STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555306	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai South Bay Healthcare Center	15115 S Vermont Ave Gardena, CA 90247

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 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** 45657 Based on observation, and interview, the facility failed to ensure the licensed nurse performed hand washing or hand sanitizing in between changing to new pair of gloves, when wound care were performed for three of five sampled residents (Residents 2, 3, and 4). This deficient practice had the potential for cross contamination and to spread infection between resident which could result to delay in wound healing and wound infection. Findings: During an observation on 7/30/2024 at 8:55 a.m., in Resident 2's room, Resident 2 was observed on bed awake, and alert. Licensed Vocational Nurse 1 (LVN) 1 prepared the wound care supplies inside a plastic basket.LVN 1 was observed washed her hands, put on a pair of gloves then removed dressing from Resident 2's gastric tube site ([GT] a surgical opening on the abdomen, into the stomach for food and medication administration), then, LVN 1 applied a clean dressing on the GT site. LVN 1 then changed gloves and applied A&D ointment (skin moisturizer) on Resident 2's upper back for dry skin. LVN 1 was then observed changed the pair of gloves and changed the dressing on Resident 2's sacral area. LVN 1 cleansed the sacral wound with normal saline ([NS] a solution) and applied zinc oxide (medicated cream to treat or prevent skin irritation). During an observation on 7/30/2024 at 9:52 a.m. in Resident 3's room, Resident 3 was observed on bed awake, and alert. LVN 1 prepared the wound care supplies inside a plastic basket. LVN 1 was observed washed her hands, put [NAME] pair of gloves, then removed the dressing on Resident 3's GT site. LVN 1 then applied a clean dressing on the GT site, changed to another pair of gloves and applied A&D ointment to Resident 3's heels. LVN 1 then changed the gloves and applied dermaseptim ointment (skin cream to prevent irritation from moisture & promotes healing) ointment to the perineal area. During an observation on 7/30/2024 at 10:44 a.m., in Resident 4's room, Resident 4 was observed on bed awake, alert, and oriented. LVN 1 prepared the wound care supplies inside a plastic basket. LVN 1 was observed washed her hands, put on a pair of gloves and applied A&D ointment to Resident 3's left heel. LVN 1 changed gloves and removed the soiled dressing on Resident 4's right heel. LVN 1 then changed the gloves and cleansed Resident 4's right heel wound with NS. LVN 1 removed gloves and applied a clean pair of gloves then applied Medi honey gel (a gel to support to removal of necrotic tissue) and covered the heel with a gauze. (continued on next page)

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	a) During a review of Resident 2's admission record, the admission record indicated Resident 2 was admitted on [DATE], with a diagnosis that included sepsis (a serious condition in which the body responds improperly to an infection), pressure ulcer of right buttocks, Stage 3 pressure ulcer (deep and painful wounds in the skin) and gastrostomy tube. During a review of Resident 2's history and physical (H&P) dated 7/26/2024, indicated Resident 2 does not have the mental capacity to understand and make medical decisions. During a review of Resident 2's Minimum Data Set ([MDS] a standardized care assessment and care screening tool), dated 7/31/2024, the MDS indicated Resident 2 had cognitive impairment. The MDS indicated Resident 2 was dependent with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side). During a review of Resident 2's physician's order dated 7/29/2024, the physician's order indicated Resident 2 had an order for Moisture Associated Skin Damage (MASD) on sacro coccyx area to cleanse with NS, pat dry and to apply zinc oxide two times a day. b). During a review of Resident 3's admission record, the admission record indicated Resident 3 was originally admitted to the facility on [DATE], and readmitted on [DATE] with diagnoses that included unspecified dementia (serious condition in which the body responds improperly to an infection), hemiplegia (severe or complete loss of strength) and hemiparesis (mild loss of strength), and gastrostomy. During a review of Resident 3's H&P dated 6/17/2024, the H&P indicated Resident 3 did not have the mental capacity to understand and make medical decisions. During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had cognitive impairment. The MDS indicated Resident 3 was dependent with ADLs such as dressing, toilet use, personal hygiene, transfer and bed mobility . During a review of Resident 3's physician's order dated 7/6/2024, the physician orders indicated order to cleanse perianal area with NS, pat dry, and apply Dermaseptin ointment every shift for skin maintenance. c) During a review of Resident 4's admission record, the admission record indicated Resident 4 was admitted on [DATE], with diagnosis that included unspecified malignant neoplasm of colon (colon cancer), metabolic encephalopathy (chemical imbalance in the blood), and pressure ulcer of right heel injury to the heel). During a review of Resident 4's H&P dated 7/22/2024, the H&P indicated Resident 4 had the mental capacity to understand and make medical decisions. During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4's cognitive skills (thought process) was understood and can understand others. The MDS indicated Resident 4 was dependent with ADLs such as dressing, toilet use, personal hygiene, transfer and bed mobility. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 4's physician's order dated 7/10/2024, the physician's order indicated apply A &D ointment to the left heel and cover with dry dressing every day, per resident's preference for skin maintenance. During a review of Resident 4's physician's order dated 7/22/2024, the physician's order indicated to cleanse right heel pressure ulcer with NS, pat dry and to apply medihoney, dry dressing and wrap with kerlix every day. During an interview on 7/31/2024 at 3:21 p.m., LVN 1 stated it was important to wash or sanitized hands between changing to a new pair of clean gloves to prevent spread of infection and to avoid cross contamination. LVN 1 stated she should have sanitized hands in between changing gloves when wound care were performed to Residents 2, 3 and 4. During a review of the facility's policy and procedure (P&P) titled, Dressing Dry/Clean, dated 9/2017, the P&P indicated, to put on clean glove, loosen tape and remove soiled dressing. The P&P indicated to pull gloves over dressing and discard into plastic or biohazard bag, wash and dry hands thoroughly then open dry, clean dressing(s), wash and dry your hands thoroughly, then put on clean gloves.