

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2015
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NAME OF PROVIDER OR SUPPLIER SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 6TH AVENUE SAN RAFAEL, CA 94901
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an ABBREVIATED STANDARD SURVEY for Entity Reported Number: CA00430154 Inspection was limited to the Abbreviated Standard Survey and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor # 17151 Health Facilities Evaluator Supervisor.	F 000		
F 441 SS=E	A DEFICIENCY WAS ISSUED FOR ENTITY REPORTED INCIDENT: CA00430154. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441	San Rafael Healthcare and Wellness Center submits this response and the plan of correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited or liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in civil criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings relied upon in a manner adverse to the interest of the provider either by the government agency or third party.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator 3/5/15	(X6) DATE
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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.

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Amended 3/10/15

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F 441	<p>Continued From page 1</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to follow their own policy and procedures for infection control practices during gastrointestinal outbreak at the facility when they continued to admit residents from the hospital and home. This failure had the potential for exposure of the norovirus to newly admitted residents that may have depressed immunity and are not able to fight off an infection.</p> <p>Findings: During an interview on 2/18/15 at 4:46 p.m., Administrative Staff A stated that they were admitting residents during the norovirus outbreak. When asked what the local health department had recommended, Administrative Staff A stated that it was recommended that they do not admit but it was up to the residents and the families to</p>	F 441	<p><i>F 441</i> <i>What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.</i> Resident 1 was admitted on 2/10/15 with terminal diagnosis of Pancreatic Cancer with Mets, Malignant Neoplasm Pancreas Nos., and Partial Bowel Obstruction. Upon admission she had orders for medications to control/ameliorate signs and symptoms of nausea and vomiting.</p> <p>Resident 1 was included on line list as per facility policy and procedure as she vomited one time. On 2/18/15, facility ceased admissions during the GI outbreak as per the directive of CDPH.</p> <p>Facility will follow the guidance of the local health department, CDPH and its own policies and procedures of infection control to prevent the spread of infection during gastrointestinal outbreaks. Admissions shall be coordinated with health department as per facility policy and procedure</p> <p>IP nurse will be re-educated by Nurse Consultant regarding the facility's Infection Control Program and will be able to verbalize the need to follow the guidance of Local/County Public Health Department on admitting new residents during GI outbreaks on or before 3/8/15.</p> <p><i>How other patients having the potential to be affected by the same deficient practice are identified, and what corrective action will be taken.</i></p>	2/10/15	2/18/15	3/8/15

PHILIPPA 3/10/15

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F 441 Continued From page 2
determine if they wanted to be admitted. When asked the rationale for admitting the residents during a norovirus outbreak, Administrative Staff A stated "We have already taken the hit financially."

During an interview on 2/19/15 at 10:55 a.m., Administrative Staff B, who is from the local health department was asked what her recommendations were for the facility regarding admitting residents during the norovirus outbreak, Administrative Staff B stated that she was told by Administrative Staff A that the facility had financial concerns and that they would be admitting residents. Administrative Staff B told Administrative Staff A that they recommended that they do not admit residents during the norovirus outbreak but if they had to admit residents. The residents need to be admitted to a private room or an unaffected ward.

During an interview and concurrent document review on 2/19/15 at 3:15 p.m., Administrative Staff A and Administrative Staff C sent to the Department on 2/19/15 and stated that they were following the sources: Guidance from the following AFL 06-32, Recommendations for the prevention and control of viral gastroenteritis outbreaks in California Long Term Care Facilities 2006 that indicated "A norovirus outbreak that begins with a single illness can rapidly spread and within a few days involve many residents and staff. At this point it can become increasingly difficult to control." Recommendations for the Prevention and control of Viral Gastroenteritis outbreaks in California Long Term Care Facilities, October 2008 indicated "Limit new admissions

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All residents have the potential to be affected by the practice. IP nurse, DON and Admissions Coordinator will be re-educated by Nurse Consultant regarding the facility's Infection Control Program specifically addressing admissions during GI outbreaks on or before 3/8/15

What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.
The Administrator will monitor during GI outbreaks, if new admissions are necessary to ensure their admission to unaffected units or to a unit that has had no new cases for at least 2 days. Admissions shall be coordinated with Local/County Public Health Department as per facility policy and procedure.

A description of the monitoring process and positions of persons responsible for monitoring.
The Administrator to report to QAPI Committee admission of residents during an outbreak monthly until issue is resolved. Any trends or issues will be addressed by the QAPI Committee for continued compliance.

Corrective action completion date:
3/8/15

3/8/15

3/8/15

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F 441	<p>Continued From page 3</p> <p>until the incidence of new cases has reached zero for at least 48 hours. If new admissions are necessary, admit resident to an unaffected unit or to a unit that has had no new cases for at least two days." When asked how the facility was following the above recommendations from the local health department and the above guidance. Administrative Staff C stated that they do not have private rooms but did have an unaffected ward. When asked for the floor plan for the unaffected ward, Administrative Staff C stated that they did not have an unaffected ward. When asked about Resident 1 who was included on the admission list and Resident 1 was admitted on 2/10/15. Administrative Staff C and Administrative Staff A confirmed the outbreak started on 2/2/15. The facilities infection control log indicated that Resident 1 exhibited signs and symptoms of the Norovirus on 2/13/15, such as nausea, vomiting. There were no temperature recorded or stool samples obtained.</p> <p>The facilities infection control policy and procedure (no date) indicated the following: "Restrict or ban admissions...Restricting admission to the Facility as indicated or as authorized by the health department/Medical Director;"</p>	F 441			