STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555161	A. BUILDING _____ B. WING _____	09/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NAPA VALLEY CARE CENTER	3275 VILLA LANE NAPA, CA 94558

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 -** Immediate jeopardy **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 facility record reviews, the facility failed to maintain an effective infection control program when: 1. 5 Staff (Licensed Nurse (LN) B, LN D, Registered Nurse (RN) C, RN G, and Certified Nursing Assistant (CNA) L) did not utilize N95 respirators (particulate-filtering face piece that meets U.S. National Standards for air filtration, filtering at least 95% of airborne particles) per CDC guidance (Center for Disease Control and Prevention). 2 Staff (RN C and RN G) were reusing their N95 respirators for 2-3 shifts (8-12 hours) when the facility had an adequate supply to allow staff to utilize extended-use of their N95, and 2 Staff (RN C and RN G) were taking contaminated respirators out of the facility (for later use). (Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it after each encounter. The respirator is stored in between encounters to be put on again prior to the next encounter with a patient); and 2. The facility was conducting staff Covid-19 testing in the Conference room (a commonly used room) without ensuring adequate ventilation (Covid-19 is an infectious disease caused by the newly discovered coronavirus. Covid-19 can spread from person to person, was declared a global pandemic by the World Health Organization on 3/11/2020, and can be fatal). An IMMEDIATE JEOPARDY (IJ) was identified on 9/3/20 at 6:10 p.m., under 483.80 Infection Control: F880. Licensed Staff B and Unlicensed Staff K were present in the human resource's office, and Administrator A was present via telephone conference call when the IJ was identified. The IMMEDIATE JEOPARDY was abated on 9/11/2020 at 3:20 p.m. Administrator A was present in Administrator A's office when the IJ was abated. 3. 4 Staff (LN B, 2 Unidentified Social Service staff, and 1 Unidentified Activity Staff) were not wearing face coverings (face masks) in the building as required; 4. Transport personnel (EMT's - emergency medical technicians and ambulance drivers) were not screened prior to entering the PUI unit (a space where persons under investigation for Covid-19 were living), and did not wear appropriate PPE (personal protective equipment like N95's, masks, gowns and gloves) prior to entering the PUI unit; and 5. The document used to screen visitors who entered the facility did not reflect current CDC guidelines. These cumulative failures created potential for spread of Covid-19 to vulnerable residents, staff and visitors. Findings: 1. During an interview on 9/2/2020 at 11:50 a.m., RN C was asked to describe how she used N95 respirators at the facility. RN C stated she had the N95 on when entering the building, she kept it on the whole time (entire shift) and she used the N95 during resident care. RN C stated she used the N95 twice (for two, eight-hour shifts). She stated she took it off at the end of the day, put it into a paper bag, and stored it in her locker or car for the next use. During an interview on 9/2/2020 at 12:05 p.m., LN D stated she changed her N95 respirator every three days or as necessary (she wore the same N95 for three, eight-hour shifts). LN D stated she set the (used) N95 in the sun or sometimes in a bag, and ensured it was in a, special place. LN D stated at lunch, she placed her used (contaminated) N95 on a paper towel (for use after her meal). During an interview on 9/2/2020 at 12:10 p.m., CNA E stated staff could use their N95 respirators for two shifts (eight hour each) but she discarded hers at the end of the day. During an interview on 9/2/2020 at 1:30 p.m., LN B was asked about N95 use at the facility. LN B stated N95 respirators could be put in a brown bag at lunch and could go home in a bag (with staff at the end of the day). When asked how many times an N95 could be reused, LN B stated they should be discarded (not reused) on the Covid unit (unit with confirmed Covid-19 residents) and the PUI unit. LN B stated she would need to ask Administrator A about discarding N95's on the Green unit (unit without Covid patients). During an interview on 9/2/2020 at 1:40 p.m., Administrator A stated N95 respirators could be used up to three days (three full shifts) but two days was usual. During an interview on 9/3/2020 at 4:05 p.m., RN F was working on the PUI unit and stated she discarded her N95 at the end of her shift (and did not reuse for another shift). During an interview on 9/3/2020 at 4:10 p.m., RN G (who was working on the PUI unit) stated she used her N95 respirator for two days (two full shifts). RN G stated she put her used N95 into a paper bag and stored in in her car. On the following shift, RN G stated she put on the contaminated N95 and wore in into the facility lobby, where she was screened for Covid symptoms prior to beginning her shift. A review of the CDC website indicated the most significant risk of reusing an N95 respirator is contact transmission from touching the surface of the contaminated respirator. Respiratory pathogens on the respirator surface can potentially be transferred by touch to the wearer's hands and thus risk causing infection through subsequent touching of the mucous membranes of the face (i.e., self-inoculation). Other hazards associated with reusing respirators included the reduction in the respirator's ability to protect the wearer caused by .excessive reuse. (https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) Review of the CDC website indicated when [MEDICATION NAME] extended use of N95 respirators, the maximum recommended extended use period is 8-12 hours. The CDC indicated respirators should not be worn for multiple work shifts and should not be reused after extended use. N95 respirators should be removed (doffed) and discarded before activities such as meals and restroom breaks. (https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) Review of a CDC document (provided by Administrator A on 9/10/2020) titled, Respirator On/Respirator Off, subtitled, When you take off a disposable respirator (dated 6/9/2020) indicated, Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator. Discard in a waste container. 2. During an observation on 9/2/2020 at 11 a.m., LN B was in her office/the Conference room and was having a conversation with another staff member. During an interview (in the Conference room) with the DON, LN B, Manager H and Administrator A on 9/2/2020 at 1:45 p.m., LN B described the process she used for testing staff for Covid-19. LN B stated she performed the ongoing testing in the Conference room, usually between Tuesday and Friday. LN B stated she tested approximately thirty to forty staff per day and wore full PPE, including N95, gown and gloves. During the same interview on 9/2/2020 at 1:45 p.m., Manager H was asked if the window in the Conference room opened (was functional for ventilating the room during the testing). The Manager H stated the window did not open. When asked to identify the number of air exchanges per hour in the Conference room, the Manager H stated he did not know. (Air changes per hour (ACH) influences the time required for airborne-contaminant removal by efficiency. For example: If the Conference room had only two ACH, it would take approximately 138 minutes for removal at 99% efficiency of airborne contaminants). (https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1) During the same interview on 9/2/2020 at 1:45 p.m., the Director of Nursing (DON) was asked if the room was aired out during and after testing, and she stated the door was closed when the room was not in use. LN B stated she used the Conference room as a workspace (office) and she occupied the room after testing staff. During an observation and concurrent interview on 9/3/2020 at 5:30 p.m., the door to the reception office (off the lobby) was open. LN B stated the facility had a new process for staff Covid testing and it now occurred in the reception office. LN B stated she had tested approximately thirty staff that day in the reception office. She stated staff entered the office and were tested at fifteen-minute intervals. LN B stated she tested staff from 6:15 a.m. through 2:30 p.m. and stayed in the office during that timeframe. Due to the pattern of ineffective infection control precautions, an IMMEDIATE JEOPARDY (IJ) was identified on 9/3/20 at 6:10 p.m., under 483.80 Infection Control: F880. LN B and Unlicensed Staff K were present in the human resource's office, and Administrator A was present via

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.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) telephone conference call when the IJ was identified. During an observation on 9/5/2020 at 3:25 p.m., multiple boxes of PPE were stored in the facility lobby and the dining room. The boxes in the lobby were stacked at a height of approximately six feet, or greater (pictures were taken). A review of the CDC website indicated as PPE availability returns to normal, healthcare facilities should promptly resume standard practices (rather than extended use and reuse). (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html) During an interview on 9/5/2020 at 3:40 p.m., LN J was asked about PPE supplies at the facility. LN J stated the facility always had supplies and they always had new ones (PPE). During an interview on 9/5/2020 at 5:02 p.m., CNA L was asked about N95 training and use at the facility. CNA L stated at dinner, she put her N95 in her pocket (to reuse after her meal). During an observation (from the parking lot, prior to entering the building) on 9/8/2020 at 3:35 p.m., two unidentified staff exited the facility; one of the staff was wearing a mask. The masked staff member walked to a car and entered the vehicle, wearing the same mask she had been wearing when she exited the building. During an observation and interview on 9/8/2020 at 3:45 p.m., LN M was wearing a mask after leaving the building. LN M stated she was wearing the mask she had been wearing her entire shift. When asked if she had been educated on mask use at the facility, she stated she had received education that morning. When asked what was supposed to happen with her mask at the end of the day, LN M stated she usually threw it away (and pointed to a near-by trash can). After the interview, LN M walked to her car, still wearing her used/contaminated mask. A Plan of Action (POA) to abate the IJ was accepted on 9/9/2020 at 2:41 p.m. The POA was submitted and accepted via email communication and included the following actions: Issue 1. The facility would conduct response or surveillance testing in the Therapy business office. The Therapy office had a private entrance, private bathroom, window (for ventilation), and did not have an intake source into the ventilation system of the building. Directional signs would be posted to outside to direct the staff to the testing area. The room would be cleaned and disinfected after each test. The entrance door would be closed during testing. Testing Procedure would include: Licensed nurse (LN) shall wear full PPE to include N95 or equivalent or higher respirator, eye protection, gloves and a gown. Staff would be tested on e at a time, they will wear a face mask into the testing room, and they will leave the room and proceed to the facility's main entrance for screening and mask replacement. Symptomatic staff shall be tested out of the facility in a manner such as a drive by. Housekeeping would disinfect the area at the end of the day, allowing several hours to pass prior to the next day's testing. Issue 2. Staff would be educated regarding use of N95 as adequate supplies allow. The education included the CDC do's and don'ts of masking and OSHA compliance of N95 non-reuse. OSHA guidelines included, A surgical N95 mask or respirator is a single-use, disposable respiratory protective device used and worn by healthcare personnel (HCP) during procedures to protect HCP from transfer of microorganisms, body fluids, and particulate material. The POA indicated, Staff shall be (in) compliance with one time use of N95. N95 respirators would be worn (required) on Covid unit, PUI (unit containing residents suspected to be Covid infected or residents who's Covid status is unknown), or when a suspected resident is demonstrating signs of Covid-19 infection. Staff would be provided with New surgical masks/N95's at the beginning of their shifts. During mealtime, staff shall remove the surgical masks and discard, replaced with a new mask. Staff shall be provided replacement/clean masks. Staff would be in-serviced regarding mealtime disposal and replacement of surgical masks. Information regarding donning (putting on) and doffing (taking doff) of N95 in Covid or PUI unit would be provided to dedicated staff. Staff would remove face coverings at the end of the day and dispose of properly and not remove used coverings from the facility property. Facility would provide disposal receptacles for face coverings at front entrance and exit of facility, hand sanitizer dispenser would be installed in same area to sanitize hands after removing face covering. The lesson plan for staff education included, but was not limited to, Staff will not re-use any masks (N95 or surgical mask); surgical masks and N95's shall be replaced and considered contaminated following removal during meal time; dispose of all masks after every day and do not reuse .do no use paper bags to store any mask . During multiple staff interviews on 9/10/2020, staff indicated they would store their N95's during mealtimes for reuse afterwards. At 2:28 p.m., CNA M stated he would put his N95 into a paper bag at lunch. At 2:37 p.m., LN N stated she would put her N95 into a paper bag at lunch. At 3:12 p.m., CNA O stated she would put her N95 into a paper bag at lunch and discard it at the end of her shift. At 3:17 p.m., LN P stated she would use her N95 the whole shift and put it in a paper bag at lunchtime. During an interview at 3:50 p.m., Administrator A and Corporate Consultant (CC) stated it was acceptable to store N95 respirators during meals for use afterwards. The accepted POA indicated N95 would be discarded after meals; therefor, the IJ was not lifted. During an interview on 9/10/2020 at 4 p.m., Administrative A was asked how many N95 respirators the facility had for staff use. Administrator A stated they had, three thousand N95 respirators. After onsite verification (via observation, interview, and record review) that the POA was fully implemented and the immediacy of the IJ was no longer present, the IMMEDIATE JEOPARDY was abated on 9/11/2020 at 3:20 p.m. Administrator A was present in Administrator A's office when the IJ was abated. During a telephone interview on 9/14/2020 at 11:07 a.m., the Medical Director (MD) stated the facility did not have a lack of supplies and he was not aware staff were reusing and taking home used N95 respirators. He stated it was his understanding that the facility was not aware of the practice either. The MD stated staff were not supposed to reuse N95's or take used/contaminated respirators home. 3. During an observation and interview on 9/2/2020 at 11 a.m., LN B was in her office/the conference room and having a conversation with another staff member. LN B was not wearing a face mask. When asked why she was not wearing a facemask, LN B stated she did not usually wear one if she was in her office. During an interview on 9/2/2020 at 11:05 a.m., the DON was asked if LN B should be wearing a face mask at all times (while in the building) and she stated, yes. During an observation and concurrent interview on 9/2/2020 at 11:10 a.m., two Unidentified Social Service staff were in the social service's office. Neither staff member was wearing a face mask. When asked if these two staff should be wearing face mask's, the DON stated, They are six feet apart. (The distance generally considered a safe social distance). During a subsequent observation at 12:20 p.m. (over one hour later), the two staff in the social service office were not wearing face masks. During an observation and concurrent interview on 9/2/2020 at 12:40 p.m., an Unidentified Activity Staff member in the activity department was speaking with another staff member. One staff member was wearing a facemask and the other staff member was not wearing a facemask. The DON confirmed this observation. Review of facility document (provided by Administrator A on 9/11/2020) titled, Personal Protective Equipment - Non-Surgical Face Masks, subtitled, Policy Statement (revised 7/2020) indicated, Facility personnel must wear face masks during the COVID-19 Pandemic. Prior to entry of facility and while on duty in a non-contaminated area of office. 4) During an observation and concurrent interview on 9/5/2020 at 4:40 p.m., two EMT's entered the PUI unit from the back of the building (the PUI entrance). One EMT pushed a female resident in a wheel chair into the PUI unit. The EMT's were wearing gloves and masks (not N95's). LN F stated the two EMT's were taking the resident back from her [MEDICAL TREATMENT] appointment and they had not been screened prior to entering the PUI unit. At 4:44 p.m., two more EMT's entered the PUI unit and both were wearing gowns (in addition to masks and gloves). They were not screened prior to entering. During an interview on 9/5/2020 at 4:45 p.m., one unidentified EMT (who had arrived at 4:44 p.m. wearing a gown) was asked if he was screened at the facility prior to entering the PUI unit. The unidentified EMT stated he was screened at other skilled nursing facilities (prior to entrance) but was not screened at this facility prior to entrance. During an interview on 9/11/2020 at 4:40 p.m., the DON stated she was not aware transport personnel (EMT's) were entering the PUI unit without being screened. She stated they were supposed to wait outside (the PUI unit). Review of facility document titled, (Facility name) Covid 19 Mitigation Plan, subtitled, 2. Infection Prevention and Control (signed and dated by Administrator A on 8/24/2020) indicated, The SNF screens and documents every individual entering the facility (including staff) for COVID-19 symptoms screening includes temperature checks. Review of facility policy titled, Personal Protective Equipment- During COVID 19 Pandemic (containing a revision date of October 2018, a date prior to Covid-19's emergence) indicated, 4. Recommended PPE usage for different zones .b. Yellow Zone (PUI)- personnel must wear the following PPE (N95 .eye wear (goggle/face shield) prior to entering the unit . 5. Review of document titled, Respiratory Screening Questionnaire (Covid-19), (undated) on 9/5/2020 at 3:30 p.m., indicated employees and visitors that have a temperature in excess of 100.4 degrees Fahrenheit should, .self-quarantine for 5 days after the symptoms subside or until they receive a negative COVID-19 test result. A review of the CDC website indicated HCP (healthcare personnel) with symptoms of COVID-19 (including fever) should be prioritized for [MEDICAL CONDITION] testing. Return to Work Criteria for HCP with Covid-19 infection can be based on symptoms and include at least 10 days having passed since symptoms first appeared, at least 24 hours having passed since last fever without the use of fever-reducing medications, and symptoms having improved. These criteria can be altered based on the severity of the disease and/or immune status of the individual. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) During an interview on 9/11/2020 at 4:40 p.m., the DON confirmed the visitor questionnaire did not reflect CDC guidelines or the facility policy. She stated staff with a fever should get a swab at the facility (Covid-19 test), go home, and quarantine

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) for fourteen days.