

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 05A315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER HAYES CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 1250 HAYES STREET SAN FRANCISCO, CA 94117	
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 observation, interview and record review, the facility failed to ensure 1 of 3 sampled staff implemented infection control prevention when: Certified Nursing Assistant (CNA) 1 carried dirty linen with ungloved hands from resident room to the corridor. This deficient practice had a potential to promote spread or transmission of infection in the facility. Findings: During an observation on 7/15/20, at 9:45 AM, in the corridor outside room [ROOM NUMBER], CNA 1 was observed holding dirty linen with ungloved hands to dispose them in the dirty linen cart located between room [ROOM NUMBER] and room [ROOM NUMBER] in the corridor. During an interview with CNA 1 on 7/15/20, at 9:50 AM, CNA 1 stated he was not wearing gloves to dispose the dirty linen outside the room because We must remove our gloves before coming out of the resident room. During an interview with the Director of Nursing (DON) on 7/15/20, at 12:15 PM, the DON stated that staff was supposed to wear gloves when handling dirty linen and there should be a dirty linen cart outside room [ROOM NUMBER]. Reviewed of undated facility policy 'Laundry and Bedding, soiled', indicated, Place contaminated laundry in a bag or container at the location where it is used. Place and transport contaminated laundry in bags or containers in accordance with established policies governing the handling and disposal of contaminated items.		
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.