

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056430</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORTHGATE POSTACUTE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>40 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to prevent the transmission of COVID-19, when the facility failed to implement a legible and coherent system for documenting the screening of residents for signs and symptoms of COVID-19. This failure created the potential for the spread of COVID-19. Findings: During an interview on 5/27/20, at 8:45 a.m., the Director of Nursing (DON) was asked to explain the facility's surveillance plan for residents for COVID-19. The DON stated a full set of vital signs was taken of each resident each shift (three times a day: a.m., p.m., and noc (night) shift). During each shift, the residents were also screened for the following signs and symptoms of COVID-19: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat and new loss of taste or smell. The DON stated the screening was documented in the Medical Administration Record (MAR). During an interview and record review on 5/27/20, at 10:35 a.m., the DON was asked for the MAR for three sampled residents: Residents 1, 2 and 3 (the Residents) for the period of May 1-26. A review of the MAR for the Residents, for the period May 1-26, indicated the screening of cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat and new loss of taste or smell. The screening of these signs and symptoms was documented three times a day: 6 a.m. (night shift), 2 p.m. (morning shift) and 10 p.m. (afternoon shift). The afternoon and night shift screening for the Residents was documented with an, O on all days. The morning shift screening for the Residents for June 1, 2, 3, 5, 6, 12, 16, 20, 21, 25, 26, however, was documented with an, X. A review of the MAR indicated [REDACTED]. During an interview on 5/27/20, at 11:05 a.m., the DON was asked what, O and X meant on the MAR, for the documentation of resident signs and symptoms of COVID-19. The DON stated she did not know, and stated she needed to consult with medical records. During an interview on 5/27/20, at 11:15 a.m., the Director of Staff Development (DSD) stated an, X on the MAR meant the assessment was not done, and an, O meant the assessment was done, but was negative. During an interview on 5/27/20, at 11:25 a.m., Licensed Nurse A stated an, X on the MAR meant, Not Applicable, and, O meant the assessment was done, but was negative. During an interview on 5/27/20, at 11:35 a.m., the DON stated, X and O meant the same thing, that the assessment was done, but was negative. A review of the facility's policy titled, Interim Infection Prevention and Control for COVID-19 Infection, dated 5/19/20, indicated residents were to be screened for fever and respiratory symptoms of COVID-19, but did not include a description of the facility's screening process for residents for COVID-19. In an email dated 5/27/20 3:34 p.m., the Administrator stated, X on the flow sheet meant the signs and symptoms, were addressed, and there was no signs or symptoms applicable at that time. The Administrator also attached a revised COVID-19 Policy and Procedure. A review of Centers for Disease Prevention and Control (CDC) document titled, Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs), accessed 5/19/20, indicated: Actively screen all residents daily for fever and symptoms of COVID-19 (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>).</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.