

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER MILLBRAE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 33 MATEO AVENUE MILLBRAE, CA 94030	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement their infection control prevention when two staff failed to follow proper infection control procedures: 1. Registered Nurse (RN) 1 passed oral medication to a resident on isolation and under observation for COVID-19 without a face shield or goggle; 2. Certified Nurse Assistant (CNA) 1 entered an isolation room without donning appropriate PPE. These deficient practices have a potential to promote spread of infection in the facility. Definition: According to the Centers for Disease Control and Prevention (CDC), Coronavirus (COVID-19) is an illness caused by [MEDICAL CONDITION] that can spread from person to person. [MEDICAL CONDITION] that causes COVID-19 is a new coronavirus that has spread throughout the world. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. COVID-19 is primarily spread from person to person. It can be spread by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19, thru respiratory droplets when an infected person coughs, sneezes, or talks and /or by touching a surface or object that has [MEDICAL CONDITION] on it, and then by touching your mouth, nose, or eyes. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'I' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as 2019 novel coronavirus or 2019-nCoV. There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. COVID-19 is caused by a coronavirus called [DIAGNOSES REDACTED]-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS (Middle East Respiratory Syndrome (MERS) is [MEDICAL CONDITION] respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries, including the United States. Most people infected with MERS-CoV developed severe respiratory illness, including fever, cough, and shortness of breath)-CoV and [DIAGNOSES REDACTED]-CoV, and now with [MEDICAL CONDITION] that causes COVID-19. [DIAGNOSES REDACTED] (Severe acute respiratory syndrome ([DIAGNOSES REDACTED]) is a [MEDICAL CONDITION] respiratory illness caused by a coronavirus called [DIAGNOSES REDACTED]-associated coronavirus ([DIAGNOSES REDACTED]-CoV).</p> <p>[DIAGNOSES REDACTED] was first reported in Asia in February 2003)-CoV-2 virus is a betacoronavirus, like MERS-CoV and [DIAGNOSES REDACTED]-CoV. All three of [MEDICAL CONDITION] have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. Red zone COVID unit is designated for residents tested positive for Covid-19. Yellow zone is designated for residents under observation for Covid-19 - New admission undergoing 14-day observation (yellow-observation area); Covid-19 exposed undergoing monitoring and serial testing (yellow exposed area). Green zone is designated for residents with no exposure to Covid-19 or those without exposure to Covid within the last 14 days; Residents that were previously positive for Covid-19 and are now clinically recovered. Findings: 1. During an observation on 10/12/20, at 8:33 AM, in the hallway, outside room [ROOM NUMBER] in yellow observation area (during the COVID Pandemic), the surveyor observed RN 1 going to pass oral medication to a resident in the yellow observation unit without a face shield or goggle as required by CDC. During an interview with RN 1 on 10/12/20, at 8:35 AM, in the hallway outside room [ROOM NUMBER] of the yellow observation unit, RN 1 stated residents in room [ROOM NUMBER] were on droplet and contact precautions as they were newly admitted who were on observation. RN 1 stated, I only went to give medication, this is not red zone, no one is positive in this zone and no symptoms. RN 1 then acknowledged that she was supposed to wear a face shield per the facility infection prevention policy re: residents on yellow observation area, but she forgot. During an interview with the Director of Nursing (DON) on 10/12/20, at 9 AM, in the hallway outside room [ROOM NUMBER] of the yellow observation unit, the DON stated transmission-based precautions for residents on observation and PPE use for droplet and contact precautions include masks, gloves, gowns, and face shield or goggles. During an interview with the Infection Preventionist (IP) on 10/12/20, at 9:02 AM, outside room [ROOM NUMBER] of the observation unit, the IP also stated they were supposed to wear a face shield for droplet precautions as the residents were under observation for COVID- 19. 2. During an observation on 10/12/20, at 1:15 PM, in the hallway outside room [ROOM NUMBER] of the observation unit, the surveyor observed CNA 1 going into room [ROOM NUMBER] to hand over an underwear to a resident. CNA 1 did not wear an isolation gown and pair of gloves. During an interview with CNA 1 on 10/12/20, at 1:17 PM, outside room [ROOM NUMBER] of the yellow observation unit, CNA 1 stated Sorry, I just went in quickly . CNA 1 acknowledged she was supposed to wear all the appropriate PPE because resident was on observation for COVID. During an interview with the DON on 10/12/20, at 2:30 PM, the DON stated, they are aware of the policy, we have to reinforce again. During an interview with the IP on 10/12/20, at 3:25 PM, the IP acknowledged, I think staff need retraining. According to CDC's Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 (dated 3/30/20), the required PPE by health care personnel (HCP) for suspected or confirmed Covid-19 cases, includes goggles or face shield that covers the front and the sides of the face, N95 or higher respirator (when respirators are not available, use alternative like a face mask), isolation gown, one pair of clean, non-sterile gloves. Review of policy titled Millbrae Care Center COVID-19 P&P Updates Lesson Plan, dated 10/13/20, indicated PPE for Transmission based precaution . Observation rooms (contact and droplet): gloves, gown, goggle/face shield .</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.