

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555694	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER ALDERSLY SKILLED NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP 326 MISSION AVENUE SAN RAFAEL, CA 94901	
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 - Some	<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 establish and maintain an infection prevention and control program designed to prevent the transmission of COVID-19 when: 1) The facility log/instrument used to screen residents for COVID-19 did not list the signs and symptoms for COVID-19. This failure had the potential for staff not to remember all signs and symptoms of COVID-19 during the screening of residents resulting in residents not being properly screened for COVID-19; and 2) The facility did not clean and sanitize two of three touch-screen monitors used by staff to document resident care. These failures created the potential for the spread of COVID-19. Findings: 1) During an interview on 5/19/20, at 10:35 a.m., the facility's Director of Nursing (DON) was asked how residents were being screened for COVID-19. The DON stated residents were being screened every shift and the screening consisted of a full set of vital signs plus checking the residents for signs and symptoms of COVID-19. The DON was asked how the screening was documented. The DON provided two logs: DAILY VITAL SIGNS LOG, where residents' vital signs were documented, and Surveillance log for Resident/[MEDICAL CONDITION], where residents' signs and symptoms were documented. The Surveillance log for Resident/[MEDICAL CONDITION] did not list COVID-19's signs and symptoms but indicated [MEDICAL CONDITION] S/SX (signs and symptoms) (Y=YES / N=NO). The DON stated licensed nurses completed both logs every shift. During an interview on 5/19/20, at 10:40 a.m., Licensed Nurse A stated she screened residents on 5/19/20 using the Surveillance log for Resident/[MEDICAL CONDITION]. Licensed Nurse A was asked to list the signs and symptoms of COVID-19. Licensed Nurse A stated the following signs and symptoms: cough, shortness of breath, chest pain, sore throat, and loss of taste or smell. A review of the California Department of Public Health's All facilities Letter dated May 9, 2020 (AFL 20-51), subject Updated Coronavirus Disease 2019 (COVID-19 Symptoms) indicated the Centers for Disease Control and Prevention (CDC) had updated the list of COVID-19 signs and symptoms and Health Facilities should ensure their screening process reflect the following symptoms: cough, shortness of breath, fever, chills, muscle pain, sore throat and loss of taste or smell. 2) During an observation on 5/19/20, at 9:15 a.m., Housekeeping Staff B was wiping the door knobs, hand rails and other frequently touched areas in the hallway leading to the main exit of the facility. Housekeeping Staff B did not wipe the touch-screen monitor in the hallway. During a concurrent interview, Housekeeping Staff B stated she cleaned and disinfected frequently touched areas in the hallway but did not clean/disinfect the touch-screen monitors because CNAs (Certified Nursing Assistants) were responsible for cleaning/disinfecting them. During an observation on 5/19/20, at 9:46 a.m., CNA C was using the touch-screen monitor outside room [ROOM NUMBER] without gloves. While using the touch-screen monitor, CNA C was interrupted by a resident whom CNA C assisted by repositioning his wheelchair. Afterwards CNA C returned to using the touch-screen monitor. While using the touch-screen monitor CNA C touched her hair several times. CNA C did not clean or disinfect the touch-screen monitor or perform hand-hygiene before or after using the touch-screen monitor. During observations on 5/19/20, from 9:55 a.m. to 10:10 a.m., CNA D used the touch-screen monitor located next to room [ROOM NUMBER] four times without gloves and did not clean or disinfect it between use. During an observation on 5/19/20, at 10:10 a.m., CNA E came out of room [ROOM NUMBER] and used the touch-screen monitor outside the room without gloves and did not clean or disinfect it. During an observation on 5/19/20, at 2:10 p.m., the touch-screen computer next outside room [ROOM NUMBER] was visibly dirty. During an interview on 5/19/20, at 2:15 p.m., the Administrator stated the touch-screen monitors were considered high touch areas and should be cleaned and disinfected by housekeeping at least every two hours. The Administrator was asked for the facility's policy on cleaning and disinfecting high touch areas. The Administrator provided a housekeeping log that listed the high touch areas. This log did not include the touch-screen monitors. The Administrator immediately updated the log to include the touch-screen monitors. The Centers for Disease Control and Prevention recommends the following: Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html).</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.