

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555461	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER MARINA GARDEN NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 3201 FERNside BLVD. 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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to follow nationally accepted infection control standards for the prevention of COVID-19 and their own infection control policy when personal protective equipment (PPE) was not readily available outside of resident rooms where precaution signs indicated its use was necessary. This failure resulted in Certified Nursing Assistant (CNA 1) not wearing a protective gown and gloves while in the room of a resident who was potentially infectious, had the potential to spread COVID-19, and signaled to staff that precautions on signs posted throughout the facility could be ignored. Findings: During an observation on 9/3/20 at 10:40 a.m., of the facility's Persons Under Investigation (PUI) for COVID-19 area of the facility (referred to as the Yellow Zone), signs were posted on the doors of each of the rooms indicating full PPE must be worn in the rooms, including an N95 respirator (mask), eye protection, gloves, and a gown. Further observation revealed PPE supplies were not on or near the doors for staff to easily access when entering rooms where residents were potentially infectious, and signs indicated full PPE use was required. During a concurrent observation of and interview with CNA 1 on 9/3/20 at 10:45 a.m., CNA 1 went into a resident's room in the Yellow Zone wearing an N95 respirator and a face shield, but without donning (putting on) a gown and gloves. CNA was not able to explain why she did not put on a gown or gloves before entering the resident's room. During an interview with the Operations Manager (OM) on 9/4/20 at 9:20 a.m., OM stated the facility experienced an outbreak of COVID-19 two and a half weeks earlier, and they were waiting on the results from a second round of serial testing of all staff and all residents. OM indicated that since the test results from the first round of serial testing were negative, they were anticipating the test results from the second round of serial testing would be negative and had taken away the PPE carts that had previously been by each door in the Yellow Zone. OM did not explain why they had removed the carts but had left the signs on the door. A review of the facility's P&P titled, COVID-19 Policy & Procedures, approved for use in the facility on 3/30/20, indicated the facility's healthcare personnel (HCP, which included CNAs) should follow the guidance on the Center for Disease Control's (CDC) COVID-19 website for using PPE. The P&P also listed the wearing of gloves, gowns, respiratory protection (masks), and eye protection as necessary to adhere to standard, contact, and airborne precautions and referred to Appendix H of the P&P. A review of Appendix H of the P&P, titled, PPE for HCP in direct contact with PUIs (persons under investigation) or Confirmed COVID-19 Patients, displayed a picture from the CDC's website of a healthcare worker wearing eye protection, an N95 mask, a gown, and a pair of clean, non-sterile gloves. A review of the CDC's COVID-19 Infection Control Guidance webpage (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) indicated, HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection should adhere to Standard Precautions and use (an approved N95 mask), gown, gloves, and eye protection.</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.