

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>05A357</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DEPT OF STATE HOSPITALS - NAPA D/P SNF</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2100 NAPA-VALLEJO HIGHWAY NAPA, CA 94558</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 0882  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>Based on interview and record review the facility failed to ensure an infection preventionist (IP) was a member of the Quality Assessment and Assurance (QAA) Committee. Lack of an infection preventionist on the QAA Committee had the potential to adversely affect management of and prevention of infections throughout the facility, placing patients at higher risk. Findings: During an interview with an IP (Infection Preventionist/IP A), on 9/22/20 at approximately 11:25 AM, IP A stated she did not attend the Quality Assessment and Assurance Committee meetings, nor was she a member of the committee. During an interview with an IP (IP B), on 9/22/20 at approximately 11:25 AM, IP B stated he also did not attend the Quality Assessment and Assurance Committee meetings, and he was not a member of the committee. During an interview with the Director of Standards Compliance (DSC), on 9/22/20 at approximately 1:15 PM, DSC stated there was not an IP attending the Quality Assessment and Assurance Committee meetings. He added the IP communicated regularly about issues and concerns, but were not physically present nor a member of the committee. During an interview with Standards Compliance Coordinator (SCC A) on 9/22/20 at approximately 3:20 PM SCC A stated, Standards compliance is the Quality Department and we have the Medical Director who attends the quality committee meetings. A record review of the facility's Administrative Directive Number 30 titled, Risk Management, effective 1/27/20 was completed. This document indicated under section II (A)(1) Quality Council (QC): (a) The QC shall provide oversight for both Risk Management and Performance Improvement Functions . (b) Membership i. Executive Policy Team (ED-Chair, CA, HA, AHA, MD, &amp; NA. ii. Standards Compliance Director. iii. Risk Manager. iv. Program Director. v. Nursing Coordinator. vi. Training Officer. vii. Chief of Psychology. viii. Chief of Staff. ix. Research Director. x. Chair of Unit Supervisors Meeting. xi. Health and Safety Officer. Membership did not include the Infection Preventionist as required. A record review of the Quality Council (QC) Meeting Sign in Sheet, dated 1/28/20, indicated the facility's infection preventionist was not present during this committee meeting. A phone interview with SCC A on 10/2/20 at 9:15 AM included confirmation that the facility QC was the same as their QAA committee and the Medical Director is present in these meetings and he oversees the nurses and IP's. There is not an IP on this committee.</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.