

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER VILLA MARIN		STREET ADDRESS, CITY, STATE, ZIP 100 THORNDALE DRIVE 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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to protect residents from COVID-19 when the form used to monitor and screen residents for signs and symptoms of COVID-19 did not list all pertinent signs and symptoms of COVID-19 according to the Centers for Disease Control and Prevention (CDC). This failure had the potential for the spread of COVID-19 in the facility. Findings: During an interview on 6/11/20, at 10:15 a.m., the facility's Infection Preventionist (IP) stated all residents were screened for signs and symptoms of COVID-19 twice a day, once in the morning and once in the afternoon shifts. The IP provided a copy of the form used to screen residents for COVID-19. A review of this form, titled SNF (Skilled Nursing Facility) MONITORING, undated, indicated residents had their temperatures taken and were screened for cough and shortness of breath. The IP confirmed this was the form the facility used to screen residents for signs and symptoms of COVID-19. The Centers for Disease Control and Prevention (CDC) recommends as follows: Actively monitor all residents upon admission and at least daily for fever (T>100F) and symptoms consistent with COVID-19 (Preparing for COVID-19 in Nursing Homes) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). The California Department of Public Health All Facilities Letter (AFL) 20-51, issued 5/9/20, indicated, This AFL notifies health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms . cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell . Healthcare facilities should update their screening process to reflect the updated COVID-19 symptoms.</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.