

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555820</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEALDSBURG SENIOR LIVING COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>725 GROVE STREET HEALDSBURG, CA 95448</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>Based on interview and a review of facility records, the facility failed to properly implement a safe and effective practice for the re-use of personal protective equipment (e.g., surgical face masks) during a COVID-19 pandemic. (This pandemic limited the availability of face masks, necessitating their intermittent re-use.) Three staff members each used a different process for storing their masks, a practice inconsistency which placed all of the facility's residents and staff at risk of infection from exposure to a re-used but potentially contaminated face mask. Findings: In an interview on 5/21/20 at 10:00 a.m., Administrative Staff A stated that due to limited resources, the facility's practice was for staff to re-use surgical face masks from three to seven days. In an interview on 5/21/20 at 11:08 a.m., Licensed Staff B was asked to describe her process for re-using her mask. She stated she placed her mask into a plastic bag that she then brought back to work again the next day. She added that it usually was not used past day number three. If it became soiled, she stated she would change it immediately. In an interview on 5/21/20 at 11:12 a.m., Licensed Staff C was asked to describe her process for re-using her mask. She stated she placed her mask in a paper bag and then washed her hands. In an interview on 5/21/20 at 11:15 a.m., Staff D was asked to describe her process for re-using her mask. She stated that at the end of the day she took the mask off in her car and placed it on the seat beside her. She then had a cloth mask that she would put on if it was needed. In an interview on 5/21/20 at 11:17 a.m., Administrative Staff E was asked to describe her process for re-using her mask. She stated, At the end of the day, I put the mask in a paper bag and wash my hands. I will use it for around three days or until it tickles my nose, then I will ask for a new one. In an interview on 5/21/20 at 11:25 a.m., Administrative Staff F was informed of what appeared to be an inconsistent practice for staff management of surgical face masks when they were being re-used. On 5/22/20 at 12:50 p.m., Administrative Staff F provided a policy titled, COVID-19 Temporary Policy: Optimizing the use of Personal Protective Equipment (PPE), dated 3/2020. In the section stating, Policy, the document reflected, The facility staff will engage in limited re-use or extended use of PPE (personal protective equipment), when the available supply of conventional PPE is limited and the facility has transitioned into contingency or crisis capacity strategies. On page 5, this policy indicated, Facemasks should be carefully folded to (sic) that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.</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.