

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055853</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REDWOOD COVE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1162 S DORA ST. UKIAH, CA 95482</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to implement an effective visitor screening process during a global pandemic when it (a) did not properly restrict a visitor's access to the facility; (b) did not educate a visitor as to the behaviors required to minimize infection spread while in the facility; (c) did not document visitor name and contact information to enable contact tracing in the event of a visitor infection exposure; (d) incorrectly performed a screening procedure to determine infection symptoms (e.g., an oximetry reading, which measures oxygen content in the blood and is an indicator of respiratory or breathing status) and (e) did not encourage a visitor to employ proper hand hygiene before entry to the facility, in order to prevent the spread of possible infection. These failures potentially placed all facility staff and residents at risk of exposure to infection during a COVID-19 infection outbreak. Findings: On 5/26/20 at 9:15 a.m., the facility was entered at the front door off(NAME)Street. A facility staff member arrived promptly and directed this visitor to go to the entry at the back door instead. After walking around the building, a second door was visible. This (second) door permitted unrestricted access into a hallway within the facility. No visitor screening mechanism was present upon entry at this door. Shortly after walking into the hallway, a staff member came out the door of the Personnel department and re-directed me to the back door entry. After traveling further around the building, a third entry door was observed. A visitor screening and sign-in process was present inside this door. Guidance from the Centers for Disease Control and Prevention (CDC), in a document titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (updated May 18, 2020), stated on page 9, Limit points of entry to the facility to allow screening of all potential visitors. The facility had at least three points of entry to the facility, the second of which allowed a visitor open access to a hallway within the building, prior to being re-directed to a (third) door behind the building. This lapse placed the facility's staff and residents at potential risk of exposure to an infected visitor during a global pandemic. In an observation and interview on 5/26/20 at 9:22 a.m., the facility staff member manning the visitor sign-in area at the back door provided no visitor education or instruction regarding expected behavior while within the facility (e.g., re frequent hand sanitization, wearing a face mask, not touching surfaces, not going into other areas of facility, etc.) These behaviors were critical to ensuring the visitor did not inadvertently expose staff or a resident to an undiagnosed infection. Guidance from the Centers for Disease Control and Prevention (CDC), in a document titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (updated May 18, 2020), stated on page 9, Establish procedures for monitoring, managing, and training all visitors, which should include: (a) all visitors should be instructed to wear a facemask or cloth face covering at all times while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other area designated by the facility and (b) Informing visitors about appropriate PPE (e.g., personal protective equipment) use according to current facility visitor policy. This guidance was not followed by the facility. During the above observation it was noted that the visitor sign-in sheet listed only the first names of the day's visitors. The form also had no space to document a contact phone number or e-mail address for the visitors. Were there to be an inadvertent exposure of a visitor to a COVID-19-positive resident or staff member, there was no way to identify and/or contact that visitor to notify him/her of the exposure, given the absence of complete contact information documented. In the Center for Disease Control and Prevention (CDC) document on Coronavirus Disease 2019 that addresses Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan page 4 of 56 states, Case investigation and contact tracing are fundamental activities that involve working with a client who has been diagnosed with [REDACTED]. This process prevents further transmission of disease by separating people who have (or may have) an infectious disease from people who do not. It is a core disease control measure that has been employed by public health agency personnel for decades. As observed on 5/22/20 at 9:25 a.m., part of the facility's visitor screening process included a facility staff member taking a visitor's oximetry reading. (Oximetry is tool used to evaluate breathing or respiratory status, by using a finger probe to measure the amount of oxygen circulating in the blood. A lower oximetry reading may indicate the presence of a respiratory infection or other respiratory compromise. ) Oximetry readings were being taken by the facility, in [MEDICATION NAME] with visitor temperatures. However, the staff member conducting the reading had incorrectly attached the finger probe, so no reading could be obtained. In the State of California Health and Human Services Agency All Facilities Letter 20-22.1 (dated 3/11/20), it stated that, CMS (e.g., the Center for Medicare and Medicaid Services) advises that facilities should actively screen and restrict visitation by those who meet the following criteria: 1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath or sore throat. The facility used temperature and oximetry readings to assess for these symptoms, but since the oximetry readings were not conducted correctly, the visitor data available to the screener was limited. In an observation on 5/26/20 at 9:30 a.m., at the rear door of the facility, this visitor was not directed by screening staff to perform a hand sanitizing procedure with the alcohol-based sanitizing hand gel present on the table prior to facility entry. Good hand hygiene is a critical element of controlling infection in the presence of a global pandemic, and allowing visitors to enter the facility without proper hand hygiene placed facility staff and residents at risk of an inadvertent infection transmission from the visitor. During this infection control survey, the second entry door was locked to prevent further inadvertent visitor access. In addition, the screening staff member received further education regarding required screening policies and procedures. A new visitor sign-in log was in the process of being developed.</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.