

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555844</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NOVATO HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1565 HILL ROAD NOVATO, CA 94947</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 - Many</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 implement an effective infection prevention and control program for COVID-19, when the facility's surveillance plan for COVID-19 did not include a log for staff to document the screening of residents for signs and symptoms of COVID-19. The facility's surveillance plan relied on staff informally monitoring residents for signs and symptoms of COVID-19, while on duty. During interviews, four of four licensed nurses interviewed, were unable to verbalize all the main signs and symptoms of COVID-19. This failure had the potential for residents to not be screened and monitored for all signs and symptoms of COVID-19, resulting in the spread of COVID-19 in the facility. Findings: During an interview on 6/25/20, at 9 a.m., the facility's Administrator, Director of Nursing (DON) and Infection Preventionist Nurse (IPN) were asked to describe the facility's resident surveillance plan (monitoring and detection) for COVID-19. The DON and IPN stated residents' temperatures were taken each shift (three times a day) and documented on a paper form. The residents were also screened and monitored for signs and symptoms of COVID-19 by licensed nurses throughout the day. The DON and IPN stated the monitoring of COVID-19 signs and symptoms was done informally by licensed nurses and was not documented, except if residents were positive for signs and symptoms of COVID-19, in which case action was taken to isolate the residents and follow facility policy. During an interview on 6/25/20, at 9:50 a.m., Licensed Nurse A stated she/he screened and monitored residents for signs and symptoms of COVID-19 every shift, but did not document it. Licensed Nurse A was asked to list the signs and symptoms of COVID-19 and listed the following: Runny nose, sore throat, fever, back pain, diarrhea and, whatever symptoms they present. During an interview on 6/25/20, at 9:55 a.m., Licensed Nurse B stated she/he screened and monitored residents for signs and symptoms of COVID-19 every shift, but did not document it. Licensed Nurse B was asked to list the signs and symptoms of COVID-19 and listed the following: Cough, shortness of breath, fever and runny nose. During an interview on 6/25/20, at 10 a.m., Licensed Nurse C stated she/he screened and monitored residents for signs and symptoms of COVID-19 every shift, but did not document it. Licensed Nurse C was asked to list the signs and symptoms of COVID-19 and listed the following: Cough, body aches, fever, sore throat, headache and loss of taste. During an interview on 6/25/20, at 10:05 a.m., Licensed Nurse D stated she/he screened and monitored residents for signs and symptoms of COVID-19 every shift, but did not document it. Licensed Nurse D was asked to list the signs and symptoms of COVID-19 and listed the following: Shortness of breath, cough, fever and loss of appetite. The Centers for Disease Control and Prevention recommends the daily monitoring and screening of residents in long term care facilities for signs and symptoms of COVID-19 as a key strategy in prevention and control of COVID-19 (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> and <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>). On 5/9/20, the California Department of Public Health issued an All Facilities Letter (AFL) 20-51, which indicated: This AFL notifies health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms, to include, cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell, and, healthcare facilities should update their screening process to reflect the updated COVID-19 symptoms. A review of facility policy and procedure titled, COVID-19, indicated residents will be screened and monitored for the following signs and symptoms of COVID-19: Fever, cough, dyspnea (shortness of breath) or difficulty breathing, myalgia (muscle pain), malaise or fatigue, sore throat, new onset of loss of taste and smell.</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.