

**State of California**

Department of Industrial Relations  
Division of Occupational Safety and Health  
Oakland District Office  
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**Inspection #:** 1513264  
**Inspection Dates:** 02/04/2021 – 09/17/2021  
**Issuance Date:** 09/17/2021  
**CSHO ID:** W6628  
**Optional Report #:** 012-21

**Citation and Notification of Penalty**

**Company Name:** Hayward Healthcare & Wellness Center LLC

**Establishment DBA:**

and its successors

**Inspection Site:** 1805 West Street  
Hayward, CA 94545

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

**Title 8 CCR Section 5199(c). 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:

**(1) The employer shall designate a person as the administrator who will be responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of aerosol transmissible diseases. The administrator shall have the authority to perform this function and shall be knowledgeable in infection control principles as they apply specifically to the facility, service or operation. The administrator shall also identify in writing the job categories in which employees have occupational exposure to ATDs. When the administrator is not on site, there shall be a designated person with full authority to act on his or her behalf. The infection control procedures shall include procedures for the cleaning and disinfection of work areas, vehicles, and equipment that may become contaminated with ATPs and pose an infection risk to employees. The written procedures shall be available at the worksite.**

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

**(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.

**(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.**

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

**(A) The employer shall make available to all health care workers with occupational exposure all vaccinations recommended by the CDPH as listed in Appendix E in accordance with subsection (h). These vaccinations shall be provided by a PLHCP at a reasonable time and place for the employee.**

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

**(C) The employer shall establish, implement, and maintain an effective surveillance program for LTBI in accordance with subsections (h)(3) and (h)(4).**

**(D) The employer shall establish, implement, and maintain effective procedures for providing vaccinations against seasonal influenza to all employees with occupational exposure, in accordance with subsection (h)(10).**

**(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.**

**(8) The employer shall ensure that the infection control procedures are reviewed at least annually by the administrator and by employees regarding the effectiveness of the program in their respective work areas, and that deficiencies found are corrected.**

**(9) The employer shall establish and maintain training records, vaccination records, records of exposure incidents, and records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with subsection (j). If the employer utilizes respirators, the employer shall maintain records of implementation of the Respiratory Protection Program in accordance with Section 5144, Respiratory Protection, of these orders.**

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

Prior to and during the course of the inspection, including up to February 4, 2021, the employer housing cases or suspected cases of COVID-19 diseases failed to establish, implement, and maintain effective written COVID procedures in the following instances:

1. The employer's Aerosol Transmissible Disease Infection Control (ATD) plan refers to a PLHCP, but fails to describe who the designated PLHCP is for employee testing and patient care.
2. The employer's ATD plan describes procedures for droplet precautions, but fails to describe how airborne precautions will be implemented during surge.
3. The employer's ATD plan has procedures for transfer, but does not identify locations where the patients will be transferred.
4. The employer's ATD plan states that respiratory treatments will be changed to meter dose inhalers when possible, but the employer's plan does not identify what the aerosol generating respiratory treatments are.
5. The employer's COVID Mitigation Plan has procedures for notifying employees of exposures, but failed to describe the person responsible for notifying staff and a description for how the employees will be notified.
6. The employer's COVID Mitigation Plan has procedures for transferring patients to outside hospitals, but fails to specify who the outside transportation companies are.
7. The employer's COVID Mitigation Plan surges procedures outline a testing strategy for employees exposed to symptomatic positive residents, but fails to include asymptomatic COVID positive residents.
8. The employer's testing procedures for staff describes the frequency of testing, but failed to specify where employees can obtain testing.
9. The employer's procedures for cohorting COVID patients does not include an description for the

green, red, and yellow zones.]

- 10. The employer's plan did not effectively address how exposure incidents will be documented.
- 11. The employer's COVID Mitigation Plan fails to describe how records will be maintain for exposure incidents, testing, and maintenance for engineering controls.
- 12. The employer's plan failed to described how exposure incident will be documented.
- 13. The employer's procedures for staffing shortages in the COVID Mitigation Plan fails to describe how the employer will ensure contractors meet the respiratory protection requirements in 5144.

<b>Date By Which Violation Must be Abated:</b>	<b>October 1, 2021</b>
<b>Proposed Penalty:</b>	<b>\$20250.00</b>

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Wendy Hogle-Lui  
Compliance Officer / District Manager