves during high contact resident care activities such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, device care, and wound care.</p> <p>(continued on next page)</p>		

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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>During a review of the facility ' s P&P titled Laundry, Bedding, Soiled, dated 2001, the P&P indicated the purpose of the policy was for soiled laundry/bedding to be handled, transported, and processed according to best practices for infection prevention and control. The P&P indicated when handling laundry all laundry is handled as potentially contaminated using standard precautions and is bagged or contained at the location where it was used.</p> <p>During a review of the facility ' s P&P titled Perineal Care dated 2001, the P&P indicated the purpose of the policy was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident ' s skin condition. The P&P indicated for female residents separate the labia and clean the area downward from front to back.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</p> <p>Based on interview, and record review the facility failed to implement its protocol for their antibiotic stewardship program (coordinated program that promotes the appropriate use of antibiotics by clinicians) for one out of three sampled residents (Resident 5) when the licensed nurses did not clarify a prophylaxis (used to prevent not treat an actual problem) order with the Nurse Practitioner (NP) 1 when resident 5 did not meet the McGeer (a check list to determine if a resident meets criteria for antibiotic treatment) criteria for Infection Surveillance (the systematic collection, analysis, and interpretation of data to monitor the health of a population and identify potential infections intended to prevent antibiotic resistance and organisms in the community).</p> <p>This failure had the potential for the resident to receive an inappropriate antibiotic and develop clostridium difficile infection (C. diff- a highly contagious bacterial infection that causes severe diarrhea).</p> <p>Findings:</p> <p>During a review of Resident 5 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including sepsis (a life-threatening blood infection), methicillin resistant staphylococcus aureus infection (MRSA- a bacteria that does not respond to antibiotics), candidiasis (a fungal infection caused by an overgrowth of the Candida yeast), and obstructive and reflux uropathy (a condition where urine flows backwards into the kidneys due to an obstruction).</p> <p>During a review of Resident 5 ' s Minimum Data Set (MDS - a resident assessment tool) dated 11/20/2024, the MDS indicated Resident 5 had severe cognitive (ability to think and reason) impairment. The MDS indicated Resident 5 required substantial assistance (helper does more than half the effort) with oral hygiene, toileting hygiene, dressing, personal hygiene, and was dependent (helper does all the effort) with bathing.</p> <p>During a review of Resident 5 ' s Change of Condition Note (COC) dated 12/21/2024, the COC indicated Resident 5 had a rash on her back and the physician ordered a urinalysis ([UA] a laboratory urine test that can determine if you have an infection), complete blood count (a laboratory test that measures the number and types of cells in the blood), and a culture and sensitivity ([C&S] a lab test that involves growing an organism and exposing it to different antibiotics to determine which antibiotic will be effective in treatment of an infection).</p> <p>During a review on Resident 5 ' s CBC Lab Results dated 12/23/2024, the results indicated Resident 5 had a white blood cell ([WBC] (a blood cell that helps attack infection or injury in the body) count of 13.83 (normal range is 4.-11).</p> <p>During a review of Resident 5 ' s Physician Order dated 12/26/2024, the order indicated Resident 5 was to receive Levaquin (an antibiotic used to treat an infection) oral tablet 750 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount) by mouth daily for UTI prophylaxis for 5 days, ordered on 12/26/2024.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 5 's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) dated 12/2024, the MAR indicated Resident 5 received Levaquin 750 mg at 9 a.m. on 12/27/2024 and 12/28/2024.</p> <p>During a review of Resident 5 's Lab Results Report dated 12/29/2024, the Lab Results Report indicated on 12/27/2024 the culture results showed Resident 5 was resistant (when an antibiotic is no longer effective in treating an infection) to Levofloxacin (generic name for Levaquin).</p> <p>During a review of Resident 5 's Revised McGeer Criteria for Infection Surveillance Checklist (checklist) dated 12/29/2024, the checklist indicated Resident 5 did not meet the criteria when Resident 5 received Levaquin 750 mg on 12/27/2024 and 12/28/2024. The criteria indicated Resident 5 should have had:</p> <p>a. A WBC of 14 or higher, and/or clinical manifestations and/or;</p> <p>b. Culture results.</p> <p>During a concurrent interview and record review on 12/27/2024 at 12:31 p.m., with Registered Nurse (RN) 1, Progress Note dated 12/23/2024 was reviewed. The Progress Note indicated labs were reported to physician (MD) 1 whom stated to wait until Resident 5 's culture comes back before he recommends new orders. RN 1 stated the labs were related to the high WBC in Resident 5 's blood and urine sample which was taken on 12/22/2024. RN 1 stated the C&S order which was done on 12/22/024 was pending results. RN 1 stated he received a phone call from NP 1 on 12/26/2024 who ordered Levaquin for Resident 5 to prevent an infection even though she did not have clinical manifestations (signs and symptoms). RN 1 stated even though the MD 1 told nursing to wait until the culture was done, he assumed NP 1 and MD 1 communicated since they are from the same medical group. RN 1 stated MD 1 and NP 1 work together. RN 1 stated to his knowledge there were no changes in Resident 5 's condition and she did not exhibit any signs/symptoms of infection.</p> <p>During an interview on 12/27/2024 at 3:52 p.m., with the Infection Preventionist (IP), the IP stated the physician or practitioner will wait for culture results if a resident has no clinical manifestations such as fever, change in mental status, or difficulty urinating before ordering an antibiotic to prevent antibiotic resistance. The IP stated if the physician or practitioner still wanted to order the antibiotic there should be a discussion and/or reminder about the risks vs benefits, but it is still up to the physician/provider. IP stated the minimum criteria according to their policy when ordering/administering antibiotics for a UTI would be dysuria (difficulty urinating), culture results showing what antibiotic can effectively treat the infection, and a high white blood count. The IP stated they usually try to discourage prophylactic orders unless a resident has cancer or is going to have surgery, and there should have been a conversation with the MD/practitioner regarding Resident 5 not meeting the minimum requirements according to the facility criteria.</p> <p>During an interview on 12/27/2024 at 4:21 p.m., with the Director of Nursing (DON), the DON stated residents who are ordered antibiotics should meet the minimum requirement based on their antibiotic stewardship program prior to receiving antibiotics to prevent antibiotic resistance.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure (P&P) titled Antibiotic Stewardship, dated 2001, the P&P indicated the purpose of the policy was to monitor the use of antibiotics in residents, and how the inappropriate use of antibiotics affects individual residents and the overall community. The P&P indicated when a culture and sensitivity ([C&S] a lab procedure that helps diagnose infections and determine the best antibiotic treatment) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.</p>