

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER SAN FRANCISCO POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 5767 MISSION STREET SAN FRANCISCO, CA 94112	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure infection control prevention was maintained when: 1. A Laundry Staff (LS 1) did not wash hands after removing gloves used to remove soiled linen from the dirty laundry bin. 2. A Certified Nurse Assistant (CNA 1) did not know the sequence for putting on Personal Protective Equipment (PPE). These deficient practices had a potential result for spread of Coronavirus (COVID-19). According to Center for Disease Control (CDC), Coronavirus (COVID-19) is an illness caused by [MEDICAL CONDITION] that can spread from person to person . (CDC https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf, Accessed 7/22/2020). Findings: 1. During an observation on 7/21/2020, at 10:19 AM, in the laundry room, Laundry Staff (LS 1) had a facemask, gown, and gloves on. LS 1 removed linen from the washing machine and placed them inside the dryer. Thereafter, from a large blue bin marked dirty and a white plastic container, LS 1 transferred linen in to the washing machine. When LS 1 was done, she removed her gown and gloves, then put on a new pair of gloves. LS 1 did not perform hand hygiene between glove changes. During an interview on 7/21/2020, at 10:22 AM, LS 1 stated twice, I take off gloves and put on new one. LS 1 did not say either times that she would perform hand hygiene after removing gloves or between glove changes. During a review of document titled, Policies and Procedures, Infection Control, revised October 2018, the document indicated, Policy Statement . to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections . Policy Interpretation and Implementation . 1 . apply equally to all personnel . Establish guidelines for implementing . Standard and Transmission Based Precautions . Review of document titled, Inservice Sign-In Sheet, Topic Corrections: PPE Handling and Care, dated 7/10/2020, indicated LS 1 attended training. Review of facility undated Inservice Attachment document, indicated, Laundry .Wear disposable gloves when handling dirty laundry . remove gloves, and wash hands right away . 2. During a concurrent observation and interview on 7/21/2020, at 3:04 PM, CNA 1 wore a facemask. Regarding sequence for putting on PPE, CNA 1 stated that he would do the following. 1. Wash hands, 2. Put on gloves, 3. Put on gown, 5. Put on faceshield. Review of facility undated document (Center for Disease Control (CDC), Inservice Attachment) titled, Sequence For Putting On Personal Protective Equipment (PPE), indicated, 1. Gown, 2. Mask. 3. Goggles or Face Shield, 4. Gloves .</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.