

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER ALAMEDA HEALTHCARE & WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP 430 WILLOW STREET ALAMEDA, CA 94501	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to implement their infection prevention and control program when Licensed Vocational Nurse (LVN) 1 did not wear appropriate Personal Protective Equipment (PPE) while inside the red zone (an area in the facility where confirmed COVID-19 positive residents were placed). This failure had the potential to result in the spread of COVID-19 in the facility. Findings: During an interview with Administrator (ADM) on 8/18/20, at 10:30 a.m., ADM stated there were two resident rooms in the facility that were designated as a red zone. During an observation and concurrent interview with LVN 1 on 8/18/20, at 1:20 p.m., LVN 1 was inside the at the designated nursing station and breakroom in the facility's red zone which was sealed off with a semi-clear plastic from floor to ceiling. LVN1 was not wearing an N95 and did not have a face shield. LVN1 retrieved his N95 and face shield from the nursing station. LVN 1 stated he was told that it was alright to just wear a surgical mask while inside the designated nursing station/break room. LVN 1 was unable to state the sequence of donning the PPEs. LVN 1 stated after resident care was provided, LVN 1 would exit the room, take off gloves and dispose of them in medication cart trash bin which was in the hallway by the nursing station/break room. LVN 1 stated and motioned that he would doff (take off) the isolation gown, would bring it inside the nursing station/break room to hang it up on the wall, to be used for the next resident encounter. LVN 1 stated he would only use one isolation gown for his entire 12-hour shift. During an interview with Infection Preventionist (IP) 1 on 8/18/20, at 1:20 p.m., IP 1 stated the isolation gown that LVN 1 used was a disposable type of isolation gown, not meant for multiple re-uses in between residents. Review of the facility's policy and procedure titled Optimizing the Supply of Personal Protective Equipment (PPE) created 6/6/2020 indicated, Staff shall be trained on selecting, donning and doffing appropriate PPE for their role and duties and demonstrate competency		

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.