

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAN RAFAEL HEALTHCARE &amp; WELLNESS CENTER, LP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1601 5TH AVENUE SAN RAFAEL, CA 94901</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></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) The facility failed to provide a dedicated licensed nurse to staff its COVID-19 unit and failed to provide dedicated restroom, break room and entry access for the staff working in the COVID-19 unit. These failures created the potential for the spread of COVID-19 to residents in the non-COVID-19 area of the facility. 2) The facility failed to frequently assess and change the dressing covering a Peripherally Inserted Central Catheter (PICC - a thin tube inserted into a vein in the arm and threaded into a major vein, used for the administration of medications) of one resident (Resident 1) according to its policies and procedures. This failure created the potential for infection at the PICC site and other areas of Resident 1. Findings: 1) During an interview on 7/15/20, at 10:05 a.m., the Administrator stated the facility had five residents positive for COVID-19 out of a total census of 43 residents. The Administrator stated the COVID-19 positive residents were in a segregated area of the facility comprising rooms #25, #26 and #27, and that all these three rooms were occupied by residents. The Administrator stated rooms #25, #26 and #27 were separated from the rest of the facility by a plastic barrier which had an opening that allowed staff and supplies to go through. The Administrator stated the COVID-19 unit had a dedicated exit to the outside of the facility and that staff used this exit when leaving the COVID-19 unit. To enter the COVID-19 unit, the Administrator stated staff had to go around and come in through the main door of the facility and enter the COVID-19 unit through the plastic divider inside the facility. The Administrator stated there was no dedicated bathroom or break room for staff in the COVID-19 unit. During an observation on 7/15/20, at 10:25 a.m., Licensed Nurse C was providing resident care in the non-COVID-19 area of the facility. During an observation on 7/15/20, at 10:55 a.m., Certified Nursing Assistant (CNA) A was working in the COVID-19 unit. CNA A was the only staff observed in the COVID-19 unit. During a concurrent interview, CNA A stated there was no restroom or break area for him to use in the COVID-19 unit. CNA A stated he used the restroom in the non-COVID-19 unit which was shared by staff working in the non-COVID-19. For breaks, CNA A stated he used the outside smoking area. CNA A stated he used the COVID-19 unit's dedicated exit to leave but entered the COVID-19 unit through the plastic divider located inside the facility in the non-COVID-19 area. CNA A stated he was dedicated to the COVID-19 unit, meaning he only worked with COVID-19 positive residents. CNA A stated there were no dedicated licensed nurses for the COVID-19 unit and that when a resident in the COVID-19 unit needed a licensed nurse one from the non-COVID-19 unit would come in and then return to the non-COVID-19 area. During an observation on 7/15/20, at 1:30 p.m., Licensed Nurse C was observed providing resident care in the COVID-19 unit. The Center for Disease Control and Prevention (CDC), in its guidance titled Responding to Coronavirus (COVID-19) in Nursing Homes, dated 4/30/20, indicated: Assign dedicated HCP (healthcare personnel) to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAS) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) During an interview on 7/15/20, at 2:35 p.m., the Administrator stated he would expand the COVID-19 unit to include one vacant room and restroom to be used by staff in the COVID-19 unit as a dedicated break room and restroom. The Administrator stated staff would enter and exit the COVID-19 unit through a dedicated door and would assign dedicated staff to the COVID-19 unit. 2) An observation of Resident 1's PICC line site on 7/15/2020 at 1:00 p.m. revealed a transparent dressing over a piece of gauze, with loose paper surgical tape surrounding it for reinforcement to the skin. The date on the dressing was under the paper surgical tape. Licensed Nurse C peeled the paper surgical tape and verified 7/7 as the date written on the dressing. During a record review and concurrent interview on 7/15/2020 at 1:30 p.m., Resident 1 tested positive for COVID-19 and then transferred to COVID-19 Unit. Resident 1 was on intravenous (IV) antibiotics for an infected finger since June 24, 2020. Licensed Nurse C stated, A registered nurse (RN) gives the antibiotic infusion. When asked who changes the dressing of the PICC line, License Nurse C answered, The RN was responsible and I just reinforced the dressing with surgical paper tape because it was loose. I have an IV certification. Licensed Nurse B stated, I have an IV certification, the RN was in charge of the IV dressing and antibiotic infusion. A review of the Physician Orders for the month of July 2020 revealed that MD ordered an IV antibiotic for a left finger infection. A review of Resident 1's Medication Administration Record [REDACTED]. The facility did not have any record of the PICC line dressing changes or any documented observations of the PICC line site. A review of the facility Policy &amp; Procedure titled Central Venous Catheter (CVC) Dressing Change, dated June 2018, indicated that the dressing change was to be performed by RN's and IV Certified LVN's (Licensed Vocational Nurse) according to state law and facility policy. On page 1 under Policy: A) A transparent dressing is the preferred dressing. B) Dressing changes using transparent dressing are performed: . 2. At least weekly 3. If the integrity of the dressing has been compromised (wet, loose or soiled). C) When the transparent dressing is applied over a gauze dressing, it is considered a gauze dressing and is changed: . 2. Every 48 hours 3. If the integrity of the dressing has been compromised (wet, loose or soiled) . H) Assessment of Venous access site is performed: 1. During dressing changes 2. Frequently during continuous therapy 3. Before and after administration of intermittent infusions 4. At least once every shift when not in use . I) Assessment is to include, but is not limited to, the absence or presence of: 1. Redness 2. Drainage 3. Swelling or induration 4. Change in skin temperature 5. Tenderness at the site or along vein tract 6. Integrity of transparent dressing On page 2, under Procedures: T) Label dressing with: 1. Date and time 2. Nurse's initials U) Documentation in the medical record includes, but is not limited to 1. Date and time 2. Site assessment 3. Resident response to procedure and/or medication</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.