

**State of California**

Department of Industrial Relations  
Division of Occupational Safety and Health  
Oakland District Office  
1515 Clay Street, Suite 1303  
Oakland, CA 94612  
Phone: (510) 622-2916 Fax: (510) 622-2908

**Inspection #:** 1482596  
**Inspection Dates:** 07/09/2020 - 04/05/2021  
**Issuance Date:** 04/05/2021  
**CSHO ID:** U1591  
**Optional Report #:** 003-21



**Citation and Notification of Penalty**

**Company Name:** Parkview Operating Company, LP  
**Establishment DBA:** Parkview Healthcare Center  
and its successors  
**Inspection Site:** 27350 Tampa Ave  
Hayward, CA 94544

Citation 1 Item 1 Type of Violation: **General**

**California Code of Regulations, Title 8, §5199(c)(4). Aerosol Transmissible Diseases.**

**(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:**

**(4) The employer shall establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred patients. These shall include procedures to receive information from the facility to which patients were referred and to provide necessary infection control information to employees who were exposed to the referred person.**

Violation

Prior to and during the course of the inspection, including but not limited to, on July 9, 2020 the employer failed to establish, implement, and maintain written procedures relating to the communication of information about the referred patient in the following instances:

Instance 1: The employer did not have written procedures to communicate with employees and other employers, regarding the suspected or diagnosed infectious disease status of referred patients.

Instance 2: The employer failed to establish implement, and maintain written procedures to receive information from the facility to which patients were referred and to provide necessary infection control information to employees who were exposed to the referred person.

**Date By Which Violation Must be Abated:**

**May 10, 2021**

**Proposed Penalty:**

**\$935.00**

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Hayward, CA 94544

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Citation 2 Item 1 Type of Violation: **Serious**

**Title 8 CCR Section 5199(c)(3). Aerosol Transmissible Diseases.**

**(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:**

**(3) The employer shall establish, implement, and maintain effective written procedures for the screening and referral of cases and suspected cases of AirIDs to appropriate facilities.**

**(A) Transfers shall occur within 5 hours of the identification of the case or suspected case, unless:**

**(1) the initial encounter with the case or suspected case occurs after 3:30 p.m. and prior to 7 a.m., in which event the employer shall ensure that transfer occurs no later than 11:00 a.m.; or**

**(2) the employer has contacted the local health officer, determined that there is no facility that can provide appropriate All, and complied with all of the conditions in (e)(5)(B)2.; or**

**(3) the case meets the conditions of either of the exceptions to subsection (e)(5)(B).**

**(B) When screening is provided by persons who are not health care providers, the employer shall meet the requirements of this section by establishing criteria and procedures for referral of persons to a health care provider for further evaluation within the timeframes in subsection (c)(3)(A). Referrals shall be provided to persons who do any of the following:**

**1. Have a cough for more than three weeks that is not explained by non-infectious conditions.**

**2. Exhibit signs and symptoms of a flu-like illness during March through October, the months outside of the typical period for seasonal influenza, or exhibit these signs and symptoms for a period longer than two weeks at any time during the year. These signs and symptoms generally include**

combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.

3. State that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.

Ref. 5199(e)(5)(B):

(e) Engineering and Work Practice Controls, and Personal Protective Equipment.

(5) AirID cases or suspected cases shall be identified, and except in field operations and in settings where home health care or home-based hospice care is being provided, these individuals shall be:

(B) Placed in an All room or area or transferred to a facility with All rooms or areas. The employer shall ensure that this placement or transfer is effected in a timely manner.

1. Transfers within facility. Transfers to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification. If there is no All room or area available within this time, the employer shall transfer the individual to another suitable facility in accordance with subsection (e)(5)(B)2.

2. Transfers to other facilities. Transfers to other facilities shall occur within 5 hours of identification, unless the employer documents, at the end of the 5-hour period, and at least every 24 hours thereafter, each of the following:

a. The employer has contacted the local health officer.

b. There is no All room or area available within that jurisdiction.

c. Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.

d. All applicable measures recommended by the local health officer or the Infection Control PLHCP have been implemented.

e. All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with subsection (g) and Section 5144, Respiratory Protection of these orders.

EXCEPTIONS to subsection (e)(5)(B):

(1) Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case the facility shall ensure that employees use respiratory protection when entering the room or area housing the individual. The patient's condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be recorded as described in the Plan in accordance with (d)(2)(G). Once transfer is determined to be safe, transfer must be made within the time period set forth in subsection (e)(5)(B).

(2) Where it is not feasible to provide All rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATPs, the employer shall provide other effective control

**measures to reduce the risk of transmission to employees, which shall include the use of respiratory protection in accordance with subsection (g) and Section 5144, Respiratory Protection of these orders.**

Violation

Prior to and during the course of the inspection, including up to July 9, 2020, the employer housed cases or suspected cases of COVID-19, an airborne infectious disease caused by the novel pathogen SARs-CoV-2, without meeting the conditions of either exception to section 5199(e)(5)(B).

**Date By Which Violation Must be Abated:**

**April 15, 2021**

**Proposed Penalty:**

**\$16875.00**

**State of California**

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and its successors  
**Inspection Site:** 27350 Tampa Ave  
Hayward, CA 94544

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Citation 3 Item 1 Type of Violation: **Serious**

**California Code of Regulations, Title 8, §5199(c)(5). Aerosol Transmissible Diseases.**

**(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:**

**(5) The employer shall establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period the person requiring referral is in the facility or is in contact with employees. In addition to source control measures, these procedures shall include, to the extent feasible:**

**(A) placement of the person requiring referral in a separate room or area;**

**(B) provision of separate ventilation or filtration in the room or area; and**

**(C) Employee use of respiratory protection when entering the room or area in which the person requiring referral is located, if that person is not compliant with source control measures. Respirator use shall meet the requirements of subsection (g) and Section 5144, Respiratory Protection, of these orders.**

**[Reference 5199(g) Respiratory Protection.**

**(5) Medical evaluation: The employer shall provide a medical evaluation, in accordance with Section 5144(e) of these orders, to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator. For employees who use respirators solely for compliance with subsections (g)(3)(A) and (g)(3)(B), the alternate questionnaire in Appendix B may be used.**

**(6) Fit testing.**

**(A) The employer shall perform either quantitative or qualitative fit tests in accordance with the procedures outlined in Appendix A of Section 5144, Respiratory Protection, of these orders. The fit test shall be performed on the same size, make, model and style of respirator as the employee will use. When quantitative fit testing is performed, the employer shall not permit an employee to wear a filtering facepiece respirator or other half-facepiece respirator, unless a minimum fit factor of one**

hundred (100) is obtained. When fit testing single use respirators, a new respirator shall be used for each employee.

**(B) The employer shall ensure that each employee who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test:**

- 1. At the time of initial fitting;**
- 2. When a different size, make, model or style of respirator is used; and**
- 3. At least annually thereafter.]**

Violation

Prior to and during the course of the inspection, including but not limited to, on July 9, 2020, the employer failed to implement written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period that suspect and/or confirmed COVID-19 cases were in the facility or were in contact with employees.

Instance 1:

The employer failed to provide separate ventilation or filtration for all confirmed or suspected cases of COVID-19. [Ref. T8 CCR Section 5199(c)(5)(B)]

Instance 2:

The employer failed to provide medical evaluations to determine employee ability to use a respirator before the employees were required to use the respirator while caring for or exposed to suspect and confirmed COVID-19 patients. [Ref. T8 CCR Section 5199(g)(5)]

Instance 3:

The employer failed to ensure that all employees required to use a filtering facepiece respirator, while caring for or exposed to suspect and confirmed COVID-19 patients, were fit tested prior to their initial use of the respirator. [Ref. T8 CCR Section 5199(g)(6)(B)]

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Proposed Penalty:**

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Citation 4 Item 1 Type of Violation: **Serious**

**Title 8 CCR Section 5199(c)(6)(B) Aerosol Transmissible Disease**

**(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:**

**(6) The employer shall establish a system of medical services for employees which meets the following requirements:**

**(B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (h)(6) through (h)(9).**

**[Reference T8 CCR Section 5199(h)(6) through (h)(9):**

**(6) Exposure Incidents.**

**(A) A health care provider, or the employer of a health care provider who determines that a person is an RATD case or suspected case shall report, or ensure that the health care provider reports, the case to the local health officer, in accordance with Title 17.**

**(B) In addition to the report required in subsection (h)(6)(A), the employer in the facility, service or operation that originates the report shall determine, to the extent that the information is available in the employer's records, whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of this section. The employer shall notify the other employer(s) within a timeframe that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course, and will also permit the prompt initiation of an investigation to identify exposed employees. In no case, shall the notification be longer than 72 hours after the report to the local health officer. The notification shall include the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer(s) to evaluate the potential exposure of his or her employees. The notifying employer shall not provide the identity of the source patient to the other employers.**

**(C) Each employer who becomes aware that his or her employees may have been exposed to an**



RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.
2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.
3. As soon as feasible, provide post-exposure medical evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.
4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (h)(8), and a written opinion in accordance with subsection (h)(9).
5. Determine, to the extent that the information is available in the employer's records, whether employees of any other employers may have been exposed to the case or material. The employer shall notify these other employers within a time frame that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and shall provide the contact information for the diagnosing PLHCP. The notifying employer shall not provide the identity of the source patient to other employers.

(7) Information provided to the Physician or Other Licensed Health Care Professional.

(A) Each employer shall ensure that all PLHCPs responsible for making determinations and performing procedures as part of the medical services program are provided a copy of this standard and applicable public health guidelines. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, any special environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing and equipment, and the duration and frequency of respirator use.

(B) Each employer shall ensure that the PLHCP who evaluates an employee after an exposure incident is provided the following information:

1. A description of the exposed employee's duties as they relate to the exposure incident;
2. The circumstances under which the exposure incident occurred;
3. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee; and
4. All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections,



**vaccination status, and determinations of immunity.**

**(8) Precautionary removal recommendation from the physician or other licensed health care professional.**

**(A) Each employer who provides a post-exposure evaluation in accordance with this Section, or an evaluation of an employee's TB conversion in accordance with subsection (h)(3) shall request from the PLHCP an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee and what type of alternate work assignment may be provided. The employer shall request that the PLHCP convey to the employer any recommendation for precautionary removal immediately via phone or fax and that the PLHCP document the recommendation in the written opinion as required in subsection (h)(9).**

**(B) Where the PLHCP recommends precautionary removal, or where the local health officer recommends precautionary removal, the employer shall maintain until the employee is determined to be noninfectious, the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his or her job or otherwise medically limited.**

**(9) Written opinion from the physician or other licensed health care professional.**

**(A) Each employer shall obtain, and provide the employee with a copy of, the written opinion of the PLHCP within 15 working days of the completion of all medical evaluations required by this section.**

**(B) For respirator use, the physician's opinion shall have the content required by Section 5144(e)(6) of these orders.**

**(C) For TB conversions and all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:**

- 1. The employee's TB test status or applicable RATD test status for the exposure of concern;**
- 2. The employee's infectivity status;**
- 3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment;**
- 4. A statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD, or ATP-L that require further evaluation or treatment and that the employee has been informed of treatment options; and**
- 5. Any recommendations for precautionary removal from the employee's regular assignment.**

**(D) All other findings or diagnoses shall remain confidential and shall not be included in the written report.]**

Violation

Prior to and during the course of the inspection, including but limited to, on July 9, 2020, the employer failed to develop, implement, and/or maintain effective written procedures for employee exposure incidents in accordance with T8 CCR Section 5199 subsections (h)(6) through (h)(9) in the following ways:

Instance 1) The employer failed to develop a written procedure for employee exposure incidents in accordance with T8 CCR Section 5199 subsections (h)(6) through (h)(9).

Instance 2) The employer failed to conduct an exposure analysis to determine whether any employees had significant exposure to confirmed COVID-19 cases. [5199(h)(6)(C)(1).]

Instance 3) The employer did not notify employees who had a significant exposure to confirmed COVID-19 cases, within 96 hours of becoming aware of the potential exposure. [5199(h)(6)(C)(2).]

Instance 4) The employer failed to provide post-exposure medical evaluations as soon as feasible to all employees who had significant exposure to confirmed COVID-19 cases. [5199(h)(6)(C)(3).]

Instance 5) The employer did not obtain from a PLHCP a recommendation regarding precautionary removal of the employee and employees who had a significant exposure to confirmed COVID-19 cases in accordance with subsection (h)(8), or a written opinion in accordance with subsection (h)(9). [5199(h)(6)(C)(4).]

Instance 6) The employer failed to generate the documentation required by subsection (j)(3)(B) as part of this investigation required by subsection (h)(6)(C).

**Date By Which Violation Must be Abated:**  
**Proposed Penalty:**

**April 15, 2021**  
**\$16875.00**

**State of California**

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Citation 5 Item 1 Type of Violation: **Serious**

**California Code of Regulations, Title 8, §5199(c)(7). Aerosol Transmissible Diseases.**

**(c) Referring Employers. In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:**

**(7) Employers shall ensure that all employees with occupational exposure participate in a training program. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Additional training shall be provided when there are changes in the workplace or when there are changes in procedures that could affect worker exposure to ATPs. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used. This training shall include:**

- (A) A general explanation of ATDs including the signs and symptoms that require further medical evaluation;**
- (B) Screening methods and criteria for persons who require referral;**
- (C) The employer's source control measures and how these measures will be communicated to persons the employees contact;**
- (D) The employer's procedures for making referrals in accordance with subsection (c)(3);**
- (E) The employer's procedures for temporary risk reduction measures prior to transfer;**
- (F) Training in accordance with subsection (g) and Section 5144 of these orders, when respiratory protection is used;**
- (G) The employer's medical services procedures in accordance with subsection (h), the methods of reporting exposure incidents, and the employer's procedures for providing employees with post-exposure evaluation;**
- (H) Information on vaccines the employer will make available, including the seasonal influenza vaccine. For each vaccine, this information shall include the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be**

**offered free of charge;**

**(I) How employees can access the employer's written procedures and how employees can participate in reviewing the effectiveness of the employer's procedures in accordance with subsection (c)(8); and**

**(J) An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's infection control procedures. Training not given in person shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.**

Violation:

Prior to and during the course of the inspection, including but not limited to, on July 9, 2020, the employer failed to ensure that all employees with occupational exposure to aerosol transmissible diseases were provided training in the following topics as required by this subsection:

Instance 1) The employer did not provide effective and accurate training on the employer's source controls and isolation precautions, including measures to reduce the risk of transmission of SARs-CoV-2, the novel pathogen causing COVID-19. [5199(c)(7)(C)]

Instance 2) The employer did not provide respiratory protection training in accordance with sections 5199(g) and on all topics required by 5144 to those employees required to wear a tight-fitting filtering facepiece. [5199(c)(7)(F) & 5144(k)(1)]

Instance 3) The employer did not provide training to employees in accordance with subsection (h), the methods for reporting exposure incidents to aerosol transmissible pathogens, including SARs-CoV-2, medical services, and the employer's procedures for providing employees with post-exposure evaluation. [5199(c)(7)(G)]

Instance 4) The employer did not provide training on how to access the employers written procedures. [5199(c)(7)(I)]

**Date By Which Violation Must be Abated:  
Proposed Penalty:**

**April 15, 2021  
\$16875.00**

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Wendy Hogle-Lui  
Compliance Officer / District Manager