

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555820</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEALDSBURG SENIOR LIVING COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>725 GROVE STREET HEALDSBURG, CA 95448</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interviews and record review, the facility failed to implement proper infection prevention and control practices when: 1. A facility visitor (Visitor 1) was able to enter the facility without being screened for COVID-19, and 2. One of seven sampled residents (Resident 2) was not screened for signs and symptoms of COVID-19. These failures had the potential to permit entry of persons with COVID-19 to the facility and increase exposure of vulnerable residents and staff to the infection, and delay in quickly identifying residents who need transfer to a higher level of care due to COVID-19. Both potentials could lead to the development of serious health complications, and even death. Findings: 1. During the facility entrance on 10/16/2020 at 8:30 a.m., Visitor 1 was met with Staff D at the lobby. Staff C instructed Visitor 1 to complete the visitor log by providing her name, the date, and a telephone number. Staff C checked Visitor 1's temperature, and subsequently told Visitor 1 that she could now go ahead to the Skilled Nursing Facility (SNF). During an observation on 10/16/2020 at 8:45 a.m., the entrance to the SNF was closed off with a plastic zippered barrier. Staff C was observed on the other side of the barrier, and opened the zipper to let Visitor 1 in. Still unscreened, Visitor 1 was able to walk past resident rooms and staff. During an interview on 10/16/2020 at 8:47 a.m., when asked if the facility screens the staff and visitors for COVID-19, Staff B stated, Yes. Everyone gets screened for COVID-19 signs and symptoms at the entrance. It is not just a temperature check. Staff B stated, (Visitor 1) should have been screened by the front desk person before being allowed to come in here. During an interview on 10/16/2020 at 8:55 a.m., Staff C stated, I thought (Visitor 1) were already screened at the front desk. I should have asked before I let (Visitor 1) in. During an interview on 10/16/2020 at 9:20 a.m., Staff A stated, Every one coming into the facility, staff or visitors, are screened for signs and symptoms of COVID-19. (Visitor 1) should definitely have been screened before being allowed to go in. A review of the facility policy titled Infection Control During Visitation, with a revision date January 2012, indicated The facility shall establish appropriate guidelines for visitors to try to prevent the transmission of communicable diseases. A review of the CDC (Centers for Disease Control and Prevention) guidance titled Infection Control for Nursing Homes, with an updated date June 25, 2020, indicated, Screen visitors . restrict anyone with fever, symptoms, or known exposure from entering the facility. 2. During an interview on 10/16/2020 at 10 a.m., Staff A stated, All residents are screened daily for signs and symptoms of COVID-19. However, during a concurrent review of Resident 2's chart, Staff A was unable to locate any documentation of her COVID-19 screening. A review of an undated facility policy titled Healdsburg Senior Living COVID-19 Mitigation Plan Manual indicated, Facility screens residents and staff daily for signs and symptoms of COVID . A review of the CDC (Centers for Disease Control and Prevention) guidance titled Infection Control for Nursing Homes, with an updated date June 25, 2020, indicated, 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=100.0 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 as described below. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures &gt;99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.</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.