

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER SAN FRANCISCO HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 1477 GROVE STREET SAN FRANCISCO, CA 94117	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to ensure that the infection prevention and control program designed to provide a safe and sanitary environment was followed when staff members: 1. Staff 22 and 24 failed to implement appropriate transmission based precautions for two of eleven sampled residents (Residents 7 and 6), and 2. Hand hygiene practices were not followed between residents (Resident 7 and Resident 11; and Resident 4 and Resident 6). 3. The facility failed to adequately educate staff for the process for safe and sanitary reuse of eye protection in rooms they were assigned to and under transmission based precautions. The facility also failed to include eye protection in precaution orders and on the posted PPE requirements for Residents 5 and 7. These failures had the potential for communicable diseases such as COVID-19 to infect other residents and staff. Findings: 1. Transmission based precautions: During the initial walk through of the 3rd floor on 7/23/2020 at 11:50 AM, observed a room with a yellow sign posted which read Visitors and Personnel Please speak to nurse before entering. A white cabinet was sitting just to the left of the doorway. White paper bag with the room number written on it was hanging from a glove dispenser above the cabinet. Inside the room [ROOM NUMBER] beds were observed with privacy curtains hanging and pulled partially obscuring Resident 5 in the A bed and Resident 7 in the C bed. The middle bed appeared empty. Observed Certified Nursing Assistant (CNA) 24 remove a lunch tray from the food cart and take it into Resident 7 on 07/23/2020 at 12:25 PM. CNA24 wore a face mask and carried the tray directly into the room without stopping at the doorway to don (put on) any additional PPE. CNA24 placed the tray on Resident 7's bedside table, and assisted Resident 7 with positioning and meal set up. Interviewed CNA24 on 07/23/2020 at 12:35 PM. When asked about the yellow sign posted outside the door, CNA24 stated he thought the resident was on precautions because they were tested for COVID-19. When asked what precautions were required for the room he replied I'm not really sure. gown, gloves and maybe shoe covers? Together the surveyor and CNA24 looked at the back side of the yellow sign and read Mask Glove Gown and Hand washing were required. CNA24 confirmed that he did not wear any PPE when entering the room. When asked why he stated They don't have any that fit me. I brought it up with the old (Director of Nursing) but I don't know if they got any. When asked about the doffing steps, CNA24 stated you are supposed to take off the PPE at the doorway. He was not able to list the doffing sequence steps. Facility records and Resident's electronic health records were reviewed on 07/24/2020. The facility's surveillance tracking record revealed resident 7 was on transmission based COVID-19 precautions due to a potential exposure when Resident 7's roommate developed signs and symptoms consistent with COVID-19. A Licensed Nurses Note dated 7/17/2020 19:41 read Covid test done @ 1530, set for isolation while results are pending as a facility protocol. Observed Resident 6's room [ROOM NUMBER]/23/2020 at 1:40 PM. The doorway was open and 2 residents could be seen in their beds. A yellow sign hung outside the door read Visitors and Personnel Please speak to nurse before entering and cart labeled isolation precautions cart was under the sign. Signs outlining the donning and doffing sequence were also observed posted on the wall. During this observation, staff CNA22 wearing a mask, donned gloves and gown to enter Resident 6's room. CNA22 did not don any eye protection. After completing resident care, CNA22 doffed the gown and gloves and then washed hands. During an interview immediately following the observation, CNA22 confirmed he did not use eye protection in the room and confirmed awareness that it was recommended. He stated I have one over here and lead surveyor to other rooms on his assignment. He was unable to locate any eye protection there however. Resident 6's electronic health records reviewed on 07/24/2020 revealed the resident was re-admitted on [DATE] following a hospital stay of greater than 3 days. A Licensed Nurse's Note read Resident 6 was treated in hospital for Aspiration Pneumonia and Cough. An isolation order dated 07/20/2020 read Contact & Droplet Precautions. During an interview with the Director of Nursing (DON) and the Administrator on 07/23/2020 at 4:15 PM the above findings were discussed. They both proclaimed they educated staff on PPE and transmission based precautions, however staff did not always follow through. During a later interview with the DON at 11:45 AM on 07/27/2020 she stated her expectation was that staff would follow the policy and procedure for transmission based precautions. Record review on 07/24/2020 included the facility policy titled Infection Prevention and Control: Novel Coronavirus (COVID-19) dated 06/11/2020. Under the section Resident Care it read under point 5, for a resident with suspected COVID-19 symptoms, they would be isolated as would their roommate(s). Facility staff will follow Standard, Contact, and Droplet Precaution. Under the section Personal Protective Equipment and Supplies it read that PPE included: Gloves, Isolation Gowns, Facemasks, Respiratory Protection, Eye Protection, and Hand Hygiene. 2. Hand Hygiene: During the observation of CNA24 and Resident 7 on 07/23/2020 at 12:25 PM, where CNA24 did not wear any PPE into the room under transmission based precautions, CNA24 assisted the resident with positioning and meal set up. Upon completing the resident care, observed CNA24 exit the room without performing hand hygiene and enter Resident 11's room and assist that resident with care. During the interview with CNA24 on 07/23/2020 at 12:35 PM, Surveyor and CNA24 discussed PPE doffing steps. With surveyor prompting, CNA24 identified that handwashing was a part of the process and stated to be honest, I didn't wash my hands when I left the room. CNA24 agreed and confirmed that he entered another resident's room without performing hand hygiene in between residents, and agreed this placed other residents at risk for transmission of communicable diseases. During the observation of CNA22 in Resident 6's room on 07/23/2020 at 1:40 PM, observed CNA22 remove the left over lunch items from Resident 4's over-bed table. All items were disposable and CNA22 placed them into the trash. CNA22 then assisted Resident 6, pouring a glass of water and position resident to drink the water. CNA22 did not perform hand hygiene before assisting Resident 6. During an interview with the DON on 07/27/2020 at 11:45 AM, the DON explained her expectations for hand hygiene. My expectations for hand hygiene are that staff will follow policy and which includes when they first come to work, between patients and after taking off gloves. This is the expectation we keep reinforcing and make rounds on. Record review on 07/24/2020 included the facility policy titled Infection Prevention and Control: Novel Coronavirus (COVID-19) dated 06/11/2020. Under the section Resident Care it read under point 5, Hand hygiene using Alcohol Based Hand Sanitizer (ABHS) before and after all contact with residents, contact with infectious materials, and before and after removal of PPE, including gloves. 3. Eye protection reuse: During the interview with CNA24 on 07/23/2020 12:35 PM (which followed the 12:25 PM observation of no PPE use in room under transmission based precautions), surveyor asked CNA24 what PPE was required for the precautions. CNA24 replied, I'm not really sure. gown, gloves and maybe shoe covers? Together the surveyor and CNA24 observed the back side of the yellow sign and read that Mask Glove Gown and Hand washing were required. The sign did not read eye protection. After discussing the Centers for Disease Control's (CDC) recommendations for transmission based precautions while under observation for COVID-19, CNA24 reached into the white paper bag and stated eye protection was in it. Observed a single pair of goggles inside the bag. When asked about disinfection of the goggles, CNA24 was uncertain, and stated I guess everyone just uses it and puts it back in the bag. CNA24 confirmed he had attended training on donning or doffing PPE. Interviewed staff 25 on 07/23/2020 at 1:00 PM regarding the transmission based precautions for Resident 7's room. She stated her title was Care Manager, which was like a head CNA over both floors. She described the required PPE for Resident 7 was gown, mask, eyeprotection, and gloves. When asked to explain the process for the eye protection, she stated that goggles were assigned to one staff member, the CNA and were kept in a paper bag marked with the room number on it. The</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER SAN FRANCISCO HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 1477 GROVE STREET SAN FRANCISCO, CA 94117	
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>(continued... from page 1)</p> <p>CNA gets the assigned eye protection at the beginning of their shift. When asked to clarify if eye protection was only cleaned at the end of the shift, she stated yes. When asked who cleaned them and how, she stated The CNA, they have to get the cleaner from the supervisor or the charge nurse. When asked if the bag was reused, she confirmed the bag was changed out at shift change, and the CNA had to ask for a new bag. When asked if the disinfection of the eye protection for oncoming staff was dependant on the previous CNA completing disinfection process, she confirmed that was the process. During a concurrent observation and interview with Licensed Nurse (LN) 20 on 07/23/2020 at 1:20 PM, LN20 confirmed she was assigned to Resident 7's roommate - Resident 5. She stated Resident 5 was also on transmission based precautions for a potential exposure to COVID-19. LN20 stated the required PPE for COVID-19 transmission based precautions included, gown, mask, eye protection and gloves. Observed LN20 don PPE to enter the room. LN20 was wearing a mask, donned a gown, took the goggles out of the white bag hanging on the glove dispenser and put them on, then donned gloves and entered the room. Donning sequence followed the CDC recommendations. Observed LN20 doff PPE. LN20 removed gloves and gown, then washed hands. She removed the goggles then stated They don't have a (disinfectant) spray in here. She set the goggles on top of a hamper then proceed to perform hand hygiene. When asked if there was a process for disinfecting the goggles, she recited how to disinfect them appropriately, if a spray were available stating the process was not thought out. Records reviewed on 07/24/2020 revealed transmission based precaution orders for Resident 7 and Resident 5 omitted including eye protection. Resident 7's orders revealed an order dated 07/17/2020 which read Isolation, Contact & Droplet Precautions: wear gloves, gown, and mask, perform hand washing before and after wearing gloves every shift. Resident 5's order dated 07/17/2020 read Isolation, Contact & Droplet Precautions: wear gloves, gown, and mask, perform hand washing before and after wearing gloves. During an interview with the Infection Preventionist (IP) on 7/23/2020 at 2:40 PM, the IP confirmed that how to disinfect eye protection was part of the most recent PPE training. Surveyor requested these training documents. These documents were provided on 07/27/2020. The DON and the Administrator were made aware that all staff were not able to describe the process for reuse of eye protection used by the facility on 07/23/2020 during an interview at 4:15 PM. The IP was not available during this interview. Record review completed on 07/24/2020 included the facility's Infection Prevention and Control: Novel Coronavirus (COVID-19). The policy statement read, It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and epidemiologic risk for the COVID-19 and adhere to Standard, Contact and Droplet Precautions, including the use of eye protection. Under the heading Personal Protective Equipment and Supplies it read, Reusable eye protector will be cleaned and disinfected according to manufacturer's recommendation.</p>		