STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056394	A. BUILDING _____ B. WING _____	**07/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST. FRANCIS CONVALESCENT PAVILION	**99 ESCUELA DRIVE DALY CITY, CA 94015**

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	**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 implement its infection prevention and control plan when nine staff (LVN 1, LVN 2, LVN 3, CNA 1, CNA 2, CNA 3, Housekeeper 1, Housekeeper 2 and Maintenance Staff) did not follow the facility's interventions for Contact Precautions, Droplet Precautions and Hand Hygiene when: 1. Certified Nursing Assistant (CNA) 3 did not follow Contact Precautions when the staff took off the PPE in one room and went to another resident room to dispose of it in a trash container. 2. Certified Nurse Assistant 2 did not wear gloves when she carried a plastic bag of dirty linen from one resident room on contact precautions to a hallway where she open a large container to place the plastic bag, then rolled container to a room labeled, Dirty Linen . 3. Licensed Vocational Nurse 1 (LVN 1),did not don appropriate PPE when he wore only a face mask, when he entered a two-bed resident room with a sign Contact Precautions. 4. Licensed Vocational Nurse (LVN) 2, did not don appropriate PPE when she wore only a face mask when she entered a resident's room with a sign for Contact Precautions . 5. One Maintenance Staff, wore a face mask but no gown and gloves, while repairing a wheelchair inside a resident's room that was on Droplet & Contact Precautions; 6. LVN 3 did not wear a face shield during resident care/treatment of [REDACTED]. 7. Housekeeper 2 touched and moved the trash bin in a resident room against the wall with ungloved hand. 8. CNA 1 carried a bag of trash with ungloved hands. 9. Housekeeper 1 was observed standing by room [ROOM NUMBER], with face mask pulled down below her chin, exposing the nose and mouth. Failure to follow infection prevention and control interventions is a potential harm risk for residents, staff and visitors; by not providing a safe, sanitary, and comfortable environment that helps prevent development and transmission of disease and infection. DEFINITIONS: Transmission Based Precautions: are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Contact Precautions: Refer to infection prevention and control interventions to be used in addition to routine practices and are intended to prevent transmission of infectious agents, including epistemologically important microorganisms, which are spread by direct or indirect contact. Droplet Precautions: used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing, examples: pneumonia, influenza, [DIAGNOSES REDACTED], [DIAGNOSES REDACTED], COVID 19. Findings: During the entrance conference on 7/21/20 at 8:15 AM, the Director of Nursing, DON stated All residents admitted to the facility or returning from hospital stay go to unit 1 East, where they are on Contact and Droplet Precautions and quarantined for 14 days to rule out COVID 19 . 1. During an observation on 7/21/20 at 9 AM, a Certified Nurse Assistant, CNA 3, was inside a two residents room wearing PPE, came to the entrance of the room taking the PPE off rolling it in a package, walked out of that room and walked across the hallway to another resident room and disposed of the PPE in a trash can. During an interview on 7/21/20 at 9:05 AM, with CNA 3, she acknowledged the observation and stated, Yes, you are right ., I thought this other resident called me . I should not walk to another room before I dispose of the used PPE . 2. During an observation on 7/21/20 11:15 AM, Certified Nurse Assistant 2 (CNA 2) was not wearing gloves when she carried a plastic bag of dirty linen from a resident room on Contact Precautions, to a hallway and open a large container to place the plastic bag, rolled the container to the Dirty Linen room. During an interview on 7/21/20 11:18 AM, CNA 2 acknowledged the observation and stated Yes .I did not think I needed to wear gloves . During an interview on 7/21/20 11:30 AM with the Director of Nursing, DON stated I expect staff to always wear gloves when handling dirty linen. 3. During an observation on 7/21/20 at 9:06 AM, in the 1 East unit, a Licensed Vocational Nurse (LVN 1), wearing only a face mask, went into a two residents room with a sign Contact Precautions .Clean hands before entering and when leaving room .Staff: Required Gowns & Gloves . on the wall, spent about 2 minutes inside. LVN 1 spoke to one resident, took his face mask off and briefly spoke to the second resident and came out of the room. During an interview with LVN 1 on 7/21/20 at 9:10 AM, when asked about the statements in the wall sign and the observation he did not put any PPE, LVN 1 acknowledged and stated I was just checking something very quickly .You are right, I don't think our policy has any exceptions . 4. During an observation on 7/21/20 12:10 PM, in the 1 East unit, a Licensed Vocational Nurse, (LVN 2), wearing only a face mask went into of a resident's room with a sign for Contact Precautions . During an interview on 7/21/20 12:15 PM with LVN 2, when asked about the signage on the wall and the observation she did not use PPE according to the instructions, LVN 2 stated You are right .I did not put on a gown or gloves . 5. During an observation on 7/22/20 at 9:05 AM, in the 1 East unit, a Maintenance Staff, wearing a face mask, was inside a resident's room repairing a wheelchair while the resident was laying down in her bed. A telephone on a bedside table rang and Maintenance Staff handed the phone to the resident. At the room entrance, on the outside wall there was a sign indicating Droplet & Contact Precautions .Staff Required: Gowns & Gloves . During an interview on 7/22/20 9:12 AM with Maintenance Staff, he acknowledged the contents of the room signage and his interaction with the resident and stated Yes . I am repairing the wheelchair .No, I am not wearing a gown or gloves . During an interview on 7/22/20 9:30 AM, the DON stated All staff should follow the indications of the Contact and Droplet precautions signs posted by the residents rooms when entering the rooms . During a review of the Handwashing/ Hand Hygiene facility policy dated Revised August 2015, indicated Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infection Policy Interpretation and Implementation .10. Single use disposable gloves should be used: .c.When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions . During a review of the undated Isolation-Categories of Transmission Based Precautions facility policy, indicated Policy Statement: .Transmission Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others .Policy Interpretation and Implementations .2.Based on CDC definitions, three types of Transmission Based Precautions (airborne, droplet and contact) have been established .Contact Precautions .4. Gloves and Handwashing a. In addition to wearing gloves .c. Remove gloves before leaving the room .5.Gown a. Wear a disposable gown upon entering . 6. During an observation on 7/21/20, at 11:00 AM, at the doorway of room [ROOM NUMBER] in 1 West unit, LVN 3 wore a mask, gown and gloves but did not don a face shield before entering the room of Resident 8 to perform wound care. Record Review indicated resident is a patient under investigation (PUI), with pending test result for COVID-19. During an interview with LVN 3 on 7/21/20, at 11:25 AM, outside room [ROOM NUMBER] in 1 West unit, LVN 3 acknowledged Resident 8 was on isolation. LVN 3 stated he went to perform wound care on the Resident 8 and he did not wear a face shield because he did not sprinkle the wound. During an interview with the DON, on 7/21/20, at 11:37 AM, DON stated they are supposed to wear a face shield because resident is on droplet precautions and they have the signs at the door for PPE required by staff. During observation on 7/21/20, at 11:00 AM, the signs posted on the wall outside of Resident 8's room indicated, Droplet and Contact Precautions .Staff: Required: point of Care Risk Assessment; Gown and Gloves; Procedure mask with eye protection when within 2 metres(sic) of patient; Keep 2 metres(sic) between patients. 7. During an observation on 7/21/20, at 11:07 AM, in 1 West, room [ROOM NUMBER], Housekeeper 2 moved the trash bin inside the room against the wall, with ungloved hands.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) During an interview with Housekeeper 2 on 7/21/20, at 11:09 AM, Housekeeper 2 stated, I forgot to wear gloves. During an interview with the DON on 7/21/20, at 11:35 AM, DON stated, They have to wear gloves if trash is inside. During an interview with the IP nurse on 7/21/20, at 2:00 PM, IP nurse stated staff are supposed to wear gloves when touching the trash bin because it is contaminated. Review of the facility policy titled, Glove Use dated August 2017 indicated, When to use glove - .when handling potentially contaminated items; when it is likely that hands will come in contact with blood, body fluids, or other potentially infectious material. 8. During an observation on 7/21/20 at 9:37 AM, a Certified Nurse Assistant (CNA 1) came out a resident's room holding a trash bag without gloves and brought it to a dirty utility room, and dumped the dirty bag in a large trash bin. During an interview on 7/21/20 at 9:39 AM, CNA 1 stated she was holding a dirty bag and acknowledged she was not wearing gloves. During an interview, on 7/21/20 at 9:42 AM with the Charge Nurse (CN 1), CN 1 stated staff was supposed to wear gloves when throwing trash because of possible contamination. During an interview on 7/21/20 at 10:30 AM, with the Director of Staff Development (DSD) and the Infection Preventionist (IP), IP stated gloves should be worn when handling dirty items because of potential contamination. Review of the undated facility policy titled: Gloves use, with effective date of 8/17, indicated: Policy Statement: The facility uses gloves to reduce the spread on contaminants and for the protection of employees and residents. . When to use gloves: 1. . 4. When handling potentially contaminated items. . 6. or other potentially infectious material. . 9. During a tour of the second floor, 2 West, on 7/21/20 at 9:18 AM, accompanied by the Assistant Director ADON) and the Nursing Supervisor (NS) 1, Housekeeper 1 was observed standing by room [ROOM NUMBER], facing the cleaning cart with face mask pulled down below her chin, exposing the nose and mouth. During an interview on 7/21/20 at 9:19 AM with the ADON and NS 1, NS 1 acknowledged the face mask of Housekeeper 1 did not cover the nose and mouth. and stated it's for protection of residents and staff. ADON stated, Everybody should wear mask properly. During a review of the undated facility policy titled Mandatory Face Mask Policy indicated, In an effort to further reduce the risk and spread of Covid-19 . XXX (name of the owner company) will institute a mandatory facemask policy . while working in the facility. Policy And Implementation: . Tips for using Disposable Facemask: 1. . 2. Face mask should cover nose and chin. 3. Wear inside facing you and metal piece pressed onto the nose bridge. .
F 0885 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to notify residents, their representatives, and families of confirmed Covid-19 test by 5 p.m. the next calendar day when two Health Care Personnel (Certified Nurse Assistant 4 (CNA 4) and Activity Staff (AS),)positive Covid-19 tests results were received on 6/27/20 and notifications were sent out on 7/3/20, six (6) days after the confirmed tests were received. The deficient practice had the potential to negatively affect the physical, mental, emotional, and well-being of residents, their representatives and their families and could potentially impact resident's quality of life related to potential exposure to Covid-19. Definition: According to the Center for Disease Control and Prevention, Coronavirus (COVID-19) is an illness caused by [MEDICAL CONDITION] that can spread from person to person. [MEDICAL CONDITION] that causes COVID-19 is a new coronavirus that has spread throughout the world. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. COVID-19 is primarily spread from person to person. It can be spread by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19, thru respiratory droplets when an infected person coughs, sneezes, or talks and /or by touching a surface or object that has [MEDICAL CONDITION] on it, and then by touching your mouth, nose, or eyes. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'I' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as 2019 novel coronavirus or 2019-nCoV. There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. COVID-19 is caused by a coronavirus called [DIAGNOSES REDACTED]-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS (Middle East Respiratory Syndrome (MERS) is [MEDICAL CONDITION] respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries, including the United States. Most people infected with MERS-CoV developed severe respiratory illness, including fever, cough, and shortness of breath)-CoV and [DIAGNOSES REDACTED]-CoV, and now with [MEDICAL CONDITION] that causes COVID-19. [DIAGNOSES REDACTED] (Severe acute respiratory syndrome ([DIAGNOSES REDACTED]) is a [MEDICAL CONDITION] respiratory illness caused by a coronavirus called [DIAGNOSES REDACTED]-associated coronavirus ([DIAGNOSES REDACTED]-CoV). [DIAGNOSES REDACTED] was first reported in Asia in February 2003)-CoV-2 virus is a betacoronavirus, like MERS-CoV and [DIAGNOSES REDACTED]-CoV. All three of [MEDICAL CONDITION] have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. Findings: During a review of the March to July, 2020 Surveillance Log for Employees, indicated two healthcare personnel (CNA 4 and one AS 1), tested positive for Covid-19 on 6/27/20 and was placed on 14-days quarantine (to separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick). During an interview, on 7/21/20 at 10:58 AM with the Director of Nursing (DON), Infection Preventionist and the Director of Staff Development (DSD), DON stated monthly routine testing were done in the facility for all staff on 6/27/20. CNA 4 and AS 1 had confirmed positive Covid-19 tests, and both were asymptomatic (an asymptomatic case is an individual infected with [DIAGNOSES REDACTED]-CoV-2 who does not exhibit symptoms during the course of infection). During a review of the document titled, Avellino-CoV2, Patient Report dated 6/27/20, indicated the name of CNA 4 date collected, 6/25/20 and date reported 6/27/20. The result indicated, [DIAGNOSES REDACTED]-CoV-2 Positive, Interpretation: If Positive: 2019 -nCoV detected. Indicative of active infection . During a review of the document titled, Avellino-CoV2, Patient Report dated 6/27/20, indicated the name of AS 1, date collected, 6/25/20 and date reported: 6/27/20. The Test result indicated, [DIAGNOSES REDACTED]-CoV-2 Positive, Interpretation: If Positive: 2019 -nCoV detected. Indicative of active infection . During an interview, on 7/21/20 at 12:03 PM, with the DON, DON stated it was the residents and their Responsible Party's (RP) rights to be aware of what was going on in the building, if they were aware someone has Covid-19, they could plan their activities, and for their protection, to be more cautious. During an observation accompanied by the Director of Social Services (DSS) and interview on 7/21/20 at 12:22 PM, Resident 1 was awake, sitting in her chair next to her bed. When asked if the staff notified her of a Covid-19 case in the facility, Resident 1 stated in June (2020), she was not notified that someone came up with positive Covid-19 test. During an observation accompanied by the DSS and interview on 7/21/20 at 1:32 PM, Resident 5 was awake, sitting in his wheelchair next to his bed, When asked if the staff told him the reason for the test, Resident 5 stated No, they did not tell me, they tested everyone, not just me, I don't think we have [MEDICAL CONDITION] here, and No one is here with [MEDICAL CONDITION]. Not that I know of. During an interview, on 7/22/20 at 10:01 AM with the DON, DON stated the residents were consented and were tested and acknowledged there was no documented evidence residents were notified of confirmed Covid-19 cases on 6/27/20 for CNA 4 and AS 1. Review of the undated Mitigation Plan: 1.) . 6.) COMMUNICATION: Facility has a plan for communication with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including the prevalence of confirmed cases of COVID-19 in staff and residents as directed by CMS guidance. . During an interview on 7/21/20 at 11:08 AM with the Assistant Administrator (AA), AA stated the facility have the Robo call, an automated voice message system, which goes to residents and staff and she was the person responsible to send out voice messages via the Robo call system. AA stated a Robo call voice mail was sent out on 7/3/20 regarding confirmed Covid-19 positive test results on 6/27/20 for CNA 4 and AS 1. During a phone interview, on 7/21/20 at 1:32 PM, with the Responsible Party (RP 1 for Resident 3), RP 1 stated he got calls from the facility every two weeks, last was on 7/3/20 about an employee who tested positive for Covid-19. During a phone interview, on 7/21/20 at 1:46 PM with RP 2 (for Resident 5), RP 2 stated that about two (2) weeks ago, there was a sort of a mass telephone call, a recording related to staff who tested positive for Covid-19. During a phone interview, on 7/21/20 at 2:38 PM with RP 4 (for Resident 7- non interviewable), RP 4 stated he received calls from the facility, about two weeks ago, was told the facility was testing everyone including staff, no one had come up with Covid-19, not to my knowledge, and so far there is nothing. During a review of the Robo calling Voicemail (title of the facility system that sends out automated messages) dated 7/3/20 (time not written) indicated: Hello . I am updating you on the status . regarding COVID-19 as of July 3, 2020. We conducted a mass facility testing for all residents and employees . in response to identifying two positive staff on June 28, 2020. .

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F 0885 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 2) We will keep you informed regarding the status of COVID-19 in the facility. We will continue to monitor all . for signs and symptoms . Please feel free to reach out anytime with questions. . During an interview, 7/22/20 at 8:29 AM with the AA, AA acknowledged the communication sent out on 7/3/20 to the residents RP's and family members via the Robo calling Voicemail system were not done in a timely manner. During an interview, on 7/22/20 at 10:12 AM, with the Facility Administrator (FA), Assistant Administrator (AA), DON and the IP, FA acknowledged the facility did not have Policy and Procedure (P&P) on Infection Control related to Covid-19. FA stated the facility followed the Mitigation Plan (for Covid-19) and would make sure the P & P would be developed to support the current Mitigation Plan. During a review of the undated facility Mitigation Plan indicated: Attachment I: COVID-19 Communication Plan: xxx (name of the company) is committed to communicating with our residents, responsible parties and staff and maintaining open lines of communication regarding COVID-19. Events triggering Communication: 1. . 3. Positive Resident or Staff Result: a. Upon your first resident or staff member testing positive for COVID-19, Administrator and select Department Heads will call all residents' responsible parties and staff informing them of the positive result no later than 5 PM the following day. .