

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER HILLCREST POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 450 HAYES LANE PETALUMA, CA 94952	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to properly prevent the spread of COVID-19 when Director of Nursing (DON) had her mask pulled down below her chin while speaking with two staff members, and a licensed nurse providing direct resident care did not know the contact time (time a disinfectant needs to be in direct contact with the surface to be disinfected) of the disinfectant she was using to clean care equipment. This had the potential to spread COVID-19 to residents in a vulnerable population. Findings: 1. During an observation and interview on 7/14/20 at 3:45 p.m., DON and Infection Preventionist Nurse (IPN) A stated the facility had four residents and three staff members who had tested positive for COVID-19. During the interview, DON's mask kept slipping down off her nose and she was repeatedly adjusting and pulling her mask up over her nose approximately every 20 to 30 seconds. Hand hygiene was not performed. During an observation and interview on 7/15/20 at 3:37 p.m., DON was in her office with her mask pulled down under her chin, with her nose and mouth uncovered, as she spoke with a licensed nurse and IPN A. When queried, DON stated, We were told we don't have to wear masks in our office. During an interview on 7/15/20 at 4:38 p.m., DON stated, We were six feet apart. I thought we could be six feet apart with no mask. Review of facility policy titled Infection Prevention and Control: Coronavirus (COVID 19), last revised 5/25/2020, revealed, Facilities should follow local and state health department guidelines and state regulations as well as the Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) . followed by a URL address for the Centers for Disease Control and Prevention (CDC) document of the same name. Further review of the policy revealed, Per CMS (Centers for Medicare and Medicaid Services) directive issued 4/2/2020, all facility employees should wear a facemask while they are in the facility for the duration of the state of emergency in their state. The policy did not indicate an exception for masks in offices. Review of the CDC document Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings revealed, HCP (healthcare personnel) should wear a facemask at all times while they are in the healthcare facility . They should also be instructed that if they must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after. 2. During an interview on 7/14/20 at 4:50 p.m., Licensed Nurse B stated she did not know the contact time for the disinfectant wipes she was using to clean the care equipment she was using, such as the glucometer (device that measures blood glucose) or blood pressure cuff. When queried where she could find the information, Licensed Nurse B stated she could ask the Director of Staff Development. During an observation and interview on 7/15/20 at 4 p.m., the packaging of the disinfectant wipes that Licensed Nurse B stated she was using indicated a contact time of two minutes. Review of facility policy titled Cleaning and Disinfection of Resident-Care Items and Equipment, revised October 2018, revealed, Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturer's instructions.		
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.