

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  San Pablo Healthcare & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13328 San Pablo Avenue San Pablo, CA 94806	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32717</p> <p>Based on observation, interview and record review, the facility failed to follow their policies and procedures to mitigate the spread of COVID-19 (a respiratory virus that can cause mild to severe respiratory illness) when:</p> <ol style="list-style-type: none"> <li>1. Resident room doors in the COVID-19 positive wing were left open.</li> <li>2. The portable air conditioning unit filters were not cleaned per manufacturer's recommendation.</li> <li>3. The portable air conditioning unit in the COVID-19 positive wing was turned off.</li> </ol> <p>Findings:</p> <p>During an interview on 7/2/24 at 1:57 p.m. with Infection Preventionist (IP), IP stated there were 36 active cases of COVID-19 as of 7/2/24.</p> <p>During an interview and concurrent record review on 7/2/24 at 2:04 p.m. with IP, facility map and list of COVID-19 residents were reviewed. IP stated on 6/20/24, there were four residents that tested positive for COVID-19. IP stated on 6/24/24, a total of 20 residents also tested positive for COVID-19, followed by four more residents on 6/28/24. IP stated the facility transferred all residents that tested positive for COVID-19 to a COVID-designated area (Station 2). The facility map indicated Rooms 1, 2, 5, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 25, and 35 were marked as COVID-designated areas with most rooms on Station 2 hallway.</p> <p>During an observation on 7/3/24 at 10:22 a.m., Rooms 15, 16, 18, 21, 22 and 41 had doors wide open while residents were inside their respective rooms.</p> <p>During an interview on 7/3/24 at 10:26 a.m. with IP, IP stated the resident room doors should be closed except for those rooms with residents that are a fall risk. IP stated none of the residents who were COVID-positive were fall risks.</p> <p>During an interview on 7/3/24 at 10:30 a.m. with Housekeeping Aide (HA) 1, HA 1 stated finding resident room doors in the COVID-designated area open at various times of the day.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During review of the facility's policy and procedure (P&amp;P) titled Respiratory Virus Prevention and Control Plan, last revised 5/29/24, the P&amp;P indicated Residents with confirmed COVID-19 should be placed in a single room, if available, or a designated COVID-19 isolation area or cohort. This area may be a designated floor, unit .that is physically separate and ideally includes ventilation measures to prevent transmission to other residents outside the isolation area.</p> <p>During an observation and concurrent interview on 7/3/24 at 10:55 a.m. with IP, IP stated ventilation measures in the facility's P&amp;P was using a portable air-conditioning (AC) unit with an air filter. IP stated there were two units in the facility that were being used, one was in Station 3 and another in Station 2. IP showed the AC unit in Station 3 where two rooms were used as COVID-designated rooms. The AC unit in Station 2, the COVID-designated area where most cases of COVID-19 were cohorted (cohort, the practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and prevent contact with other susceptible patients), placed in the corner by the Nurses Station, was turned off. IP stated the County Public Health had recommended to replace or clean the air filter, but it has not been replaced yet. The AC unit's outlet ducts were facing the side of the kitchen. IP stated the AC unit should be moved out of the corner so the ducts could provide ventilation to the COVID-designated unit.</p> <p>During an interview on 7/3/24 at 2:07 p.m. with Maintenance Manager (MM), MM stated the air filters for the AC units were cleaned every month. MM stated there was no log for maintenance of the AC units and there was no policy and procedure as to how and when it should be maintained.</p> <p>During a review of the AC unit manufacturer's manual, the manufacturer's manual indicated, under Daily Inspection and Maintenance, to Clean the air filters once a week. If the unit is used in dusty environment, more frequent cleaning may be required.</p>		