

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CITY VIEW POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1359 PINE STREET SAN FRANCISCO, CA 94109</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to maintain an infection control program designed to provide a safe and sanitary environment to help prevent the development and potential transmission of communicable diseases and infections. Failure to use personal protective equipment in accordance with recommendations may contribute to the spread of infections. Additionally, the facility failed to have staff guidance related to Aerosol Generating Procedures (such as nebulizer treatments, suctioning or performance of cardiopulmonary resuscitation (CPR)) and how to mitigate the spread of COVID-19. Findings include: Multiple observations, interviews and record reviews occurred throughout the survey. On [DATE] reviewed the facility staff education titled COVID19 Updates the lesson plan included a pictorial diagram/educational guide from the Centers for Disease Control (CDC) used to help educated staff on the appropriate donning and doffing of PPE. The CDC handout provides guidance on two examples of How to Safely Remove Personal Protective Equipment which should help prevent self-contamination and prevent the spread of infection. In the first example, the staff is to remove the gloves followed by the removal of the goggles or face shield. In the second example, the first step is to remove the gown and gloves simultaneously. On [DATE], observations of donning and doffing of Personal Protective Equipment (PPE) occurred on the fourth and fifth floor in the presence of the Director of Nurses (DON) and the Infection Control Nurse. Staff 3 was observed donning PPE before going into a Person Under Investigation room (410A) and doffing PPE for the same room. While doffing PPE Staff 3 removed her face shield first then proceeded to remove the gown and gloves. After the removal of all PPE and completing hand sanitization, the staff member continued to provide care. The DON and IC Nurse acknowledged Staff 3 should have removed the gown and gloves before removing any other PPE. Staff 4 was observed donning PPE before going into a Person Under Investigation room (503C) and doffing PPE for the same room. While doffing PPE Staff 4 removed her face shield then she proceeded to remove the gown and gloves. After the removal of all PPE and completing hand sanitization, the staff member continued to provide in room activities to other residents. The DON and IC Nurse acknowledged the staff's removal of PPE was not in accordance with the recommended order for removal of PPE. Requested the facility policy, procedure or guidance to staff associated with Aerosol Generating Procedures requested on [DATE]. The guidance may provide staff with the knowledge to help mitigate the spread of COVID-19 (such as what PPE must be use and what physical barriers should be close (the door) when AGPs or care is provide). The following is from the CDC website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html</a>) and provides limited guidance on AGPs: Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include: -open suctioning of airways -sputum induction -cardiopulmonary resuscitation -endotracheal intubation and extubation -non-invasive ventilation (e.g., [MEDICAL CONDITIONS]) -[MEDICATION NAME] -manual ventilation Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as: -nebulizer administration* -high flow O2 delivery From the same website, some guidance on AGPs includes: Some procedures performed on patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection could generate infectious aerosols. Procedures that pose such risk should be performed cautiously and avoided if possible. If performed, the following should occur: -HCP (Health Care Personnel) in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown. -The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure. -AGPs should ideally take place in an AIIR (airborne infection isolation room). -Clean and disinfect procedure room surfaces promptly. The facility did not provided a policy, procedure, or guidance on AGPs as of [DATE].</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.