

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055854</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANTA ROSA POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4650 HOEN AVENUE SANTA ROSA, CA 95405</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 perform proper hand hygiene and follow the Centers for Disease Control and Prevention (CDC) guidelines for personal protective equipment during care of residents on observation status for COVID-19. This failure could potentially cause residents in a vulnerable population to become infected with COVID-19. Findings: During an observation and interview on 8/21/20 at 9 a.m., a tour of the facility was performed with Director of Nursing (DON) and Infection Prevention Nurse (IPN) A. DON and IPN A stated Hall 2 had been designated the yellow zone (a separate wing for new admissions and residents on observation for COVID-19 symptoms). DON and IPN A stated there were 15 or 16 residents in the yellow zone. Direct care staff in Hall 2 were wearing blue gowns, face shields and face masks. The staff were going in and out of resident rooms without changing gowns. DON and IPN A confirmed the staff were not changing gowns between resident rooms. Each room in the hallway had a sign by the door that indicated, 14 Day Quarantine. Continuing the tour, a storage room contained multiple boxes of N95 respirator masks and two unopened boxes containing PAPRs (powered air-purifying respirators). During an interview on 8/21/20 at 10:30 a.m., DON stated the decision to have staff in the yellow zone wear face masks and one gown for the whole shift was based on guidance given on a conference call with the local health department. When queried, DON stated their infection prevention program followed CDC guidelines and guidance from the state and county, whichever was more stringent. During an observation and interview on 8/21/20 at 3 p.m., direct care staff in Hall 2 were wearing blue gowns. The gowns had a loop at the end of each sleeve to loop around the thumb. A certified nursing assistant came out of a resident room, performed hand hygiene using hand sanitizer with her thumbs still looped through the sleeves, then she entered another resident room. When queried about the use of the thumb loops while performing hand hygiene, IPN A stated staff wore gloves while performing resident care. IPN A stated he would order gowns without the thumb loop and will inservice the staff to not use the thumb loops on the gowns. During an interview on 8/21/20 at 3:30 p.m., DON and IPN A stated of all the residents on Hall 2, most had completed their 14 days of observation, but there was nowhere else to move them in the facility. IPN A stated four residents on Hall 2 were still on observation. Review of facility document COVID19 Pandemic Mitigation Plan, not dated, revealed, The IP (Infection Preventionist) has been designated to address and improve infection control practices in coordination with facility Administrator and DON based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control. Review of CDC document, Responding to Coronavirus (COVID-19) in Nursing Homes, last revised 4/30/20, revealed, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</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.