

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLCREST POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>450 HAYES LANE PETALUMA, CA 94952</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 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to follow the infection control policy for COVID-19 when two of four families of sampled residents were not notified of new cases of COVID-19 in the resident population. This failure caused distress to one family member who was not able to visit their loved one and relied on the facility to inform them of the situation. Findings: During an interview on 7/29/20 at 9:27 a.m., Director of Nursing (DON) and Infection Preventionist Nurse stated they had had six residents positive for COVID-19 in the facility and ten staff positive for COVID-19. During a record review of the facility's line listing (a table that summarizes information about persons who may be associated with an outbreak) for COVID-19, four residents on the first page had the word positive written next to their name. Under the column Onset Date three of the positive residents had 7/13/20 written in, and Y (yes) written in under the Symptoms column. Review of one of the four positive residents, Resident 1's, medical record revealed a positive COVID-19 test on 7/14/20. Review of four randomly selected residents' medical records revealed no documentation that the residents or their families had been notified of these four positive residents. During an interview on 7/29/20 at 3:40 p.m., the DON stated she and other management staff are responsible for notifying the families and residents when there are positive cases of COVID in the facility. The DON stated she speaks with the family's weekly if not more frequently. Documentation of residents and their representatives being notified of the four residents who tested positive for COVID-19 on or around 7/14/20 was requested. In response, documentation was provided of residents and their representatives being notified of a positive staff member on 7/11/20 and 7/13/20. During an interview on 7/30/20 at 8:30 a.m., when queried about notification from the facility of four positive residents two weeks ago, Family Member (FM) 2 stated, They (the facility) said I got a call, but I never did. I don't know what happened with that. During an interview on 7/30/20 at 8:42 a.m., when queried, FM 3 stated she had been notified of one resident who tested positive for COVID-19 in the facility. She stated she was not aware there were a total of six positive residents in the facility. FM 3 became distressed and explained she lived 3,000 miles away and was not able to visit her [AGE] year-old mother. FM 3 further explained she did not know how her mother was doing because no one ever called her for the care conference that had been scheduled for last week. Review of facility document Coronavirus 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities, not dated, indicated under section titled, COVID-19 Mitigation Plan Requirements, The SNF (skilled nursing facility) has a plan for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including the prevalence of confirmed cases of COVID-19 in staff and residents as directed by CMS (Center for Medicare and Medicaid Services). Review of facility policy, Infection Control and Prevention Coronavirus (COVID-19), revised 5/25/20, indicated, Facility will update the residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a subsequent infection of COVID-19 is identified .</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.