

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER PROFESSIONAL POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 81 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an effective infection prevention and control program when: 1. The signage for COVID-19 (Coronavirus Disease) symptoms, posted at the entrance to facility, notifying staff and visitors not to enter the facility and stay home if they had COVID-19 symptoms, were outdated, 2. Two housekeeper staff were not wearing surgical masks and multiple of residents outside their room were not wearing masks per Centers of Disease Control (CDC) guidelines, 3. Two Health Care Personnel (HCP) did not properly remove their N95 mask before exiting rooms of residents who were Persons Under Investigation (PUI) for COVID-19, 4. Droplet precaution signage was not posted outside two resident rooms, which notified staff and visitors to check in with the nurse before entering the room, occupied by residents who were being quarantined for PUI for COVID-19, 5. Doors leading to resident rooms housing residents who were being quarantined for PUI for COVID-19 were not closed, 6. Two nurses did not know the wet time (time the disinfectant needs to stay wet on a surface in order to ensure efficacy of killing COVID-19 microorganisms) for the Micro-Kill Germicidal Alcohol Wipes and Micro-Kill Germicidal Bleach Wipes, and 7. The facility did not follow their process for monitoring vital signs ((VS) clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure, that indicate the state of a resident's essential body functions) and oxygen saturation (O2 sat) levels (the extent to which hemoglobin (iron-rich protein in red blood cells) is saturated with oxygen) for residents per the facility's COVID-19 screening process. These failures had the potential to increase the risk of transmission of COVID-19 infection to the residents and staff of the facility. Findings: 1. During a concurrent observation and review of the signage titled, Feeling Sick? per CDC (Centers for Disease Control) guidelines, dated 3/22/20, on 7/16/20 at 10:30 a.m., indicated only 3 COVID-19 symptoms: fever, cough, and shortness of breath. The signage was posted at the entrance to the facility to remind staff and visitors not to enter the building if they had any of these COVID-19 symptoms. The CDC document titled, COVID-19: Symptoms of Coronavirus, updated 5/13/20, indicated: People with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. During an interview on 7/16/20 at 4:15 p.m., Administrative Staff A, the DON (Director of Nursing), and the DSD (Director of Staff Development) did not realize the signage posted at the entrance to the facility to remind staff and visitors not to enter the building if they had any of the listed COVID-19 symptoms was not updated. 2. During a concurrent observation and interview on 7/16/20, two residents were ambulating into the dining room/activity area without a mask on. The DON/DSD stated it was difficult to keep masks on some of the residents. Some of the residents refused to wear a mask and some had severe dementia (group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment). Both the DON and the DSD knew the importance of residents wearing a mask to help prevent the spread of COVID, especially since one resident in the facility had tested positive for COVID-19, and three residents were Persons Under Investigation (PUI) for COVID-19. During an observation on 7/16/20 at 2 p.m., a resident was ambulating in the hallway without a mask on. During a concurrent observation and interview on 7/16/20 at 12:37 p.m., Housekeeper Staff C was wearing a cloth mask while working in the laundry room. Housekeeper Staff C stated he did go to the resident floors to gather the waste bins and linen bins. During a concurrent observation and interview on 7/16/20 at 12:45 p.m., Administrative Staff B came out of his office without a mask on and was talking to Housekeeper Staff C, who had a cloth mask on. When Administrative Staff B was asked why he did not have a mask on, he stated he had just come out of his office, and should have put on a surgical mask before leaving his office. The DSD stated all staff should be wearing a surgical mask; she thought Housekeeper Staff C had been given a surgical mask. The CDC document titled, COVID-19: Preparing for COVID-19 in Nursing Homes, dated 6/25/20, indicated: HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE ((Personal Protective Equipment) is required. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. 3. During a concurrent observation and interview on 7/16/20 at 2 p.m., Unlicensed Staff D was wearing a N95 mask while in the hallway. When Unlicensed Staff D was asked if she wore the same N95 mask when caring for both residents designated as PUI for COVID-19 and residents who were not designated as PUI, Unlicensed Staff D stated she was not given any extra N95 masks. Unlicensed Staff D stated she was not doffing her N95 mask after leaving the PUI for COVID-19's room and before entering a resident's room who was not a PUI. Unlicensed Staff D stated not doffing her N95 mask could lead to cross contamination. Unlicensed Staff D was told to place her N95 mask in a paper bag at the end of her shift and reuse the mask for 5 days. During a concurrent observation and interview on 7/16/20 at 2:20 p.m., Licensed Staff E exited a resident room designated as PUI for COVID-19 wearing three masks: two N95 masks and a surgical mask. Licensed Staff E stated she had a N95 mask on and a surgical mask over the N95 to keep the N95 mask clean. When it was pointed out to her, she was wearing two N95 masks and a surgical mask, she doffed all of the masks in the hallway and then checked her labeled paper bag in the PUI room, which had no N95 mask. Licensed Staff E stated she did not realize she had forgotten to doff her N95 mask before leaving the PUI for COVID-19's room. Licensed Staff E stated it was her 6th day on the floor and she had not been in-serviced on donning/doffing PPE. During an interview on 7/16/20 at 3:25 p.m., the DSD stated she thought Licensed Staff E had seen the video on how to don/doff PPE, but she had not completed the Nursing Skills Competency Check List with Licensed Staff E. The Centers for Disease Control (CDC) document titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated: HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available). Personal Protective Equipment Training: Employers should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I). HCP must receive training on and demonstrate an understanding of: When to use PPE, What PPE is necessary, How to properly don, use, and doff PPE in a manner to prevent self-contamination, How to properly dispose of or disinfect and maintain PPE. 4. During an observation on 7/16/20 at 1:38 p.m., there was no Droplet Precaution Signage post outside two resident rooms whereby the residents were being quarantined for PUI for COVID-19. During an interview on 7/16/20 at 2:49 p.m., the surveyor pointed out to the DON there was no Droplet Precaution Signage posted outside two resident rooms whereby the residents were being quarantined for PUI for COVID-19. The DON stated there should have been a Droplet Precaution Signage post outside the resident's room because the residents were being quarantined for PUI for COVID-19; the signage tells the visitor or HCP to report to the nurse's station before entering the resident's room and what type of PPE to don. Administrative Staff A went to check the two resident rooms and after returning, she stated there should have been signage posted indicating the residents were on Droplet Precautions. Administrative Staff A, and the DON stated all residents who were being quarantined for PUI for COVID-19 should have Droplet Precaution Signage post</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 555214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER PROFESSIONAL POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 81 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	
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>(continued... from page 1)</p> <p>outside their room. The facility policy/procedure titled, Isolation - Notices of Transmission - Based Precautions, revised 5/10, indicated, When Transmission-Based Precautions are implemented, an appropriated sign (example: color coded) will be placed at the entrance/doorway of the resident's room. Signs will be used to alert staff of the implementation of Transmission-Based Precautions and to alert visitors to report to the nurse's station before entering the room . 5. During an observation on 7/16/20 at 2:10 p.m., all doors, leading to rooms housing residents who were PUI for COVID-19, were open. During an interview on 7/16/20 at 2:20 p.m., when Licensed Staff E was asked why residents who were PUI for COVID-19 doors was left open, she stated she heard on a report from the World Who Organization, it was better to leave the door open to a room housing COVID residents. The California Department of Public Health AFL 20-25.2, issued 4/15/20, indicated, In collaboration with the California Department of Social Services (CDSS), California Department of Health (CDPH) has developed a toolkit for management of exposures and recognized cases in skilled nursing facilities (SNFs) and congregate living settings. Please refer to the following guidance for prevention, containment, and mitigation measures for COVID-19 - Preparing for COVID-19 in California Skilled Nursing Facilities (PDF): The (CDPH) strongly recommends SNF prepare for novel coronavirus disease (COVID-19) . All California SNFs should take steps to . 4) Prepare to care for residents with suspected or confirmed COVID-19 infection: Most SNFs do not have airborne infection isolation rooms (AIIR) for placement of residents with COVID-19 infection. Place residents with suspected or confirmed COVID-19 infection in single occupancy rooms (or cohorted in multi-occupancy rooms with other residents with confirmed COVID-19 infection), with the door closed. 6. During a concurrent interview and document review on 7/16/20 at 1:38 p.m., when Licensed Staff F was asked what she used to disinfect a glucometer (portable tool used to measure and monitor one's blood sugar levels) and what was the wet time (time the disinfectant needs to stay wet on a surface in order to ensure efficacy of killing COVID-19 microorganisms), Licensed Staff F stated she used the Micro-Kill Germicidal Bleach Wipes, and she thought the wet time was two minutes. When Licensed Staff F was asked to find the wet time on the label of the container, she did not know where to look. The disinfectant indicated a wet time of three minutes on the label. During a concurrent interview and document review on 7/16/20 at 2:20 p.m., Licensed Staff E was asked if she knew the wet times for the Micro-Kill Germicidal Bleach Wipes, and the Micro-Kill One Germicidal Alcohol Wipes, both used to clean/disinfect medical equipment and/or high touched surfaces to kill COVID-19 microorganisms. Licensed Staff E was not aware of the wet time for either product or where to find the wet time on the label of the containers. The disinfectant labeled, Micro-Kill Germicidal Bleach Wipes, indicated the disinfectant needed to stay wet on a surface three minutes to ensure efficacy of killing COVID-19 microorganisms. The disinfectant labeled, Micro-Kill One Germicidal Alcohol Wipes, indicated the disinfectant needed to stay wet on a surface for one minute to ensure efficacy of killing COVID-19 microorganisms. 7. During a concurrent interview and record review on 7/16/20 at 10:30 a.m. and 11:55 a.m., the DSD stated Resident 1 was transferred to the acute care facility on 7/13/20 due to he had symptoms related to COVID-19. Resident 1's Progress Note, dated 7/13/20, indicated the acute care facility confirmed Resident 1 tested positive for COVID-19. The DSD stated Resident 2 was a PUI for COVID-19. The DSD stated the residents were assessed every shift for COVID-19, which included checking the resident's VS and O2 sat levels. A record review of Resident 1's VS Summary, dated 6/1/20 - 7/13/20, indicated Resident 1's temperature was not taken on 6/13-6/20, 6/23, 6/26-6/27, 6/29-6/30, 7/4-7/5, and 7/9 and O2 Sats were not taken 6/1-7/11/20. During a clinical record review of Resident 2's VS Summary, dated 6/1/20 - 7/13/20, indicated Resident 2's temperature was not taken on 6/23, 7/4, 7/9, and 7/11-7/14/20. Resident 2's blood pressure and pulse were not taken on 6/1-6/8, 6/19, 7/4, 7/9, and 7/14/20. Resident 2's respiratory rate was not assessed on 6/1-6/9, 6/13, 6/19-6/20, 7/3-7/4, and 7/9-7/11. Resident 2's O2 sat levels were not taken on 6/1-6/8, 6/10-7/4, 7/6, and 7/8-7/13/20. During an interview on 7/16/ 20 at 1:38 p.m., Licensed Staff F stated residents should be assessed for COVID-19 symptoms every shift, which would include taking the resident's VSs and O2 sats. Licensed Staff F stated the resident's VSs and O2 sat levels would be documented on the resident's VS Summary. During an interview on 7/16/20 at 2:20 p.m., Licensed Staff E stated she did not personally assess every resident for COVID-19 symptoms during her shift. Licensed Staff E stated if she suspected a resident to have COVID-19, she would take their temperature. Licensed Staff E stated the CNAs took the residents' VS. The CDC document titled, Preparing for COVID-19 in Nursing Homes, updated 6/25/20, indicated: Evaluate and Manage Residents with Symptoms of COVID-19. Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (T=100 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions .</p>		