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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>055310</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                        | (X3) DATE SURVEY COMPLETED<br><b>06/29/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MARIN POST ACUTE</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>234 N. SAN PEDRO RD<br/>SAN RAFAEL, CA 94903</b> |   |
| 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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to implement an infection control and prevention program to prevent the spread and transmission of Covid 19 when: A) The facility failed to ensure staff wore an N95 before proceeding to the work area, and; B) The facility failed to dispose trash from a COVID-19 Unit to the trash bin. These failures had the potential to create more outbreaks of COVID-19, leading to unnecessary infirmity or death of residents and staff in the facility. Findings: A) During an observation and concurrent interview of the Regional Administrator (RA) on 6/29/20 at 1:30 p.m., Staff A entered the facility, wearing street clothes and not wearing a facial mask. Staff A signed the screening log sheet, and Staff B (in charge of screening all staff and visitors who entered the facility) asked Staff A if he had a mask. Staff A shook his head to indicate, NO. Staff B handed Staff A a small, clear plastic bag which contained a white, folded N95 mask. Staff A did not don (put on) the N95 mask and walked inside the facility. This surveyor immediately informed the RA that Staff A entered the facility without wearing any facial mask. The RA got up from the chair and observed Staff A as he walked through the hallway, passed the Physical Therapy room, dining room, kitchen and two residents' rooms, then entered the double door towards the lounge room. The RA and this surveyor followed Staff A and found him inside the lounge room, and he was still not wearing a mask. The RA asked Staff A if he was wearing a mask when he entered. Staff A pointed to his temporal (side of forehead) area and said, I forgot. This surveyor asked Staff A, Are you supposed to wear mask in the facility? Did you get trained on how to wear mask in the facility at all times due to COVID-19? Staff A replied, Yes. During a record review and concurrent interview on 6/29/20 at 2:30 p.m., the Director of Staff Development (DSD) stated, I trained all the staff on how to don and doff (remove) PPE (Protective Personal Equipment). A review of training's and staff sign-up sheets for COVID-19 revealed the DSD provided training for donning and doffing PPE, with return demonstration. The DSD stated she trained Licensed Staff, Certified Nursing Assistants (CNA), including Physical Therapists and Occupational Therapists. All staff performed a return demonstration for donning and doffing the PPE. The DSD stated, Staff were informed to wear N95 masks while in the facility, due to outbreak of COVID-19. A review of CDC document titled, Preparing for Covid-19 in Nursing Homes, accessed 5/19/20, revealed, Healthcare Providers (HCP) should wear a face mask at all times while they are in the facility. During an interview on 6/29/20 at 2:10 p.m., the Administrator (ADM) stated, The facility has 12 staff positive staff for COVID-19 and five residents positive for COVID-19, since 6/8/20. Two other staff, with symptoms, have pending COVID-19 test results. B) During a telephone interview on 6/29/20 at 3:50 p.m., when asked about the PPE disposal process, Licensed Staff P stated, I remove my PPE and discard them in a red plastic bag, tie the plastic bag and bring them to the outside of the COVID-19 Unit, then a housekeeper would pick up the trash. During an observation and concurrent interview on 6/29/20 at 5 p.m., the ADM stated, The staff enters in the back of the building, and a stairway leads to the entrance. On the stairway, was a clear plastic bag of trash. Inside the trash bag were paper/plastic utensils and a disposable food tray. The surveyor asked, Was that a bag of trash on the stairs? The ADM responded, Yes, it looked like it's from staff who worked in the COVID-19 Unit. The surveyor asked what was process of disposing trash from COVID-19 Unit. The ADM responded, I will talk to the housekeeping Manager, and it should be in the trash bin.</p> |   |   |

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.