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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055892 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/16/2020 |
| NAME OF PROVIDER OF SUPPLIER BERKELEY PINES SKILLED NURSING CENTER | | STREET ADDRESS, CITY, STATE, ZIP 2223 ASHBY AVENUE BERKELEY, CA 94705 | |
| 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 their policies and procedures for infection control during the Coronavirus Disease 2019 outbreak (COVID-19 - a mild to severe respiratory illness spread through person-to-person contact) when a Licensed Vocational Nurse (LVN 1) provided care for COVID-19 positive and COVID-19 negative residents during the same shift. This deficient practice had the potential to result in the spread of COVID-19 to the facility's COVID-19 negative residents. Findings: During an observation and concurrent interview on 7/6/20, at 9:45 a.m., LVN 1 prepared medication at a medication cart in the hallway on the COVID-19 negative unit. LVN 1 stated he got medications from the medication cart located on the COVID-19 negative unit to give to residents on the COVID-19 positive unit. LVN 1 stated he cared for residents in the COVID-19 positive unit and residents on the COVID-19 negative unit during his shift (on 7/6/20). During an interview with LVN 1 on 7/6/20 at 12:34 p.m., LVN 1 stated he thought it was okay to care for COVID-19 positive residents and then care for COVID-19 negative residents during the same shift as long as he changed his personal protective equipment (PPE) and did hand hygiene (wash hands with soap and water or use an alcohol-based hand rub). Review of a facility document titled AM Assignment, dated 7/6/20, indicated LVN 1 was assigned as the charge nurse for the facility (both the COVID-19 positive and COVID-19 negative units). Review of a facility document titled Nursing Staffing Assignment and Sign-in Sheet, dated 7/6/20, indicated LVN 1 was the only charge nurse for the day shift. During an interview with the Local Public Health Infection Preventionist (LPHIP) on 7/6/20 at 4:01 p.m., [MEDICAL CONDITION] stated that on 7/3/20 the facility notified him of a COVID-19 outbreak at the facility. LPHIP stated he told the facility to dedicate staff for the COVID-19 positive unit. During an interview with the Administrator (ADM) and Director of Nursing (DON) on 7/6/20 at 9:42 a.m., ADM stated the floor nurse (LVN 1) cared for COVID-19 positive and COVID-19 negative residents during the same shift. ADM stated a floor nurse was not dedicated to the COVID-19 positive unit because the facility only had one floor nurse per shift. Review of the facility's policy and procedure titled Policies On COVID-19, not dated, indicated .Preparing to Receive Residents with Suspected or Confirmed COVID-19 Infection .Identify dedicated (Healthcare Personnel) HCP to care for residents with COVID-19 | | |

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.