STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055645	A. BUILDING _____ B. WING _____	**10/27/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MISSION SKILLED NURSING & SUBACUTE CENTER	**410 NORTH WINCHESTER BOULEVARD SANTA CLARA, CA 95050**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement infection control prevention practices when a staff did not perform hand hygiene after removing gloves, doors were left opened in the yellow zone area (for symptomatic residents or person under investigation (PUI) and while test results are pending), bins for washable gowns were located outside of residents' rooms, Residents A, B, and C were not wearing facemasks while outside of room, staff were not wearing disposable gowns properly, and a staff did not observe proper doffing of gown and gloves. These failures had the potential to spread COVID-19 (a new strain of virus that can cause mild to severe respiratory illness) in the facility. FINDINGS: During an interview with the director of nursing (DON) on 10/27/2020 at 9: 35 a.m., she indicated all residents were now in the yellow zone and cohorted (an enclosed area). The DON stated transmission base precaution (TBP, used to help stop the spread of germs from one person to another) was in place for all residents and appropriate signs and personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) were available in each residents' room. During a tour of the facility with the DON on 10/27/2020 at 9:40 a.m., the following was observed: 1. Registered nurse A (RN A) was preparing medications and then removed her gloves. RN A did not perform hand hygiene after removing gloves and continued to prepare medications. During a follow-up interview with RN A on 10/27/2020, RN A confirmed she should have performed hand hygiene after removing her gloves. 2. Doors of rooms 1, 2, 3, 4, 5, and 6 were left open. The DON stated all resident rooms should be closed. 3.Rooms 4, 5, 7, 8, and 9 each had black colored bins located outside of their rooms near the door. In room [ROOM NUMBER], the bin had a yellow colored cloth material. The DON indicated the yellow cloth was the washable yellow gown and staff would put the washable yellow gowns in the bins after being used. The DON stated the bins should be inside the resident's room. 4. Resident A was in the hallway without a facemask. Two surgical masks were hanging on his wheelchair. Resident B was not wearing a facemask and waited outside of a shower room with certified nursing assistant B (CNA B). Resident B stated her facemask was in her room. Resident C was in his wheelchair reading a newspaper in the hallway. Resident C's facemask was not covering his nose and partially covered his mouth. 5. Restorative nursing assistant C (RNA C) was wearing a disposable yellow gown and the waist tie was not fastened at the back. RNA C went inside room [ROOM NUMBER]. Therapists D and E (TP D and E) were both wearing a disposable yellow gown and the waist tie was not fastened at the back . TP D and E went inside room [ROOM NUMBER]. The DON acknowledged the staff did not properly wear the gown. 6. CNA F came out from room [ROOM NUMBER] carrying a gray bucket, wearing a disposable yellow gown and gloves. CNA F disposed the contents of the gray bucket into the soiled linen cart, then removed her gown and gloves and disposed them into the trash cart. Both the soiled linen and trash carts were located in the hallway, not within reach from room [ROOM NUMBER]. During an interview with the infection preventionist (IP) on 10/27/2020 at 11: 45 a.m., the IP stated staff were trained how to properly wear a gown and techniques in PPE's donning/doffing were also provided. The IP stated used gowns and gloves should not be disposed outside of a resident's room. Review of the facility's In-service for Donning and Doffing of PPE, dated 10/13/2020, indicated CNA F had attended the in-service. Review of the facility's 2013 Infection Prevention Manual for Long Term Care, Donning of PPE, indicated gown should fully cover torso from neck to knees, arms to the end of wrist and wrap around the back, fasten in back of neck and waist. Review of the facility's 2013 Infection Prevention Manual for Long Term Care, Doffing of PPE, indicated remove PPE at doorway before leaving resident room or in anteroom. The facility approved COVID-19 Mitigation Plan dated 9/16/2020, indicated .trash disposable bins were located as near as possible to the exit inside of the resident room to make it easy for the staff to discard PPE after removal, prior to exiting the room Yellow Cohort residents were provided and expected to wear facemasks as tolerated whenever they leave their room . Review of the Center for Disease Control (CDC) and Prevention dated 6/2020, Evaluate and Manage Residents with Symptoms of COVID, indicated residents should have a separate room from others with the door closed. According to the CDC Hand Hygiene Guidance, indicated the Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: .immediately after glove removal .

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.