

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PETALUMA POST-ACUTE REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1115 B STREET PETALUMA, CA 94952</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<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 dedicate licensed nursing staff to its COVID-19 unit, when it allowed licensed nursing staff to care for both COVID-19 residents and non-COVID-19 residents. This failure allowed potential transmission of COVID-19 within the facility and did not ensure a safe environment for resident care. Findings: During an interview on 7/28/20, between 1:35 p.m. and 2:30 p.m., the Director of Nursing Services (DON) discussed the facility's staffing of licensed nurses for managing COVID-19 in the facility. The DON stated the facility had assigned one licensed nurse to work on the facility's designated COVID-19 unit (Wing C). The DON stated this licensed nurse had also been assigned to work on a non-COVID-19 unit (Wing B) used to house potentially-exposed residents and residents under investigation with sign and symptoms of COVID-19. The DON stated 7/28/20 was the final day a nurse will cross between Wing C and Wing B. The DON stated the licensed nurse was the only clinical staff not dedicated to Wing C, the COVID-19 unit. The DON stated the facility had not experienced a staffing crisis situation during the COVID-19 outbreak. The DON stated the facility has not requested help from public agencies, or private staffing agencies to bolster its staffing roster. During a concurrent observation and interview on 7/28/20, between 2:35 p.m. and 2:45 p.m., Wing B had five residents admitted . Licensed Staff A stated two residents were persons under investigation (PUIs) with symptoms of COVID-19, and three residents were asymptomatic but potentially exposed to COVID-19. Licensed Staff A stated she changed personal protective equipment (PPE), specifically gown and gloves, when transitioning care between a symptomatic resident and an asymptomatic resident. Licensed Staff A stated she was also assigned as the licensed nurse for Wing C (e.g., the facility's COVID-19 unit). Licensed Staff A stated she visited Wing C twice a day, and returned to Wing B after completing her duties. While on the COVID-19 unit, Licensed Staff A stated she administered medication, checked blood sugars, and administered insulin. Licensed Staff A also stated she assisted with any other patient duties. Licensed Staff A stated, at maximum, she spent 5 minutes in each resident's room on each visit to Wing C. Licensed Staff A stated usually I'm just here, on Wing B, but her assignment required that she floated between Wing B and Wing C. During a concurrent observation and interview on 7/28/20, at 2:50 p.m., Wing C had seven residents admitted . Unlicensed Staff B stated she was the certified nurse aide (CNA) assigned to Wing C. Unlicensed Staff B stated she was assigned to all residents on Wing C. Unlicensed Staff B stated no residents on Wing C required more than one person to assist with transfers or repositioning. Unlicensed Staff B stated she contacted the licensed nurse by walkie talkie to request assistance with resident who required two staff to facilitate safe care. Unlicensed Staff B stated the licensed nurse assigned to Wing C was not dedicated to Wing C. The facility policy and procedure titled Management of Residents with Confirmed and Suspected COVID-19 Infection: Cohorting, dated 06/2020, indicated that facility staff who care for residents positive with COVID-19 should not care for residents in other zones, to the extent possible. The CDC guidance, updated 4/30/20, indicated considerations when Responding to Coronavirus (COVID-19) in Nursing Homes. The guidance indicated a facility should, Assign dedicated (healthcare workers) to work only on the COVID-19 care unit. The guidance indicated, All facilities should adhere to current CDC infection prevention and control recommendations .</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.