

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALMADEN HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2065 LOS GATOS-ALMADEN ROAD SAN JOSE, CA 95124</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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement strategies to prevent the spread of communicable disease when the proper personal protective equipment (PPE) was not used when caring for persons under investigation (PUI) residents (person who has COVID-19 symptoms, exposed to a person who tested positive for COVID-19, unknown COVID-19 status, or waiting for the results of COVID-19 test). These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: During an observation on 8/25/2020 at 10:35 a.m., three rooms in Hallway A had signage indicating the rooms were isolation rooms and proper PPE should be used (i.e. mask, face shield, gloves, and gown). Eleven rooms in Hallway A had no signage. During an interview on 8/25/2020 at 10:40 a.m., certified nursing assistant A stated she took care of residents in Hallway A without using a gown because her assigned residents were not on isolation. During an interview on 8/25/2020 at 10:45 a.m., the director of nursing (DON) stated registered nurse C (RN C) tested positive for COVID-19 and RN C worked in Hallway A during his last shift. The DON stated the facility received the positive result yesterday, 8/24/2020. The DON stated all the residents in the rooms in Hallway A were considered PUI. The DON stated staff should use a mask, face shield, gloves, and gown when working with the PUI residents. During an interview on 8/25/2020 at 11 a.m., with licensed vocational nurse B (LVN B), when asked if he was aware all the rooms in Hallway A were isolation rooms, LVN B stated no one informed me. LVN B stated he did not wear a gown when he went in the rooms without signage. During an interview on 8/25/2020 at 12:10 p.m., the infection preventionist (IP) stated he was informed of RN C's positive test yesterday (8/24/2020). The IP stated facility staff discussed to consider all residents in Hallway A as PUI. The IP was not able to answer when asked why staff working in Hallway A were not informed sooner regarding the residents' PUI status. Review of registered nurse C's (RN C) laboratory results, dated 8/23/2020 (collection date 8/15/2020), indicated that [DIAGNOSES REDACTED]-CoV-2 (COVID-19) was detected. Review of Centers of Disease Control and Prevention's (CDC) guidance Responding to Coronavirus (COVID-19) in Nursing Homes, dated 4/30/2020, indicated residents who were cared for by newly identified [DIAGNOSES REDACTED]-COV-2 infected (health care provider) should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with [REDACTED], Review of the facility's Mitigation Plan, indicated residents in yellow zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions.</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.