

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP		STREET ADDRESS, CITY, STATE, ZIP 1601 5TH AVENUE SAN RAFAEL, CA 94901	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to prevent the transmission of COVID-19 when: 1) Six residents were observed in the activities/dining room not wearing facemasks or face coverings; 2) The facility's surveillance plan for COVID-19 did not include a form or flowsheet for staff to document the monitoring of residents for signs and symptoms of COVID-19 and thus ensure the monitoring of residents was completed; and 3) The facility's COVID-19 Policy and Procedure did not contain a provision for residents to wear face coverings when outside of their rooms and in public areas and did not contain a description of the facility's surveillance plan for monitoring residents for signs and symptoms of COVID-19. These failures created the potential for the spread of COVID-19. Findings: 1) During an observation on 6/4/20, at 11:45 a.m., there were six residents seated in the dining/activities room. None of them were wearing facemasks or face coverings. During an interview on 6/4/20, at noon, with the Administrator, Director of Nursing (DON) and Director of Staff Development (DSD), the DSD stated he and the facility had not received guidance to ensure residents wore face masks or coverings when outside their rooms and in public areas. The Centers for Disease Control and Prevention (CDC) recommends as follows: Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others. (Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html)). 2) During an interview on 6/4/20, at noon, with the Administrator, Director of Nursing (DON) and Director of Staff Development (DSD), the DSD was asked to describe the facility's COVID-19 surveillance plan for residents. The DSD stated staff checked all residents' temperatures once every shift (a.m., p.m., and noc (night)) and the residents were monitored for signs and symptoms of COVID-19 (cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell) throughout the day. The DSD stated the monitoring of residents' signs and symptoms of COVID-19 was done by licensed nurses and Certified Nursing Assistants (CNAs) throughout all shifts. The DSD stated no records were kept of it except if a resident presented with COVID-19 signs and symptoms in which case a change in condition form was filled out. During a concurrent record review, the DSD was asked to provide evidence of the screening of residents for COVID-19. The DSD provided a temperature log indicating at least daily temperature checks for a sample of six residents. There were no documentation of the screening for signs and symptoms of COVID-19 other than a temperature check. The Centers for Disease Control and Prevention (CDC) recommends as follows: Actively monitor all residents upon admission and at least daily for fever (T>100F) and symptoms consistent with COVID-19 (Preparing for COVID-19 in Nursing Homes) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). The California Department of Public Health All Facilities Letter (AFL) 20-51, issued 5/9/20, indicated, This AFL notifies health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms . cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell . Healthcare facilities should update their screening process to reflect the updated COVID-19 symptoms. 3) During an interview on 6/4/20, at 2 p.m., the Administrator was requested to provide the facility's Policies and Procedures on COVID-19. The Administrator provided facility policy and procedure titled Guidance for Infection Prevention and Control for Residents with Suspected or Confirmed COVID-19, dated 3/16/20. A review of this policy indicated no provisions for residents to wear facemasks or face coverings when outside their rooms and did not contain a description of the facility's surveillance program to screen and monitor residents for signs and symptoms of COVID-19. The Centers for Disease Control and Prevention (CDC) recommends the development of written policies and procedures for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf) (accessed 4/15/20).</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.