

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER NAPA VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3275 VILLA LANE NAPA, CA 94558	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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's process for screening staff and visitors for signs and symptoms of COVID-19 did not include all the current signs and symptoms of COVID-19 listed by the Centers for Disease Control and Prevention (CDC); 2) The facility's process for screening residents for signs and symptoms of COVID-19 did not include all the current signs and symptoms of COVID-19 listed by the CDC; and 3) The facility's Infection Prevention and Control Program did not include adherence monitoring for hand hygiene and use of personal protective equipment, as recommended by the California Department of Public Health's (CDPH) Healthcare Associated Infections (HAI) Program. These failures created the potential for the spread of COVID-19. Findings: 1) During an observation and interview on [DATE], at 10:10 a.m., Health Facilities Evaluator Nurse # (HFEN #) was screened for signs and symptoms of COVID-19 prior to entering the facility. HFEN # was asked to fill out a form titled RESPIRATORY SCREENING QUESTIONNAIRE (COVID-19) which asked the following question: Have you . experienced signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat in the last 5 days?. HFEN # was not asked for the following signs and symptoms of COVID-19: fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea. During an interview on [DATE], at 2:20 p.m., the Administrator and the Director of Nursing (DON) confirmed the form titled RESPIRATORY SCREENING QUESTIONNAIRE (COVID-19) was the form used to screen staff and visitors to the facility for COVID-19. QSO-[DATE]-NH, titled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, dated [DATE], requires skilled nursing facilities to Implement active screening of residents and staff for fever and respiratory symptoms (https://www.cms.gov/files/document/qso-[DATE]-nh-revised.pdf). The Centers for Disease Control and Prevention (CDC) recommends screening of all visitors and staff in long term care facilities for signs and symptoms of COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). The CDC maintains a list of signs and symptoms of COVID-19. The most current list, updated [DATE], indicated the following signs and symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html). 2) During a record review and interview on [DATE], at 1:20 p.m., with the Director of Nursing (DON), a sample of three resident clinical charts (Residents 1, 2 and 3) was reviewed to verify residents were being screened for signs and symptoms of COVID-19. The DON provided a copy of the flowsheets documenting the screening of Residents 1, 2 and 3. A review of these flowsheets, titled ADL Administration History: [DATE] - [DATE], indicated Residents 1, 2 and 3 were screened every shift for the following signs and symptoms: coughing, fever, hallucination, loss of appetite, loss of smell, malaise, diarrhea and temperature. The DON was asked about additional signs and symptoms of COVID-19 listed by Centers for Disease Control and Prevention (CDC), such as the loss of taste, congestion or runny nose, nausea and vomiting, fatigue, muscle or body aches and headache. The DON confirmed these signs and symptoms were not included the facility's screening process for COVID-19. QSO-[DATE]-NH, titled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, dated [DATE], requires skilled nursing facilities to Implement active screening of residents and staff for fever and respiratory symptoms (https://www.cms.gov/files/document/qso-[DATE]-nh-revised.pdf). The Centers for Disease Control and Prevention (CDC) recommends as follows: Actively monitor all residents upon admission and at least daily for fever (T>100F) and symptoms consistent with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). The CDC maintains a list of signs and symptoms of COVID-19. The most current list, updated [DATE], indicated the following signs and symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html). 3) During an interview on [DATE], at 1:20 p.m., the Director of Nursing (DON) was asked if the facility's Infection Prevention and Control Program included monitoring staff adherence to infection prevention practices such as performing hand hygiene before and after resident care and donning and doffing of personal protective equipment (PPE). The DON referred to Licensed Nurse A, who the DON stated was one of the facility's Infection Preventionist Nurses. During an interview on [DATE], at 1:30 p.m., Licensed Nurse A stated she was the facility's Director of Staff Development (DSD) and was also one of the nurses responsible for infection control at the facility. Licensed Nurse A was asked if the facility had in place a process for monitoring staff compliance with infection control standards such as performing hand hygiene before and after resident care and donning and doffing PPE. Licensed Nurse A stated the processes the facility had in place consisted of training staff on hand hygiene and use of PPE and then asking staff for return demonstrations. Licensed Nurse A stated there was no system in place for covertly observing, documenting and computing staff adherence to hand hygiene and PPE use. The California Department of Public Health's (CDPH) Healthcare Associated Infections (HAI) Program recommends that Each hospital, skilled nursing facility, and outpatient clinic should develop a plan to regularly monitor staff adherence to evidence-based infection prevention practices. This plan should include the use of adherence monitoring tools for measuring care practices including hand hygiene and use of PPE. It is recommended the use of covert observations (secret shoppers) and repeated measurements at regular intervals to assess improvement over time. Facilities then should use the data collected during these observations to calculate the adherence percentage, as follows: The method used to calculate the adherence percentage is the same for each adherence monitoring tool. On the form, you will sum the number of correct practices observed and divide by the total number of observations (and multiple by 100). (https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)</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.