

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055987	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER BROADWAY VILLA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1250 BROADWAY SONOMA, CA 95476	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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 prevent the spread of [DIAGNOSES REDACTED]-CoV2, when a staff member did not properly remove Personal Protective Equipment (PPE) or perform hand hygiene, after exiting the room of a resident diagnosed with [REDACTED]. In addition, the staff member could contaminate herself, and [MEDICAL CONDITION] could then spread to other residents in the facility if staff became infected. Findings: During an observation and interview on 7/1/20 at 4:50 p.m., during a tour of the, Red Zone, of the facility (the area designated for residents who have tested positive for COVID-19) with Infection Preventionist C, Rehab Staff A and Rehab Staff B exited the room of a resident. Rehab Staff A was holding her face shield with her bare hand and began fanning her face with the face shield. When queried, Rehab Staff A confirmed she had not disinfected the face shield and asked, Should I not be fanning my face like that? Rehab Staff A walked down the hall, threw the face shield in the garbage, and walked around the corner to speak with another staff member. Rehab Staff A did not reach for any of the hand sanitizer dispensers on the wall in the hallway. When queried, Rehab Staff A confirmed she had not performed hand hygiene after throwing away her face shield. Rehab Staff A turned to Rehab Staff B and asked, Did you know we're supposed to wash our hands after we take off our face shield? Just-in-time education was provided to Rehab Staff A, with the rationale for the face shield and rationale for hand hygiene after handling the face shield. During an interview on 7/1/20 at 5 p.m., when queried, Infection Preventionist C stated she did not notice the breach in infection control protocol with Rehab Staff A. When asked if she was doing periodic observations of staff donning (putting on) and doffing (taking off) PPE to ensure compliance, Infection Preventionist C stated staff had all done a competency check-off in March. Review of facility policy and procedure titled, Personal Protective Equipment, last revised 10/2018, indicated, PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. 5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. 6. Remove and discard respirator. 7. Perform hand hygiene. Review of facility policy titled, Infection Control Prevention and Control Program, last revised 9/2017, indicated under section, Goals Identify and correct problems relating to infection control practices.</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.