

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 05/27/2020
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.			
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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 Resident COVID-19 Admission Policy and Procedure did not reflect Centers for Disease Control or California State Department of Health Covid Prevention Guidance for isolation / quarantine. 2) The facility did not isolate / quarantine newly admitted residents. 3) The facility Resident COVID-19 Admission Policy and Procedure was not followed for four Residents who were admitted without assessment and documentation of COVID-19 test results. 4) The facility did not take vital signs and assess for signs and symptoms of COVID-19 according to their COVID-19 Policy and Procedure (P&P) for four newly admitted Residents. 5) The facility did not have a plan to monitor staff who worked at other facilities, to make sure they changed clothing and shoes before reporting for work. 6) The facility failed to ensure staff consistently wore face masks while at the facility when two staff (Dietary Staff E and Licensed Staff C) and one supervisor (Dietary Services Supervisor D) were observed inside the facility without facility mandated face masks. 7) The facility failed to ensure staff consistently completed the screening questionnaire and took their temperature before their shift. One staff (Licensed Staff C) was observed in a patient care area without completing mandated COVID-19 Screening. 8) The facility did not follow Center for Disease Control (CDC) recommendations for bleach concentration for disinfection of surfaces. 9) Posting of COVID-19 Precaution warning signage was not done in a manner that adequately promoted visual communication of Disease Transmission Prevention information for staff and visitors per CDC guidelines. These cumulative failures had the potential for the facility to not prevent or control the spread of COVID-19 infections. Findings: 1. During an interview and policy review on 5/21/20, at 10 a.m., the Director of Nursing Services A and Director of Staff Development B stated the facility had a Policy and Procedure (P&P) for [MEDICAL CONDITION] Prevention based on Centers for Disease Control (CDC) and Departments of Public Health. Director of Nursing Services A stated when a resident is admitted, they get a mask and are placed in a private room for three days or seven days. She stated if residents were assessed and do not have signs or symptoms of COVID-19 we may move them to another room after 3 days. She stated COVID testing may or may not be done by the transferring facility. She stated while the residents are in private rooms, no isolation precautions were implemented. Director of Nursing Services A stated residents were assessed for signs and symptoms that included respiratory symptoms, fever, oxygen saturation at least once a shift for three days or seven days. During an interview and document review, on 5/21/20, at 12:50 p.m., Director of Nursing Services A, provided an untitled, undated document that stated, 1. New admits in a solitary room X 7 days (if possible). She stated the document was the facility process for new admits. When asked if the facility was following Centers for Disease Control (CDC) or California Department of Public Health (CDPH) Guidance, Director of Nursing Services A stated CDC and CDPH were only recommendations. During an interview and policy review on 5/26/20, at 11 a.m., Director of Nursing A stated new admits are placed in a solitary room for seven days, if available. She stated the purpose of placing them in a private room is in case they were a carrier of COVID-19. She stated there were no other special precautions, like isolation precautions, mandatory adherence to wearing N-95 masks, eye protection, gowns or gloves. She stated for new admissions, vital signs are taken every shift for 72 hours and that is not different than before COVID-19. She stated the facility is not following isolation precautions recommended by the CDC and if a resident developed COVID-19 then probably it would be transmitted to the other Residents and staff who provided care. During an interview on 5/26/20, at 1:26 p.m., Director of Nursing A stated there was no COVID-19 Policy and Procedure for resident admissions and assessments. A review of the facility document titled Infection Prevention and Control Coronavirus (COVID-19), not dated, indicated Facilities should follow local and state health department guidelines and state regulations as well as the .Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities(LTCF). A review of a facility document titled Infection Prevention and Control Care Processes during COVID-19 Pandemic, not dated, indicated Facility will screen residents before (Hospital test of negative or meeting the non-testing method) or upon admission to determine if resident has an acute respiratory illness . If possible, dedicate a unit/wing exclusively for any resident coming or returning from the hospital. This can serve as a step-down unit where they remain for 7 days . Ideally residents should be tested for COVID-19 before hospital discharge; if not tested , they should be assumed to be COVID-19 positive based on CDC data showing the high proportion of COVID-19 positive elderly who are asymptomatic. A review of a document titled State of California-Health and Human Services Agency California Department of Public Health AFL (All Facilities Letter) 20-51, dated 5/9/2020, indicated This AFL notified health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms. . Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. Review of a document titled, CDC Centers for Disease Control Preparing for COVID-19 in Nursing Homes, dated May 19, 2020, 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 Personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. 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. Testing at the end of this period can be considered to increase certainty that the resident is not infected. 2. During an interview and observation with Director Staff Development B, on 5/21/20, at 10:30 a.m., no CDC recommended hand washing practice signs, information about wearing masks, or COVID-19 signs and symptoms that needed to be reported, were observed to be posted in public bathrooms, hallways or nursing stations. No signs about required Personal Protective Equipment (PPE) were observed outside of the designated observation rooms. No PPE carts containing masks, gowns, gloves were observed outside any resident rooms. Director Staff Development B stated no signs were posted in residents rooms and no residents were under isolation precautions. During an interview with Licensed Staff C, on 5/26/20, at 10 a.m., he stated after admission residents stay in a private room for 7 days to prevent transmission of COVID-19. He stated during that time wearing N 95 masks and gowns, and isolation precautions were not implemented. A review of four, sampled, newly admitted residents (Residents 1,2,3,4) medical records and the facility census, indicated newly admitted Residents 1, 3, and 4 were not isolated in private rooms for 14 days, and were not cohorted with other new admissions for isolation. A review of documents titled Hillcrest Post Acute Daily Census, indicated Resident 1 was in private room [ROOM NUMBER]-2-A from admission on 5/5/20, for 8 days, until 5/13/20, when he was transferred to room [ROOM NUMBER]-7-b with a roommate. Resident 3 was admitted on [DATE], to room [ROOM NUMBER]-1-B, where she remained alone for seven days, until another resident was transferred into bed 1-1-A on 5/20/20. Resident 4 was admitted on [DATE], to room [ROOM NUMBER]-1-B, where she remained alone for 2 days until another resident was transferred into her room. A review of a facility document titled Infection Prevention and Control Care Processes during COVID-19 Pandemic, not dated, indicated, If possible, dedicate a unit/wing exclusively for any resident coming or returning from the hospital. This can serve as a step-down unit where they remain</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) for 7 days . if not tested , they should be assumed to be COVID-19 positive based on CDC data showing the high proportion of COVID-19 positive elderly who are asymptomatic. A review of the facility document titled, Infection Prevention and Control Coronavirus (COVID 19), not dated, indicated, Facilities should follow local and state health department guidelines and state regulations as well as the . CDC Strategies to Prevent the Spread of Covid-19 in Long-Term Care Facilities (LTCF). A review of a document titled, State of California-Health and Human Services Agency California Department of Public Health AFL (All Facilities Letter) 20-51, dated 5/9/2020, indicated, This AFL notified health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms. Health facilities should ensure their screening process and policies and procedures reflect the updated symptoms. . Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. Review of a document titled, CDC Centers for Disease Control Preparing for COVID-19 in Nursing Homes, dated May 19, 2020, 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 should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. 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 5/26/20, at 1:26 p.m., Director of Nursing A stated most residents coming from hospitals have a COVID-19 test before transfer. She stated the facility did not accept COVID-19 8positive residents at this time. She stated she was unsure what the facility Admission Policy and Procedure stated regarding testing of new admissions. A review of the medical records for Sampled Residents 1,2,3, and 4, on 5/26/20 at 2:26 p.m., indicated Residents 1 and 4 were admitted to the facility without documentation of a COVID-19 test from the transferring facility. Resident 3 was admitted [DATE] and a negative COVID-19 test was documented 5/23/20. During a concurrent interview, Director of Nursing A stated if residents were admitted without a negative COVID-19 test there was a risk for resident having COVID-19 and transmitting COVID-19 to staff and other residents. A review of a facility document titled, Infection Prevention and Control Care Processes during COVID-19 Pandemic, not dated, indicated Facility will screen residents before (Hospital test of negative or meeting the non-testing method) or upon admission to determine if resident has an acute respiratory illness . Ideally residents should be tested for COVID-19 before hospital discharge;. 4. During an interview regarding policy and procedures (P&P), on 5/21/20, at 10 a.m., the Director of Nursing Services A and Director of Staff Development B stated the facility had a P&P for [MEDICAL CONDITION] Prevention based on CDC and Departments of Public Health recommendations. Director of Nursing Services A stated after a resident is admitted , they were assessed for signs and symptoms that included respiratory illness, fever, oxygen saturation at least once a shift for three days or seven days. During an interview and document review, on 5/21/20, at 12:50 p.m., Director of Nursing A provided an untitled, undated document that stated, New admits (Med A) screened with VS (vital signs) and assessments Q (every) shift X (times) 72 hours, then full VS Q day and Temp (Temperature) and O2 sat (oxygenation saturation-How effectively the body is using oxygen) 2 x/day (two times a day) . All other admissions screened with VS and assessments Q[***] x 72 hours, then temp and O2 sat 2x/day. Director of Nursing A stated the document was the facility process for new admits. When asked if the facility was following Centers for Disease Control (CDC) or California Department of Public Health (CDPH) Guidance, Director of Nursing A stated CDC and CDPH were only recommendations. During an interview and policy review on 5/26/20, at 11 a.m., Director of Nursing A stated the facility's new admits vital signs Policy and Procedure is to take a residents vital signs every shift for 72 hours. She stated there is no difference in how vital signs are being assess now than before COVID-19. She stated prior to COVID-19, all new admission had vital signs taken every shift for 72 hours. She stated if the Resident developed COVID-19 then probably it had the potential to be transmitted to the other residents and staff. During an interview on 5/26/20, at 1:26 p.m., Director of Nursing A stated there was no Policy and Procedure for resident admissions and assessments. A review of a facility document titled Infection Prevention and Control Coronavirus (COVID 19), not dated, indicated Infection Control Recommendations for Suspected and/or Active Cases in the facility and/or In the County . Ideally residents should be tested for COVID-19 before hospital discharge: if not tested , they should be assumed to be COVID-19 positive based on CDC data showing the high proportion of COVID-19 positive elderly who are asymptomatic. . Increase monitoring of the suspected resident to a minimum of every shift vitals and assessment of respiratory symptoms. Review of a document titled, CDC Centers for Disease Control Coronavirus Disease (COVID 19) Preparing for Covid-19 in Nursing Homes, updated May 19, 2020, 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 should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. 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. Testing at the end of this period can be considered to increase certainty that the resident is not infected. 5. During an interview with Director Staff Development B and Administrator A, on 5/21/20, at 10:30 a.m., Director Staff Development B stated she thought there were three or four staff that work at other facilities. She stated the facility does not monitor if they are changing their clothing or shoes before coming to work at this facility. Director of Nursing Services A stated the facility doesn't have uniforms so there is no way to assess if employees are wearing contaminated clothing or shoes. Director of Nursing Services A stated, yeah we aren't doing that. During an interview 5/26/20, at 11:35 a.m., Director of Staff Development B stated she did not monitor if staff who worked at other facilities had been exposed to COVID-19. She stated the only things she reviewed was the daily staff screening tool documentation (A document filled out by every staff and visitor upon entrance to the facility, with questions that screened for signs and symptoms of COVID-19 and exposure risk). A review of a facility document titled, Infection Prevention and Control Coronavirus (COVID 19), not dated, indicated, Facility should have a method to identify staff that work at multiple facilities and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19. HCP (Health Care Personnel) will be changing scrubs/uniform prior to entering if HCP is coming from another facility. A document titled SoCo (Sonoma County) Emergency April 16, 2020 3:25 p.m. Order of the Health Officer C19-08: Congregate Care and Living Facilities, and First Responders Update April 24, 2020, No. C19-08 Requiring all individuals entering certain congregate care/living facilities to take certain preventative measures including masking and symptoms screening to protect residents from the spread of COVID-19, indicated, Other preventative Measures Applicable To Patient Care Facilities: .18. Multiple Facilities Protective Measures. If an individual works at or provides services for more than one facility . the individual must shower and change clothes and shoes prior to starting a shift at a second facility. The facility or agency must identify those individuals who work at or provide services for more than one facility and make available a shower and changing area that can be accessed before the individual enters any common area where staff and patients congregate. 6) During an observation and interview, on 5/21/20, at 3:40 p.m., Licensed Nurse C was observed in Nursing Station two, at the Medication Cart, without a mask. He stated someone else was going to get a mask for him. He stated he was sorry and he should be wearing a mask. Licensed Nurse C stated the facility Policy and Procedure was for everyone to wear a mask. During an interview, on 5/22/20, at 4 p.m. the Director of Nursing Services A, Director of Staff Development B and the Administrator F stated everyone should be wearing a mask to prevent COVID transmission. They stated it was the facility Policy and Procedure for everyone to wear a mask inside the facility. During an observation and interview, on 5/26/20, at 10 a.m., Dietary Staff E was observed at the facility entrance by the laundry room. She was observed to walk down the hallway and enter the kitchen without wearing a mask. Dietary Services Supervisor D and Dietary Staff E were observed to walk out of the kitchen area without wearing a mask to cover their mouth and nose, and walk back towards the facility entrance. During an observation in the kitchen, on 5/26/20, at 10:15 a.m., Dietary Services Supervisor D was seated at a desk that was in the corner of the kitchen without her mouth and nose covered with a mask. The desk was located within the kitchen directly across from a food prep area. No walls or dividers were observed to separate the area from the rest of the kitchen. During a concurrent interview, she stated this morning Dietary Staff E was not wearing a mask when she walked from the back entrance door, through the hallway to the kitchen, because Dietary Staff E did not know that she was supposed to put on a mask at the door. During an interview on 5/26/20, at 1:06 p.m., Dietary Services Supervisor D stated she was not wearing a mask at her desk in the kitchen. She stated she did not know what the facility P&P was. She returned later to state when she was alone at her desk, she did not have to wear a mask. A review of a facility document, sent to all residents and responsible parties, titled Help Keep our Residents Safe from COVID-19, not</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>dated, indicated Visitors and healthcare personnel (HCP) are the most likely sources of introduction of [MEDICAL CONDITION] that causes COVID-19 into a facility. A review of a facility document titled Infection Prevention and Control Coronavirus (COVID 19), not dated, indicated, Facilities should follow local and state health department guidelines and state regulations as well as the .Strategies to Prevent the Spread of Covid-19 in Long-Term Care Facilities(LTCF) .Employee Screening/Education/Assignment Per CMS directive issued 4/2/2020, all facility employees should wear a facemask while they are in the facility . the employee will utilize face mask or other other forms of facial coverings to reduce respiratory droplet spread to residents and other staff within the facility. Review of a document titled CDC Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs), indicated, Ensure all Health Care Personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. 7) During an interview and document review on 5/21/20, at 3:50 p.m., the staff screening binder, at nurse station one, was reviewed. The DSD stated the expectation was for every employee to complete the questionnaire, take their temperature and document in the screening binder prior to reporting to work. She stated Licensed Nurse C had not completed his screening documentation prior to reporting for work, at nurse station two, for his shift. She stated the risk to residents and staff was if he had symptoms of COVID, he had the potential to transmit to others in the facility. During an interview 5/26/20, at 11:35 a.m., Director of Staff Development B stated she reviewed the daily screening documentation. She was requested, at 1:15 p.m., to provide documentation of staffing assignment sheets and screening documentation for the last seven days. At 2 p.m., during an observation in the staff lounge, the Director of Staff Development and four staff were assembling staffing sheets and checking for screening documentation. The requested documentation was not provided. A review of a facility document titled, Infection Prevention and Control Coronavirus (COVID 19), not dated, indicated, Employee Screening/Education/Assignment . All employees will be screened at the beginning of their shift in accordance with current guidance from CDC, CMS, and local and state health departments. This screening will include questions about COVID-19 symptoms and a temperature check. Review of a document titled, CDC Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs), indicated, Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. 1. Keep COVID-19 from entering your facility: .Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift. 8) During an interview and observation on 5/26/20 at 10:30 a.m., Housekeeping Supervisor F showed the housekeeping closet where housekeepers fill their buckets with a bleach and water solution using a automatic dispenser. She stated since COVID, the housekeepers were only using bleach and water to disinfect surfaces. When asked what the concentration was, she stated staff check and document the solution parts per million every day. She demonstrated the use of a test strip, by dipping it into a bucket of bleach and water solution and waiting 30 seconds to read the strip which indicated 2000 parts per million. She was unable to state if the results indicated met the CDC guidance for bleach and water concentration to disinfect surfaces. During an interview on 5/26/20 at 11:30 a.m., Administrator G, Maintenance Manager A, Housekeeping Supervisor F, Director of Nursing Services A and Director of Staff Development B were asked what solutions were used to disinfect surfaces. Maintenance Manager A stated they used products from a distributor that were automatically delivered at the right concentration for cleaning and disinfecting. Housekeeping Supervisor F stated no, they were only using bleach and water. No one was able to confirm if the concentration of the bleach and water solution met the CDC guidelines for use in disinfecting surfaces for COVID 19. A request for a facility P&P for use of bleach and water to disinfect surfaces was not provided by the end of survey. Review of a facility document titled Infection Prevention and Control Coronavirus (COVID 19), not dated, indicated Facilities should follow local and state health department guidelines and state regulations as well as the .Strategies to Prevent the Spread of Covid-19 in Long-Term Care Facilities (LTCF). Review of a document titled CDC Centers for Disease Control and Prevention Coronavirus Disease 2019 (COVID-19) Cleaning and Disinfecting Your Facility, dated May 19, 2020, indicated, Diluted household bleach solutions may also be used if appropriate for the surface. Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%-6% .To make a bleach solution, mix: 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water OR 4 teaspoons bleach per quart of room temperature water. 9) During an observation and interview on 5/21/20, at 10 a.m., the facility was not observed to have posters that indicated proper cough etiquette, hand washing, signs and symptoms of COVID 19 posted in public bathrooms, hallways, resident rooms or nursing stations. Director of Staff Development B stated she had not posted them anywhere except at the entrances and in the staff lounge and time clock area. She stated she was not aware of any guidance that indicated COVID 19 information posters were supposed to be posted anywhere but at the entrances. Review of a document titled State of California - Health and Human Services Agency California Department of Public Health AFL 20-25.2, dated April 15, 2020 indicated, Preparing for COVID-19 in California Skilled Nursing Facilities . 1) Prevent Introduction of COVID-19 into your Facility . Post signs at the entry, reception area and throughout the facility to help visitors self-identify relevant symptoms and travel history.</p>		