

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER PROFESSIONAL POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 81 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	
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 - Few	<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) Four residents were observed not keeping social distancing of at least 6 feet apart and two of them were not wearing a facemask or face covering; 2) The facility's surveillance plan for COVID-19 did not include documentation for monitoring of residents for signs and symptoms of COVID-19 and thus ensure the monitoring of residents was completed; and 3) The facility's COVID-19 Policy and Procedure did not contain a provision for residents to wear face coverings when outside of their rooms and in public areas and maintain social distancing of at least 6 feet and did not contain a description of the facility's surveillance plan for monitoring residents for signs and symptoms of COVID-19. These failures created the potential for the spread of COVID-19. Findings: 1) During an observation on 6/3/20, at 9:20 a.m., there were four residents on the hallway outside room [ROOM NUMBER]. Resident 1 was seated on a regular chair and Residents 2, 3 and 4 were seated on wheelchairs. All four residents were at approximately two feet apart and two residents (Residents 2 and 3) were not wearing a facemask or face covering. Certified Nursing Assistant A (CNA A) observed the residents but did not intervene to keep them at least 6 feet apart and to ensure all were wearing a facemask or covering. The Centers for Disease Control and Prevention (CDC) recommends as follows: Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others. (Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html) and Implement Social Distancing Measures - Implement aggressive social distancing measures (remaining at least 6 feet apart from others) (Preparing for COVID-19 in Nursing Homes) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). A review of the facility's policy and procedure titled Policy for Emergent Infectious Diseases of COVID-19 for (Facility Name), undated, did not contain a provision for residents to wear facemasks or face coverings when outside their rooms and to maintain social distancing of at least 6 feet apart. 2) During interviews on 6/3/20, at 9 a.m. and at 10:15 a.m., the Director of Nursing (DON) stated residents are monitored and screened daily for signs and symptoms of COVID-19. The DON stated this screening consisted on a temperature check and a screening for signs and symptoms of COVID-19 (cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell). The DON stated the temperature checks were documented on the resident's chart but the screening for signs and symptoms was not documented. During a concurrent audit of resident charts, 3 out of 3 residents had daily documentation of temperature checks but there was no documentation of the screening or monitoring for signs and symptoms of COVID-19 other than a temperature check. 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 (Preparing for COVID-19 in Nursing Homes) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). The California Department of Public Health All Facilities Letter (AFL) 20-51, issued 5/9/20, indicated, This AFL notifies health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms . cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell . Healthcare facilities should update their screening process to reflect the updated COVID-19 symptoms. 3) During an interview on 6/3/20, at 10:15 a.m., the DON was asked for the facility's policy and procedures on COVID-19. The DON provided facility policy and procedure titled Policy for Emergent Infectious Diseases of COVID-19 for (Facility Name), undated. A review of this policy indicated it did not contain a provision for residents to wear facemasks or face coverings when outside their rooms and to maintain social distancing of at least 6 feet apart and did not contain a provision for the daily screening of residents for signs and symptoms of COVID-19.</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.