

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE REDWOODS POST-ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1267 MERIDIAN AVENUE SAN JOSE, CA 95125</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to follow their mitigation plan for the prevention and control of COVID-19 (a new strain of virus that can cause mild to severe respiratory illness) when: 1. The facility's COVID-19 screening documentations for visiting healthcare providers were incomplete; 2. Five of the facility staff were not properly wearing facemasks while inside the facility and one staff did not wear a facemask while inside the facility's office; 3. Five residents were not wearing a facemask outside their rooms; 4. Two housekeeping staff (HK) did not perform hand hygiene after completing tasks; 5. Three facility staff were not able to demonstrate proper sequence for donning (putting on) and doffing (take off) of personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses); 6. Used cloth gown was on the floor by the screening table; 7. Three used facemasks and three or more pairs of gloves were observed exposed inside the garbage bin with no lid cover located in the entrance door of the facility near the table in the screening area. 8. Dirty linens were observed exposed inside the barrel container with no lid cover in the hallway; and 9. Isolation cart drawer outside the isolation room was opened with a plastic bag hanging down to the floor. These failures had the potential to introduce and spread COVID-19 infection in the facility. Findings: 1. During a concurrent interview and record review with the facility's screening staff I (FSS I) on 7/21/2020 at 9:20 a.m., she reviewed the facility's COVID-19 screening questionnaire checklist records for visiting healthcare providers dated 6/29/2020, 6/30/2020, 7/11/2020, and 7/14/2020, which were not completely filled-up by the staff. During an interview with the director of nursing (DON) on 7/21/2020 at 9:23 a.m., she confirmed the above COVID-19 screening questionnaire checklist records for visiting healthcare providers were not completely filled-up. She acknowledged the screening documentations should have been completely done by the facility's staff. A review of the facility's mitigation plan manual Infection Prevention and Control approved by the California Department of Public Health on 6/8/2020 indicated, strict screening procedures at the entrance for all visitors and staff entering the facility that included temperature taking and filling up the screening questionnaire for COVID-19 for contact tracking purposes. 2. During an observation on 7/21/2020 at 8:18 a.m. at the facility's restorative nursing assistant's (RNA) room, RNA A was wearing facemask under his nose. RNA A acknowledged the observation and stated that he should have worn the facemask properly when inside the facility. During a concurrent observation and interview on 7/21/2020 at 8:28 a.m. with certified nursing assistant D (CNA D), she was holding a breakfast tray in the hallway with the facemask below her chin, not covering her nose and mouth. CNA D confirmed the observation and stated she should have worn the facemask properly when inside the facility. During a concurrent observation and interview on 7/21/2020 at 8:23 a.m. housekeeping C (HK C) was wearing her facial mask under her chin, not covering her nose and mouth in the hallway. HK C confirmed the observation and stated she should have worn the facial mask properly when inside the facility. During an observation on 7/21/2020 at 8:35 a.m. with HK F, she was wearing her facemask below her chin, not covering her nose and mouth inside the laundry room while folding clean linens. During a concurrent observation and interview with HK F on 7/21/2020 at 8:36 a.m., she confirmed the observation. During an observation on 7/21/2020 at 8:38 a.m. with dietary aid G (DA G), she was wearing her facemask below her nose while preparing drinks for snacks and lunch inside the kitchen. During a concurrent observation and interview on 7/21/2020 at 8:39 a.m. with the dietary supervisor (DS), she confirmed above observation. The DS acknowledged DA G should have worn a facemask properly while preparing food inside the kitchen to prevent possible spread of infection. A review of the facility's mitigation plan Personal Protective Equipment (PPE) approved by the California Department of Public Health on 6/8/2020, indicated all staff will wear a facemask while in the facility for source control. During an observation on 7/21/2020 at 9:03 a.m. with the business office assistant (BOA), she did not wear a facemask inside the office with the presence of three more facility staff inside the area. During a concurrent interview with the BOA, she confirmed the observation and stated she should have wore a facemask while inside the facility to prevent possible spread of infection. A review of the facility's mitigation plan Surgical Mask Protocol approved by the California Department of Public Health on 6/8/2020, indicated face covers may be worn for source control by staff not directly providing resident care, such as office or not in the residents area. 3. During a concurrent observation and interview on 7/21/2020 at 8:17 a.m., Resident 1 was not wearing a facemask in the hallway. Resident 1 acknowledged the observation and stated that the facility staff did not offer him a facemask to wear. During a concurrent observation and interview on 7/21/2020 at 8:21 a.m., Resident 2 was not wearing a facemask outside his room in the hallway. He stated that facility staff did not offer him a facemask to wear. During a concurrent observation and interview on 7/21/2020 at 8:21 a.m. with licensed vocational nurse B (LVN B), she confirmed the observation and stated facility staff should have offered a facemask to Resident 2 before leaving his room. During an observation on 7/21/2020 at 8:24 a.m., Resident 3 did not wear a facemask in the hallway. During a concurrent observation and interview on 7/21/2020 at 8:25 a.m., registered nurse E (RN E) acknowledged the observation and stated the facility staff should have offered a facemask to Resident 3 before leaving her room. During an observation on 7/21/2020 at 8:32 a.m., Resident 4 was walking in the hallway with his facemask under his chin, mouth and nose were not covered. During a concurrent observation and interview on 7/21/2020 at 8:33a.m. with LVN H, he confirmed the observation and stated facility staff should have checked and reminded Resident 4 to properly wear a facemask. During a concurrent observation and interview on 7/21/2020 at 9:27 a.m., CNA L acknowledged Resident 5 did not wear his facemask while she was wheeling him in the hallway. Resident 5 stated he forgot to put his facemask on and he should have worn a facemask when outside his room and when going out for his appointment. A review of the facility's mitigation plan Personal Protective Equipment (PPE) approved by the California Department of Public Health on 6/8/2020, indicated Residents will wear (as they are able to tolerate) whenever they leave their room or around others, including whenever they leave the SNF for essential medical appointments. 4. During an observation on 7/21/2020 at 8:26 a.m., HK C was emptying the garbage bin by the station without using gloves and did not perform hand hygiene after the task. During a concurrent interview with HK C, she confirmed the observation and stated she should have washed her hands before and after the task. During a concurrent observation on 7/21/2020 at 9:29 a.m., HK M was cleaning the resident's room with gloves on and did not do hand hygiene after taking off the gloves. A review of facility's revised policy dated December 2007, Standard precautions indicated hand hygiene refers to handwashing with soap (anti-microbial or non-microbial) OR using alcohol-based hand rubs (gels, foams, rinses) that do not require access to water. Hands shall be washed with soap and water whenever visibly soiled with dirt, blood, or body fluids, or after direct or indirect contact with such . in the absence of visible soiling of hands, alcohol-based hand rubs are preferred for hand hygiene. Wash hands after removing gloves or remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and wash hands immediately to avoid transfer of microorganisms to other residents or environment. 5. During a concurrent observation and interview on 7/21/2020 at 9:30a.m., CNA K stated and demonstrated how to put on and take off PPE if there were Covid-19 positive residents in the facility. She stated PPE must be taken from the infection cart outside of the resident's room, then put in sequence by wearing the gown, gloves, N-95 mask, and face shield. When taking off PPE it should be inside the resident's room by sequential removing the gown, gloves,</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>wash hands with sanitizer, face shield, mask and thrown in the garbage bin. During a concurrent observation and interview on 7/21/2020 at 9:30 a.m., HK M stated and demonstrated how to put on and take off PPE if there were Covid-19 positive residents in the facility. She stated that PPE needs to be put on outside of resident's room then put the gloves, N-95 mask, gown, and face shield. When taking off PPE it should be gloves first, then gown, face shield, mask and everything needs to be thrown outside the room of the resident in the garbage bin. During a concurrent observation and interview on 7/21/2020 at 9:30a.m., HK N stated and demonstrated on how to put on and take off PPE if there were Covid-19 positive residents in the facility. He stated that PPE needs to be put on from the outside of resident's room then put the gown, gloves, N-95 mask, and face shield. When taking off it should be gown first, then gloves, face shield, and to keep the mask on and can go out to do another task. The PPE must be disposed in the garbage bin inside the resident's room. A review of the facility's mitigation plan Sanitation and additional cleaning approved by the California Department of Public Health on 6/8/2020, indicated Housekeeping to adhere to Donning (put on) and Doffing (take off) protocols in designated areas. A review of the CDC/COVID-19 PPE guidance indicated, before caring for patients with confirmed or suspected COVID-19 healthcare personnel (HCP) must receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE. Demonstrate competency in performing appropriate infection control practices and procedure .PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care. 6. During an observation on 7/21/2020 at 9:15 a.m., a used cloth gown was on the floor next to the screening table. During a concurrent observation and interview with FSS I on 7/21/2020 at 9:16 a.m., she acknowledged the observation and stated she had no time to go to the laundry room but it should not be there due to an infection control issue. She further stated the hospice nurse (HN) wore a cloth gown when she was inside the facility and when the HN left she gave it to the FSS I for washing in the laundry. 7. During an observation on 7/21/2020 at 9:55 a.m., three used facemasks and three or more pairs of gloves were exposed inside the garbage bin with no lid cover at the entrance door of the facility near the screening table. During a concurrent observation and interview with department of staff development (DSD) on 7/21/2020 at 9:56 a.m., she confirmed the observation and stated the garbage bin should have a lid cover to prevent the transmission of [MEDICAL CONDITION] or bacteria in the facility. 8. During an observation on 7/21/2020 at 8:45 a.m., dirty linens were exposed inside the barrel container with no lid cover in the hallway. During a concurrent observation and interview with CNA J on 7/21/2020 at 8:46 a.m., she confirmed the observation and stated the dirty barrel should have a lid cover and not to be exposed in the hallway due an to infection control issue. 9. During an observation on 7/21/2020 at 8:56 a.m., the isolation cart drawer outside the isolation room was opened and the plastic bag was hanging down to the floor. During a concurrent observation and interview with the infection preventionist (IP) on 7/21/2020 at 8:57 a.m., he confirmed the observation and stated the drawer should not have been left open due to an infection control issue. He further stated the plastic bag should not be hanging from the cart down to the floor. A review of the facility's mitigation plan Staffing Plan: Education, Observation, Competency approved by the California Department of Public Health on 6/8/2020, indicated random interview of employees regarding symptoms of COVID-19, prevention of spread and management to test their knowledge, such as hand hygiene, donning and doffing PPE's, cleaning and disposing of biohazard receptacles, housekeeping services in accordance to infection control guidelines, facility biohazard receptacles to ensure lids are closed, PPE's stored appropriately, supplied sufficiently and changed out accordingly.</p>		