

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF OAKLAND		STREET ADDRESS, CITY, STATE, ZIP 210 40TH STREET WAY OAKLAND, CA 94611	
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 follow infection control policy and procedures when: 1. The Dietary Consultant (DC) entered the building without a mask and stood in the reception area behind a desk. 2. Hand hygiene was not performed by the Certified Nursing Assistant (CNA) on two occasions when entering a resident room, and one occasion after exiting a resident room. These failures had the potential to result in the spread of COVID-19 (COVID 19, a mild to severe respiratory (lung) illness), and COVID-19 related complications, up to and including death. Findings: 1. During an observation on 8/5/20, at 8:33 a.m., Dietary Consultant (DC) stood behind the receptionist desk without a face mask on. During an interview on 8/5/20, at 8:35 a.m., with Dietary Consultant (DC), DC stated he usually entered the building and got a mask, but today there were no masks available. During an interview on 8/5/20, at 8:44 a.m., with Receptionist (RT), RT stated there were no masks in the reception area supply drawer for staff and visitors. RT stated the drawer was usually refilled every night, but for some reason had not been refilled for today. During an interview on 8/5/20, at 1:45 p.m., with Administrator (AD), AD confirmed DC was not wearing a face mask when he stood behind the receptionist desk. During a review of the Center for Disease Control article, Preparing for COVID-19 in Nursing Homes, dated 6/25/20, the article indicated, HCP (Health Care Personnel) should wear a face mask at all times while they are in the facility. 2. During an observation on 8/5/20, at 10:52 a.m., the Certified Nursing Assistant (CNA) exited resident room [ROOM NUMBER], removed her gloves and did not perform hand hygiene. CNA went to the laundry room, obtained clean linen, and entered room [ROOM NUMBER] without performing hand hygiene. CNA again exited room [ROOM NUMBER], and without performing hand hygiene, placed two bins near room [ROOM NUMBER]. During an interview on 8/5/20, at 11:00 a.m., with CNA, CNA stated hand hygiene should be performed when entering or exiting a room. During an interview on 8/5/20, at 1:45 p.m., with AD, AD stated he had observed CNA not performing hand hygiene when entering and exiting room [ROOM NUMBER]. A review of the facility's policy and procedure (PNP) titled, Hand Hygiene, dated 2/01/15, indicated The facility considers hand hygiene the primary means to prevent the spread of infections. The PNP indicated hand hygiene must be performed, immediately upon entering a resident occupied area (single or multiple bed room, procedure or treatment room) regardless of glove use; immediately upon exiting a resident occupied area (e.g., before exiting into a common area such as a corridor) regardless of glove use; after removing personal protective equipment (PPE). The use of gloves does not replace hand hygiene procedures.</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.