

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  The Springs at Pacific Regent		STREET ADDRESS, CITY, STATE, ZIP CODE  3884 Nobel Drive San Diego, CA 92122	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48263</p> <p>Based on interview and record review, the facility failed to maintain an effective infection control program when the facility did not:</p> <ol style="list-style-type: none"> <li>1. Report coronavirus (COVID-19: A highly contagious respiratory disease caused by the SARS-CoV-2 virus) outbreaks to the local/state public health officials in a timely manner.</li> <li>2. Review the facility infection control policies and procedures on an annual basis during a COVID-19 outbreak (a sudden increase in occurrences of a disease when cases are in excess of normal expectancy for the location or season) at the facility.</li> </ol> <p>These failures had the potential to increase the risk of healthcare-associated infections for staff, residents, and visitors in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A joint interview and record review of the facility's infection control log was conducted on 6/27/24 at 12 P. M., with the infection preventionist (IP) nurse. The IP stated that two nursing staff (licensed nurse [LN] 1 and 2) had COVID-19 symptoms that started on 6/16/24. The IP nurse stated that COVID-19 testing was conducted when LN 1 tested positive on 6/18/24 and LN 2 tested positive on 6/19/24. The facility's infection control line log titled OUTBREAK COVID-19 CASE LOG JUNE 2024 was reviewed. This record indicated that LN 3 was symptomatic along with a positive COVID-19 test result on 6/20/24 with six more symptomatic residents who tested positive on 6/21/24. The IP stated that the outbreak should have been reported on 6/21/24 when more residents tested positive, however, he did not report the outbreak immediately because he was off duty (not working) that day. The IP stated he was the only one responsible to report the outbreak during the time more residents started testing positive on 6/21/24. The IP stated that currently, the facility had 15 residents and 11 staff members who also tested positive for COVID-19. The IP stated that the outbreak should be reported immediately but was not reported until 6/25/24.</li> </ol> <p>An interview with the Director of Nursing (DON) was conducted on 7/9/24 at 3:39 P.M. The DON stated that the IP had support from other nursing staff who were trained in infection control and were available to report the COVID-19 outbreak. The DON acknowledged that the infection control outbreak was not reported in a timely manner.</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 - Some</p>	<p>A review of the facility's policy and procedure dated 10/2022, INFECTION SURVEILLANCE OUTCOME AND REPORTING indicated . 8. Should any resident(s) or staff be suspected or diagnosed as having a reportable communicable/infectious disease according to state-specific criteria, such information shall be promptly reported to appropriate local and/or state health department officials .</p> <p>2. An interview and policy review was conducted on 7/8/24 at 11 A.M., with the infection preventionist (IP) nurse. The IP confirmed that the facility's policies and procedures for infection control were not reviewed annually. The IP nurse stated that he did not know if he was responsible to review and/or revise the infection control policies on an annual basis.The IP nurse stated it is important to keep everyone safe and reduce outbreaks to keep the residents safe since most residents are a high-risk population. I think we should look at the policies and procedures and make sure it is new and keeping current [sic] with any policy and regulation changes. The IP acknowledged that an outbreak could have been minimized or prevented if the facility's infection control policies and procedures were current.</p> <p>A review of the following facility's policies and procedures was conducted:</p> <p>Infection Surveillance (Outcome) and Reporting; revision/reviewed date(s) 10/2022.</p> <p>Resident Visitation During a Pandemic or Outbreak; revision/reviewed date(s) 10/2022.</p> <p>Staffing During Emergency and Staff Recall; revision/reviewed date(s) 10/2022.</p> <p>COVID-19 Testing; revision/reviewed date(s) 10/2022.</p> <p>Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19); revision/reviewed date(s) 11/8/22</p> <p>An interview with the Director of Nursing (DON) was conducted on 7/9/24 at 3:39 P.M. The DON stated that his expectations was for the IP to review the facility's infection control policies and procedures on an annual basis.</p> <p>A review of Centers for Medicare and Medicaid Services (CMS, a federal agency) April 12, 2024 <a href="https://www.cdc.gov/infection-control/hcp/core-practices/">https://www.cdc.gov/infection-control/hcp/core-practices/</a> .Provide written prevention policies and procedures that are available, current and based on evidenced-based guidelines (e.g. CDC/HICPAC, etc.).</p>		