

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER SMITH RANCH SKILLED NURSING & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP 1550 SILVEIRA PARKWAY 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement an effective infection prevention and control program for COVID-19 when the facility screened three visitors for signs and symptoms of COVID-19 using a form containing an outdated list of signs and symptoms for COVID-19. The failure to screen visitors using the most current Centers for Disease Control and Prevention (CDC) list of signs and symptoms of COVID-19 had the potential for the spread of COVID-19 in the facility. Findings: During an observation, interview and record review on 6/26/20, at 1 p.m., Health Facilities Evaluator Nurses (HFENs) # and # were screened by facility staff for COVID-19 before entering the facility. The HFENs had their temperature taken and were asked if they had the following signs and symptoms: fever, cough, shortness of breath or sore throat. The facility's visitor screening log indicated another visitor had been screened on 6/5/20 for the same signs and symptoms. During an interview on 6/25/16, at 1:05 p.m., the Administrator stated two facility residents were receiving visitors under the [MEDICATION NAME] care exception. 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. During an interview on 6/25/20, at 3 p.m., the facility's Infection Prevention and Control Consultant (IPCC) stated the HFENs had been screened using an outdated form that did not contain the updated list of signs and symptoms for COVID-19 found on AFL 20-51. The IPCC re-screened the HFENs using an updated form that included all signs and symptoms listed on AFL 20-51. The IPCC also provided a copy of the facility's COVID-19 mitigation plan, which included a copy of this updated screening form for visitors.</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.