

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555779</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KAISER PERMANENTE POST-ACUTE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1440 168TH AVENUE SAN LEANDRO, CA 94578</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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to implement their infection prevention policy and procedure (P&amp;P) for transmission based precautions (basic infection control practices for individuals who may be infected or colonized (presence of microorganisms on or within body sites without detection) for newly admitted and readmitted residents under quarantine (a period of isolation and placement for persons arriving from elsewhere and or had been exposed to contagious disease). The required personal protective equipment (PPE) such as gowns, gloves, surgical masks, special respiratory masks -N95, goggles) used to protect the wearer from injury, the spread of infection or illness) in an isolation supply carrier was not located outside the door for 12 of 22 residents (1,2,3,4,5,6,7,8,9,10,11,12) on quarantine wings 3A and 1B. This failure had the potential to result in the spread of respiratory illnesses that could spread from person-to-person, including the Novel [MEDICAL CONDITION] Disease 2019 (COVID 19) to staff and residents on the quarantine units of the facility. Findings: During a concurrent observation and record review of the Facility Floor Map on 8/4/20 at 11:45 a.m., two hallways (wings 3A and 1B) were categorized as quarantine/PUI (Person Under Investigation -person with signs and/or symptoms of disease without laboratory confirmation) on a facility floor map. Upon inspection of the two hallways labeled as Quarantine/PUI, there were no posted signs indicating residents required transmission-based precautions. There were no signs indicating what appropriate PPE was needed to be worn before entering resident rooms and providing care for residents. There were no isolation supply carriers with PPE available at the entrance to each resident room of the Quarantine/PUI hallways. During a record review of the Quarantine Roster on 8/4/20, Residents 1,2,3,4,5,6,7,8,9,10,11 and 12 were listed as being on quarantine. During a concurrent observation and interview with Director of Staff Development/Infection Preventionist (DSD/IP) on 8/4/20 at 11:48 a.m., DSD/IP stated there were no posted signs in the hallway by room [ROOM NUMBER] located in the designated quarantine/PUI zone and were not required. During the observation, a staff member entered resident room (room [ROOM NUMBER]) in the quarantine/PUI hallway wearing no gown or gloves. During an interview with Director of Staff Development/Infection Preventionist (DSD/IP) on 8/12/20 at 1:46 p.m., DSD/IP stated isolation supply carriers should be stocked with gowns and gloves. During a review of the facilities P&amp;P titled, COVID-19 Infection Prevention Quality Control Plan, dated 7/7/20. Other new admits/readmits with a negative COVID-19 test will be quarantined for 14 days in wings 3A, 1B and (if necessary) 4a and re-tested. After re-testing and conformation of a negative result, patients may be transferred to Station B if beds are available. During a review of the facilities (P&amp;P) titled, Transmission Based Precautions: Contact, Contact Plus, Droplet, Airborne, and Contact/Droplet with Eye Protection (also includes Protective Precautions), dated 5/21/20, the P&amp;P indicated Patients that have been placed in isolation precautions will have the appropriate sign placed outside of their room identifying the type of isolation and the instructions specific for the isolation. Also, the isolation supply carrier will be placed on door for ease of access to Personal Protective Equipment.</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.