

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER VALLEY HOUSE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 991 CLYDE AVENUE SANTA CLARA, CA 95054	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<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 implement infection control prevention related to Covid-19 when four residents were not wearing mask a mask and seated close to each other. This failure had the potential to put residents health and safety at risk. Findings: During a concurrent observation and interview on 5/20/2020 at 1:36 p.m., with the director of nursing (DON), Residents 1, 2, 3, and 4 were near the nurses station, less than 2 feet away from each other and not wearing any face coverings. DON stated, facility staff should implement social distancing measures (remaining at least six feet apart from others) and wear face covering when out of the rooms. According to the Centers for Disease Control and Prevention (CDC) guidelines, updated on 5/19/2020, titled Preparing for Covid - 19 in Nursing Homes indicated facilities should implement aggressive social distancing measures and wear a cloth face coverings.</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.