

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER CREEKSIDE REHABILITATION & BEHAVIORAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP 850 SONOMA AVE SANTA ROSA, CA 95404	
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 - Many	<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 implement an infection prevention and control policy for the administration of nebulizer treatments. This failure had the potential to result in transmission of a communicable (contagious) disease, COVID-19, for all 152 facility residents. During an interview on 7/7/20 at 11 a.m., with Licensed Staff A and the Administrator, Licensed Staff A, stated the facility had five residents with PRN (as necessary) orders for Nebulizer (medical equipment that turns liquid medicine into a very fine mist which a person could inhale) treatments. Licensed Staff A stated, We have one resident who is actively receiving a nebulizer treatment. When Licensed Staff A was asked to describe the policy and procedure for nebulizer administration, Licensed Staff A stated, Staff wear gloves and a regular surgical mask. Licensed Staff A was asked if the nebulizer-administering staff wore an N95 respirator (filters out all types of particles, including bacteria [MEDICAL CONDITION]), Licensed Staff A stated, No. Licensed Staff A was asked if the resident receiving a nebulizer was placed in a private room, Licensed Staff A, stated No. During an interview on 7/7/20 at 11:02 a.m., with the Administrator and Licensed Staff B, Licensed Staff B was asked about the Personal Protective Equipment (PPE) staff wore when administering a nebulizer treatment. Licensed Staff B stated, Just a surgical mask and gloves. The Administrator responded to Licensed Staff B saying, No, that is not correct. We are not following CDC guidelines. The Administrator stated, We fell down on that. The Administrator instructed License Staff B to create a policy and procedure on the administration of nebulizer treatments which would be in alignment with CDC guideline. During a review of the facility's, policy and procedure entitled, Administering Medications through a Small Volume Nebulizer, dated 10/2010, indicated, The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the resident's airway. This policy was not updated to include COVID-19 infection control and prevention for the Nebulizer treatments. During a review of a CDC National Standards, article entitled, Infection Control in Healthcare Facilities, reviewed 7/2020 indicated, Wearing PPE (Personal Protective Equipment) during aerosolized generating procedures protects the respiratory tract from inhalation of droplet nuclei and the mucous membranes, skin, and clothing from contact with infectious respiratory secretions. PPE should cover the torso, arms, and hands as well as the eyes, nose, and mouth. PPE must be compatible with the needs of the healthcare worker's protection and patient care. The following PPE is recommended: Disposable isolation gown .gloves .eye protection . disposable particulate respirators (e.g., N-95) Airborne infection isolation are the minimum level of respiratory protection required for healthcare workers who are performing aerosol-generating procedures Perform aerosol-generating procedures in a private room, away from other patients.</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.