

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WEBSTER HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>437 WEBSTER STREET PALO ALTO, CA 94301</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>  Based on observation, interview, and record review, the facility failed to implement infection control measures when a staff at the receiving area for visitors and staffs did wear a facemask, and a licensed staff did not demonstrate proper sequence for removal of personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses). These failures place residents and staffs at risk for being susceptible in acquiring infectious diseases during the COVID-19 pandemic. Findings: During an observation on 5/22/2020 at 9:01 a.m., in the facility's main entrance, the desk personnel/receptionist (DP/RCP) did not wear a facemask. The DP/RCP then put on a cloth mask and proceeded to complete the visitor's health screening. During an observation and concurrent interview together with the director of nursing (DON) on 5/22/2020 at 9:45 a.m., Room A had a contact precaution (used for infections, diseases, or germs that are spread by touching the patient or items in the room) signage and PPE outside the room. Certified nursing assistant A (CNA A) was asked how to properly remove the PPE. CNA A indicated the sequence for removing the PPE was face shield, gown, mask, and gloves. CNA A stated the same sequence when asked the second time. CNA A then stated she was not sure, I forgot. During an interview with the DON, together with the director of staff development/infection preventionist (DSD/IP) on 5/22/2020 at 10:45 a.m., the DON acknowledged the DP/RCP should wear a facemask at all times while in the facility. The DSD/IP stated CNA A did not demonstrate the proper sequence for removing the PPE, and all staff with direct patient care had PPE training. A review of the CDC (Centers for Disease Control and Prevention) guidance stipulated on a document titled, AFL 20-22, dated March 11, 2020, indicated, HCP should wear a facemask at all times while they are in the facility. Healthcare Personnel (HCP) include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). A review of the CDC/COVID-19 PPE guidance indicated, before caring for patients with confirmed or suspected COVID-19 healthcare personnel (HCP) must receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE. Demonstrate competency in performing appropriate infection control practices and procedure. PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.		
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.