

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555888</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE ON THE MARINA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3400 LAGUNA STREET SAN FRANCISCO, CA 94123</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to implement infection control practices when Staff 1 did not perform hand hygiene (hand washing or the use of hand sanitizers) in between handling contaminated and clean objects. This deficient practice increases the risk for transmission and spread of infection to the residents, staff, and visitors. Findings: During an observation and interview on 10/5/20 at 11:06 AM, Staff 1 was walking on the hallway in front of room [ROOM NUMBER] when Staff 1 dropped a pen on the floor. Staff 1 picked up the pen, placed it on top of the medication cart (MC) at the nurses' station. Staff 1 did not sanitize the pen and did not perform hand hygiene. Staff 1 proceeded to touch the computer keyboard attached to the MC, opened the second drawer of the MC, held a container of medication, then proceeded to open two other drawers of the MC, and held several bottles of medications. During an interview with Staff 1 on 10/5/20 at 11:09 AM, when asked if hand hygiene should have been done after picking up the pen from the floor, Staff 1 stated, . Yes . I should have . During an interview with the Infection Preventionist (IP) on 10/5/20 at 11:16 AM, the IP stated the medication bottles are considered clean objects. The IP also stated Staff 1 should have performed hand hygiene and should have sanitized the pen . to prevent the spread of infection . because of touching a soiled object and then touching clean objects . During an interview with the Director of Nursing (DON) on 10/5/20 at 2:03 PM, when asked about the facility's policy on infection control, the DON stated, . Anything on the floor, if disposable, throw away. If reusable, sanitize it . During a review of the facility's undated policy and procedure (P&P) titled, Hand Washing, Hand Cleaning (Waterless Antiseptic Cleanser), the P&P indicated, . Policy . Handwashing is considered the most important single procedure for preventing nosocomial infections (infections that are transmitted usually via healthcare workers, patients, hospital equipment, or [MEDICATION NAME] procedures) and it is important that proper procedures be followed . When to Wash Hands (at a minimum) . After handling any contaminated items (linens, soiled diapers, garbage, etc.) .		

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.