

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER VINEYARD POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 101 MONROE STREET PETALUMA, CA 94954	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program, designed to prevent the transmission of COVID-19, when: 1) The facility did not isolate newly admitted residents for 14 days after admission. 2) The facility did not follow Centers for Disease Control(CDC) Covid Infection Prevention Guidance for Nursing Homes. 3) The facility did not follow their Policy and Procedure (P&P) titled Coronavirus Disease (COVID-19)-Infection Prevention and Control Measures, when one Resident did not remain in isolation precautions for 72 hours. 4) The facility P&P titled Coronavirus Disease (COVID-19) Infection Prevention and Control Measures, did not reflect the most recent recommendations from the CDC that included 14 day isolation precautions (Isolation precautions are used to help stop the spread of germs from one person to another. Healthcare personnel may wear a gown and gloves for all interactions that may involve contact with the patient.) with use of Personal Protective Equipment (PPE) of gloves, gown, N95 mask and eye protection. These cumulative failures had the potential for resident and staff harm from transmission of COVID-19 if the facility could not prevent or control the spread of COVID infections. Findings: During an interview with Director of Staff Development A, on 5/29/20, at 1 p.m., she stated she was the facility Infection Preventionist. She stated there were no residents currently in isolation. During an interview and observation of the COVID-19 observation unit resident rooms, on 5/29/20, at 1:30 p.m., Director of Staff Development and Infection Preventionist A stated rooms [ROOM NUMBERS] were currently designated as the isolation rooms for new resident admissions and readmissions. She stated all new residents were placed in a private room, with the door closed, in droplet isolation precautions, that included staff wearing surgical masks, gowns, eye protection and gloves while in the resident room. She stated after 72 hours the isolation precautions were discontinued and the resident was closely observed for 7 days. She stated all new admissions are suspected of COVID-19 until a test result comes in as negative. She stated new admissions are considered to be persons under investigations and are monitored for 14 days. She stated staff wore isolation gowns, gloves, mask and eye protection during that time. During an interview with Licensed Nurse B, on 5/29/20 at 3:20 p.m., she stated the facility Policy and Procedure (P&P) for resident admission was to isolate residents in facility rooms [ROOM NUMBERS] for 72 hours utilizing isolation precautions. She stated staff wore gowns, gloves, surgical masks were for three days. She stated N95 masks were used only if residents were symptomatic. She stated a cart with masks, gowns, gloves and eye protection stayed outside the resident room and every time someone went into the room, they had to put on Personnel Protective Equipment to prevent potential transmission of COVID-19. She stated any new admission is treated as a possible COVID-19 case. She stated the facility's P&P for new admissions required resident observation in a private isolation room with a private bath. She stated the facility would put two patients in observation to cohort new admissions. She stated new admissions are not on isolation for 14 days. She stated only for the first three days then they are observed residents for a total of 14 days. She stated the 14 day assessments included vital signs, respiratory status, O2 saturation on all shifts. During an observation and interview on 5/29/20, at 3:35 p.m., Resident 1's door (room [ROOM NUMBER]) was open and the Resident appeared to be laying down on his bed, in his clothes. No isolation sign or isolation cart was observed outside the room. Director of Staff Development and Infection Preventionist A stated this resident had just come off droplet isolation precautions after three days. During a review of the electronic medical record for Resident 1, it indicated he was admitted to the facility on [DATE], and was on new admission day two. There was no indication of Resident 1 being on isolation precautions. During a telephone interview on 6/10/20 at 3 p.m., Director of Staff Development and Infection Preventionist A stated admitted residents remained on isolation precautions for 72 hours. She stated she was unsure how the facility determined 72 hours was adequate for monitoring. She stated the facility started a 14 day isolation monitoring with Personal Protective Equipment (PPE) after 5/29/20, based on CDC recommendations. A review of the facility P&P titled, Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised April 2020, did not indicate the use of isolation precautions, use of Personnel Protective Equipment, or time limits for monitoring for signs or symptoms of COVID-19. 2) During an interview with Director of Staff Development and Infection Preventionist A, on 5/29/20, at 1 p.m., she stated the facility utilized Centers for Disease Control (CDC) and California Department of Public Health (CDPH) as resources for COVID-19 prevention. A request was made to review the facility Policy and Procedure (P&P) for 72 hour isolation and monitoring. She stated she was unable to find the P&P or the CDC guidance. The requested P&P was not received. During an interview with Director of Staff Development and Infection Preventionist A, and observation of resident observation rooms 1 -10, on 5/29/20, at 1:30 p.m., she stated rooms [ROOM NUMBERS] were currently designated as the isolation rooms for new resident admissions. She stated new residents were placed in a private room, with the door closed, in Isolation Precautions, that included, staff wearing surgical masks, gowns, eye protection and gloves while in the resident room. She stated after 72 hours the isolation precautions were discontinued and the resident was closely observed for 7 days. She stated all new admissions were considered COVID-19 positive until a test result comes in as negative. She stated new admissions without a negative test are considered to be persons under investigations and monitored for 14 days. She stated staff will wear isolation gowns, gloves, mask and eye protection during that time. During a telephone interview on 6/10/20 at 3 p.m., Director of Staff Development and Infection Preventionist A, stated the CDC recommended 14 days in isolation. There was no explanation why the facility was not following CDC recommendations. A review of the facility P&P titled Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised April 2020, did not indicate use of isolation precautions, use of Personnel Protective Equipment, or time dependent monitoring. The P&P referenced the CDC document Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings. A review of a document titled CDC Coronavirus Disease 2019(COVID-19) Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings, indicated, Recommendations 1. Minimize Chance for Exposure Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens including [DIAGNOSES REDACTED]-COV-s, [MEDICAL CONDITION] that causes COVID-19. . It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 (e.g., older individuals with comorbid conditions). Review of a document titled CDC Coronavirus Disease 2019 (COVID-19) Preparing for COVID-19 in Nursing Homes, dated 5/19/20, indicated Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown . Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (Health Care Practitioners) should wear an N95 or higher-level respirator . eye protections .gloves, and gown when caring for these residents. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and care for using all recommended COVID-19 PPE. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. 3) During an interview on 5/29/20, at 3:30 p.m., with Director of Staff Development and Infection Preventionist A, and review of the facility P&P</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>titled Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised April 2020, indicated 12. For a resident with known or suspected COVID-19: a. Staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available . No time line was indicated for length of observation and isolation. Director of Staff Development and Infection Preventionist A stated new admissions are placed in the observation room in isolation precautions for 72 hours. She stated 72 hours was determined by the facility to be the isolation time frame. She stated the CDC recommended 14 days. She stated the facility is not implementing 14 day isolation precautions. During an interview with Licensed Nurse B, on 5/29/20 at 3:20 p.m., she stated the facility Policy and Procedure (P&P) for resident admission was to isolate residents in rooms [ROOM NUMBERS] for 72 hours isolation precautions, use dedicated equipment and assign dedicated staff to those rooms. She stated a cart with masks, gowns, gloves and eye protection stayed outside the resident room and every time someone goes into the room, they have to put on Personnel Protective Equipment to prevent potential transmission of COVID-19. She stated any new admission is treated as a possible COVID-19 case. During an observation and interview on 5/29/20, at 3:35 p.m., Resident 1's door was open and the Resident appeared to be laying down on his bed, in his clothes. No isolation sign or isolation cart was observed outside the room. Director of Staff Development stated this resident had just come off droplet isolation precautions after three days. During a review of the electronic medical record for Resident 1, it indicated he was admitted to the facility on [DATE]. No orders or care plan for isolation precautions were noted. In a record titled Progress Notes, dated 5/30/20 at 1:17 p.m., it indicated Nurse's Note Patient now completed the quarantine time, new admit day 4. 4) During a review of the facility P&P titled Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, dated April 2020, it did not indicate if a Resident with known or suspected COVID-19 was placed in isolation precautions and how long the precautions would be in place. Review of a document titled CDC Responding to Coronavirus (COVID-19) in Nursing Homes, indicated Considerations for new admissions or readmissions to the facility . All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator, eye protection, gloves, and gown. . 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>		