STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055093	A. BUILDING _____ B. WING _____	**06/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOUTH MARIN HEALTH & WELLNESS CENTER	**1220 SOUTH ELISEO DRIVE GREENBRAE, CA 94904**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an infection prevention control program designed to prevent COVID-19 when the facility's screening form for staff did not list all the pertinent signs and symptoms for COVID-19 per the Centers for Disease Control and Prevention (CDC). This failure had the potential for staff to not be screened for all signs symptoms of COVID-19 and spread the disease in the facility. Findings: During an interview on 6/9/20, at 9:55 a.m., the facility's Infection Preventionist (IP) stated all staff were screened for signs and symptoms of COVID-19 prior to entering the facility. The IP provided a copy of the form used to screen staff. A review of this form, titled HCP (Health Care Provider) Screening Tool for [MEDICAL CONDITION] (COVID-19), dated 6/9/20, indicated staff were asked to answer the following question: Do you have any signs or symptoms of respiratory infection, such as fever, cough, shortness of breath or sore throat? No other signs and symptoms of COVID-19 were listed in the form. The IP confirmed this was the form used to screen staff. The Centers for Disease Control and Prevention (CDC) recommends the following for Skilled Nursing Facilities: Screen all HCP at the beginning of their shift for fever and symptoms of 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.

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