STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555323	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviara Healthcare Center	944 Regal Road Encinitas, CA 92024

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. 39220 Based on observation, interview, record review the facility failed to prevent cross contamination of the resident ice scoops stored at the water/ice stations for two of twnursing stations, when the ice scoops were not covered or contained from the environment. As a result, residents were at risk of ingesting contaminated ice, which had the potential of causing gastrointestinal infections. Findings: On 5/23/24, an unannounced visit was made to the facility. During initial tour on 5/23/24 at 11:23 A.M., of the Acadia unit, an ice chest with two covered pitchers of fresh water on a metal cart was observed next to the nursing station. A clear plastic bin was to the right of the ice chest, which contained a clear plastic ice scoop. The ice scoop was face up and the clear plastic bin was uncovered, exposing the ice scoop to the environment. During initial tour on 5/23/24 at 11:42 A.M., of the Oceana unit, an ice chest with three covered pitchers of fresh water on a metal cart was observed next to the nursing station. A clear plastic bin was to the right of the ice chest, which contained a clear plastic ice scoop. The ice scoop was face down and the clear plastic bin was uncovered, exposing the ice scoop to the environment. An observation and interview was conducted with the Dietary Staff Supervisor (DSS) on 5/23/24 at 11:58 A. M., of the ice station on the Arcadia unit. The ice scoop was now face down, in the clear plastic bin and the plastic bin remained uncovered. The DSS stated the ice scoop should be in a covered container to prevent contamination on the scoop, which could be inserted into the ice chest, contaminating all the ice that was being delivered to the residents. The DSS stated she will order new ice scoop containers today, which includes covers. An observation and interview was conducted with the Dietary Staff Supervisor (DSS) on 5/23/24 at 12:02 P. M., of the ice station on the Oceana unit. The ice scoop was now face up, in the clear plastic bin and the plastic bin remained uncovered. The DSS stated this ice scoop should also be in a covered container. The DSS stated all the residents on the unit were at risk of cross contamination. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with the Director of Nursing (DON) on 5/23/24 at 12:30 P.M. The DON stated she expected all ice scoops to be in covered containers to prevention the ice from being contaminated by the exposed ice scoop. The don Stated residents were at risk of cross contamination. According to the facility's policy, titled Ice Chest Policy and Procedure, undated, .Procedure: Dietary will provide each station a sanitized ice chest with a scoop covered container each morning .Ice Scoop will be used at all times when obtaining ice and will be stored in covere