STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055800	A. BUILDING _____ B. WING _____	**09/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
STONEBROOK HEALTH AND REHABILITATION	**350 DE SOTO DRIVE LOS GATOS, CA 95030**

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)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** Based on observation, interview and document review, the facility failed to implement infection control practice and procedures when: 1. Multiple residents did not wear mask and/or wear mask properly in the hallway; Multiple residents did not maintain the social distance of at least six feet apart from each other in the hallway; 2. Medical record staff (MRS) and laundry staff E (LS E) did not wear masks in the facility; 3. There was no signage for the proper precaution at the observation area; 4. Multiple staff and one visitor did not perform hand hygiene and did not wash hand properly; 5. Registered Nurse J (RN J) was not aware the proper way to take off (doff) the personal protective equipment (PPE, helps protect health care personnel and resident when providing care. PPE, such as gowns, masks, face shields, gloves); 6. Kitchen staff did not cover their hair completely with a hair net and did not wear masks properly in the kitchen; 7. Staff were not aware the disinfectant contact time (period of time that disinfectant stays wet on the surface in order for the effective disinfecting) when disinfecting common surfaces and routine environment disinfecting. These failures had the potential to put residents and staff at risk for contracting COVID-19 (Coronavirus Disease 2019; an infectious disease that could transmit through respiratory droplets). Findings: 1a. During a facility tour with the infection preventionist (IP) on 9/10/2020 at 10:45 a.m., Resident 1 sat in her wheelchair and wheeled herself in the hallway without wearing a mask or face covering. The IP stated the resident should have worn a mask. 1b.During an observation on 9/10/2020 at 10:50 a.m. Residents 2 and 3 sat in the hall way in front of the nursing station. Both Residents 2 and 3 wore their masks under their noses. Both residents were facing each other with the social distance of five feet apart. During an interview with the IP on 9/10/2020 at 10:55 a.m., the IP stated the residents should maintain the social distance of six feet apart. The IP stated residents should wear their masks to cover their noses. 1c. During an observation and concurrent interview on 9/10/2020 at 11:12 a.m., Resident 4 came out of his room and wheeled himself in the hallway. Resident 4 squeezed in between two residents in the hallway. Resident 4 did not maintain the social distance of six feet apart from the two residents. The IP stated the residents should keep six feet apart from each other in the hallway. 1d. During an observation on 9/10/2020 at 11:34 a.m., Resident 7 sat in the wheelchair in the hallway wearing a mask under her nose. Resident 7 sat close to Resident 8 with three feet apart. During an interview with the IP on 9/10/2020 at 11:38 a.m., she stated Resident 7 should wear a mask to cover her nose. Residents should keep six feet apart. 1e. During an observation on 9/10/2020 at 11:40 a.m., Resident 9 sat in the wheelchair in front of the nursing station without wearing a mask. Four other residents sat in their wheelchairs in front of the nursing station. Resident 9 stated she did not want to wear a mask because she was waiting for her lunch. 1f. During an observation and concurrent interview on 9/10/2020 at 11:43 a.m., Resident 10 sat in the wheelchair in the hallway without wearing a mask or face covering. Resident 10 stated the staff did not give her a mask when she was out of her room. Review the CDC Website, Preparing for COVID-19 in Nursing Homes indicated CDC to recommend to .Implement aggressive social distancing measures (remaining at least 6 feet apart from others) . 2a. During an observation on 9/10/2020 at 11:09 a.m., the MRS was at the nursing station without wearing a mask or face covering. There were five residents in the hallway in front of the nursing station. The MRS stated that she forgot to wear a mask and should have worn one. 2b. During an observation and concurrent interview on 9/10/2020 at 11:50 a.m., LS E wore a mask under her nose. LS E stated she should have worn the mask to cover her nose. Review the Centers for Disease Control and Prevention (CDC) website, Facemask Do's and Don'ts (https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf) indicated when the healthcare personnel put on the masks to fully cover the mouth and nose. 3. During an observation at the observation area (the area for the new admission residents who have high risk for possible COVID-19 transmission) on 9/10/2020 at 11:43 a.m., there was no signage posted to indicate what kind of precaution the area should maintain to prevent possible transmission. During an interview with the IP on 9/10/2020 at 11:46 a.m., she stated the proper precaution signage should be posted for the contact and droplet precaution at the observation area. 4a. During an observation on 9/10/2020 at 11 a.m., certified nursing assistant A (CNA A) removed one glove from the right hand, held the trash bag with the left gloved hand, walked in the hallway and opened the door of the dirty utility room. After removing the left handed glove and discarding the trash, CNA A washed her hands for 16 seconds. During an interview with CNA A on 9/10/2020 at 11:03 a.m., she stated she should have done hand hygiene when she removed the right hand glove and washed her hands for 20 seconds. 4b.During an observation on 9/10/2020 at 11:12 a.m., house keeping staff B (HKS B) did not perform hand hygiene after discarding an empty sanitizer bottle in the dirty utility room. HKS B wore a pair of gloves and continued to push the trash cart outside of the facility. When HKS B returned to the dirty utility room, she washed her hands for seven seconds after she removed the gloves. During an interview with the IP on 9/10/2020 at 11:16 a.m., she stated HKS B should have performed hand hygiene after discarding the bottle and should have washed her hands for 20 seconds. Review the CDC Website, COVID-19 Frequently Asked Questions (https://www.cdc.gov/coronavirus/2019-ncov/faq.html) indicated CDC to recommend .Wash your hands often with soap and water for at least 20 seconds . 4c.During an observation on 9/10/2020 at 11:25 a.m., physical therapy D (PT D) pushed Resident 5 in her wheelchair to the nursing station. PT D did not perform hand hygiene and continued to grab a clean gown from the clean linen room. During an interview with PT D on 9/10/2020 at 11:28 a.m., PT D stated she forgot to perform hand hygiene before she grabbed a clean gown for the resident. 4d. During an observation on 9/10/2020 at 11:27 a.m. to 11:39 a.m., a visitor from the ultrasound company came inside the facility to do an ultrasound procedure for Resident 6. The visitor did not perform hand hygiene from the time she entered the facility to the time she started the ultrasound procedure for the resident. The visitor's hands touched her stroller handle, door knob, pen, and the nursing station counter surface. The visitor grabbed a pair of gloves from the nursing station prior to entering Resident 6's room. During an interview with the IP on 9/10/2020 at 11:40 a.m., she stated the visitor should have performed hand hygiene after touching surfaces and prior to do the ultrasound procedure for the resident. 5. During an interview with RN J on 9/10/2020 at 1:58 p.m., when asked the proper way to take off the PPE, RN J stated she would take off the gown, face shield, gloves and the mask. RN J stated she did not remember the proper order to take off the PPE. During an interview with the IP on 9/10/2020 at 3 p.m., she stated the staff should follow CDC guidelines for properly doffing PPE. Review the CDC website, Using Personal Protective Equipment (PPE) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html) indicated the proper way to take off PPE is isolation gown, gloves, face shield, and mask/N95 respirator; or take off gloves, face shield, isolation gown, and mask. 6. During an observation and concurrent interview in the kitchen on 9/10/2020 at 12:20 p.m., dietary aides G and H (DA G and H) did not completely cover their hair with hair nets. DA I wore a mask under his nose. DA G and H stated they should have completely covered their hair with a hair net. DA I stated he should have worn a mask to cover his nose. 7a. During an interview with RN J on 9/10/2020 at 1:58 p.m., she stated she used the disinfectant wipes to disinfect the common touched surfaces such as the blood pressure machine, stethoscope (medical device to listen to the lungs and heart), residents' bed side table and medication tray. RN J stated she used the disinfectant wipes to wipe the surfaces back and forth for 30 seconds. She stated she did not know the contact time of the disinfectant that the facility used. 7b. During an interview with CNA L on 9/10/2020 at 2:22 p.m., she stated she used the

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) disinfectant wipes to wipe the common touched surface back and forth and let the surface air dry. CNA L stated she did not know the contact time of the disinfectant that the facility used. 7c. During an interview with HKS K on 9/20/2020 at 2:34 p.m., she stated she used the disinfectant wipes to disinfecting the highly touched surfaces such as resident's call light button, door knob, TV remote control, toilet surface, bed rail, bed side table, light switch, shower chair, and sink. HKS K stated she used the wipes to wipe the surfaces one time and then discarded the disinfectant wipes. She stated she did not know the contact time of the disinfectant that the facility used. Review of the disinfectant the facility used indicated the disinfectant was an EPA registered product used against coronavirus. The contact time is one minute. Review the CDC website, Cleaning and Disinfecting Your Facility (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) indicated CDC to recommend to use of EPA-registered household disinfectant to keep surface wet for a period of time following the product label to ensure safe and effective use of the disinfectant.