

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARIN POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>234 N. SAN PEDRO RD SAN RAFAEL, CA 94903</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's COVID-19 screening process for staff, visitors and residents, did not reflect the latest CDC recommendations; 2) The facility failed to ensure social distancing of at least six feet by residents; and, 3) The facility failed to ensure staff consistently wore face masks while at the facility. These failures created the potential for the spread of COVID-19. Findings: 1) During an observation on 5/21/20, at 9:40 a.m., HFENs # and # (the Surveyors) arrived at the facility and were screened by Staff A for signs and symptoms of COVID-19. Staff A took the temperatures of the Surveyors and asked if they had traveled internationally in the past 14 days, had contact with someone with, or under, investigation for COVID-19 or had fever, cough, sneezing, shortness of breath or sore throat. A review of the screening log filled out by Staff A titled, Screening Questions &amp; Sign-In Sheet, indicated the same questions. During an interview on 5/21/20, at 9:45 a.m., the Administrator and the DON were asked to describe the screening process for staff, visitors and residents. The Administrator stated staff and visitors were screened using the, Screening Questions &amp; Sign-In Sheet, the same used by Staff A to screen the Surveyors. The DON stated residents were screened once upon admission using the, COVID-19 Screening Tool, and thereafter every shift, using a flow sheet in the Medication Administration Record [REDACTED]. All Facilities Letter, dated 5/9/20, titled, Updated Coronavirus Disease 2019 (COVID-19) Symptoms (AFL 20-51), notified facilities the Centers for Disease Control and Prevention (CDC) had updated the list of COVID-19 symptoms to include: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and loss of taste and smell. AFL 20-51 indicated, Healthcare facilities should update their screening process to reflect the updated COVID-19 symptoms. 2) During an observation on 5/21/20, at 11:20 a.m., there were four residents (Residents 1, 2, 3 and 4) in wheelchairs, congregated in front of the nurse's station on the second floor. These residents were not wearing face masks or face coverings. Maintenance Staff B measured the distance between the wheelchairs of Residents 1-4, and stated the wheelchairs were two feet apart. Licensed Nurse C was at the nurse's station and did not intervene to separate the residents in order to maintain social distancing of at least six feet. During an observation on 5/21/20, at 11:30 a.m., a sign on the nurse's station indicated the following: Please maintain a distance of 6 feet at all times. A review of Centers for Disease Prevention and Control (CDC) document titled, Preparing for COVID-19 in Nursing Homes, accessed 5/19/20, indicated: Implement aggressive social distancing measures (remaining at least 6 feet apart from others). (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) A review of Centers for Disease Prevention and Control (CDC) document titled, Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs), accessed 5/19/20, indicated: Enforce social distancing among residents and, Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>) 3) During an observation on 5/21/20, at 10:25 a.m., Dietary Staff D was walking past resident rooms on the second floor towards the staff lounge and was not wearing a face mask or face covering. During an observation on 5/21/20, at 10:29 a.m., Certified Nursing Assistant (CNA) F was walking past resident rooms on the first floor and was not wearing a face mask or face covering. Licensed Nurse G, who was the facility's Infection Preventionist Coordinator, pulled CNA F to the side and told CNA F to wear a face mask at all times in the facility. During an observation on 5/21/20, 10:36 a.m., CNA E was walking past resident rooms on the second floor and was not wearing a face mask or face covering. A review of CDC document titled, Preparing for COVID-19 in Nursing Homes, accessed 5/19/20, indicated, HCP (Healthcare Providers) should wear a face mask at all times while they are in the facility. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>)</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.