

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER SOUTH MARIN HEALTH & WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP 1220 SOUTH ELISEO DRIVE GREENBRAE, CA 94904	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement a staffing plan that did not share staff between isolation zones, when two unlicensed staff were assigned to care for residents with different COVID-19 isolation requirements. This failure allowed the facility to share staff between isolation zones and did not mitigate the risk of COVID-19 transmission among staff and residents. Findings: During a concurrent observation and interview, on 10/8/20, at 10:10 a.m., the facility's Director of Nursing Services (DON) stated the facility utilized green, yellow, and red isolation zones for residents. The DON stated residents who were green or grey resided in parts its yellow isolation zone. The DON stated two certified nurse assistants (CNAs) working on its yellow isolation zone were assigned to the grey and/or green residents. The DON stated green residents were not positive, exposed or symptomatic with COVID-19, and grey residents were newly- or readmitted residents without symptoms of COVID-19. During an interview on 10/8/20, at 10:30 a.m., the facility's Infection Preventionist (IP) stated she reviewed the facility's staffing assignments daily to ensure the facility used dedicated staff for its isolation zones. During a joint interview with Unlicensed Staff A and Unlicensed Staff B, on 10/8/20, at 11:35 a.m., Unlicensed Staff A stated her staffing assignment required her to care for residents in the yellow isolation zone who were both grey and green, as identified by the DON and IP. Unlicensed B stated her staffing assignment required her to care for residents in the yellow isolation zone who were both grey and yellow, as identified by the DON and IP. During an interview on 10/8/20, at 2:35 p.m., the facility's Local Public Health Nurse (LPHN) stated staff who care for residents admitted to the yellow isolation zone must don the same, uniform PPE indicated for the yellow isolation zone, for all residents residing in the zone. The facility's policy and procedure titled South Marin Health and Wellness Center COVID-19 Mitigation Plan Manual, dated 6/9/20, indicated the facility will assign staff to work in the Gray section exclusively. The COVID-19 Mitigation Plan indicated the facility will assign staff to work in the Yellow section exclusively.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.