

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER NAPA VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3275 VILLA LANE NAPA, CA 94558	
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>Based on observation, interview, and record review the facility failed to implement and monitor their infection control prevention practices when staff were allowed to wear cloth face coverings. This failure had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to all 92 residents of the facility. Findings: During an observation on 5/28/20, at 12:30 p.m., at Nurse Station 1, Staff A was wearing a grey and white polka dot face covering. During an interview on 5/28/20, at 12:32 p.m., Staff A stated she worked directly with residents in the facility. Staff A stated she wore the same mask for the entire shift. Staff A confirmed the mask was made of cotton. Staff A stated she was not aware of any facility rules regarding the type of face covering she could wear. During an observation on 5/28/20, at 12:35 p.m., in the 200 hall, Staff B and Staff D were delivering lunch trays to residents. Staff B and Staff D wore black cloth face coverings. During an observation on 5/28/20, at 12:39 p.m., in the 200 hall, Staff C was talking to Resident 1. Resident 1 was not wearing a face covering. Staff C was wearing a blue cloth face covering. During an observation on 5/28/20, at 12:42 p.m., in the 200 hall, Staff E put a surgical mask over her cloth mask, and then continued to put on personal protective equipment. During an observation on 5/28/20, at 1:34 p.m., in the east hallway, Staff F was walking towards the lobby. Staff F was wearing a cloth face covering. During a concurrent interview and record review, on 5/28/20, at 1:05 p.m., with the Director of Nursing (DON), the facility policy titled, Coronavirus (Covid-19) Guidelines for Crisis/Alternative Use of Surgical and Homemade Mask Use During Coronavirus Crisis, dated 3/2020 was reviewed. The DON stated the facility was well stocked with all the personal protective equipment (ppe) needed except for gowns. The DON was unable to provide documentation that showed the supply of masks warranted the use of contingency or crisis strategies. The DON stated the facility encouraged staff to wear a surgical mask. The DON confirmed direct care staff that wore cloth masks while in the facility would not meet the facility expectation. The DON stated no, staff needed to wear surgical masks. The DON reviewed the General Guidelines section of the policy. The section indicated the guidelines for facemask use were according to three levels of surge capacity (the ability to manage a sudden, unexpected increase in patient volume that would challenge or exceed the facility's capacity). The DON had no evidence to show the facility was in an active surge. The Crisis Capacity Strategies section indicated the strategies listed did not meet the U.S. standards of care. The section further indicated during a time of known facemask shortages the strategies listed might need to be considered. The policy indicated in a setting where facemasks were not available staff might use homemade masks (bandana, cloth) as a last resort. The policy indicated homemade masks were not considered ppe, since their ability to protect was unknown. The policy indicated if homemade masks were utilized, they should be used with a face shield that covered the entire front and sides of the face. Review of the Centers for Disease Control and Prevention (CDC) guidelines dated 5/19/2020, Preparing for COVID-19 in Nursing Homes- Implement Source Control Measures, indicated health care personnel (HCP) should wear a facemask at all times while in the facility. Cloth face coverings should NOT be worn by HCP. (HCP- include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacist, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (eg., clerical, ancillary staff such as environmental and dietary services, laundry, security, engineering and facilities management, administrative, billing, and the volunteer personnel . Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room Implement aggressive social distancing measures (remaining at least 6 feet apart from others) .Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas.</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.