

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Professional Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 81 Professional Center Parkway San Rafael, CA 94903	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure a safe and sanitary environment for one out of four sampled residents (Resident 3) when Resident 3's commode (a portable toilet, often resembling a chair, designed for individuals with mobility limitations who may have difficulty accessing a traditional toilet) bucket (removable container of the commode that collects wastes) was covered with a blanket. This failure has the potential to spread germs and cause infections. Findings: A review of Resident 3's face sheet (front page of the chart that contains a summary of basic information about the resident) indicated an admission date of 7/2025 with a diagnosis of Pain in right knee and difficulty in walking. During a concurrent observation and interview on 7/8/25 at 12:17 p.m., Resident 3's commode bucket was covered with blanket. Resident 3 stated he had not been given a commode with a lid for the bucket. Resident 3 confirmed staff covered the commode bucket with a blanket. During an interview on 7/8/25 at 12:25 p.m., Unlicensed Staff B verified Resident 3's commode bucket was covered with blanket. Unlicensed Staff B stated staff should not use a blanket to cover the commode bucket for infection control as it was unsanitary. During an interview on 7/8/25 at 12:10 p.m., the Infection Preventionist (IP) stated it was not acceptable to cover the commode bucket with a blanket because it could lead to cross contamination (happens when bacteria or other microorganisms are unintentionally transferred from one object to another) which could result in infection. During an interview on 7/8/25 at 2:15 p.m., the Minimum Data Set coordinator (MDSC) stated it was not appropriate to cover the commode bucket with blanket. The MDSC stated the blanket used to cover the commode was now contaminated and could have bacteria (germs) which was a risk for cross contamination and infection. A review of the facility's policy and procedure (P&P) titled Policies and Practices-Infection Control, revised 10/2028, indicated, . this facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections .</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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