| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **056082** | A. BUILDING _____ B. WING _____ | **07/22/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **CANYON SPRINGS POST-ACUTE** | **180 NORTH JACKSON AVENUE SAN JOSE, CA 95116** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | **Provide and implement an infection prevention and control program.**<br><br>Based on observation, interview, and record review, the facility failed to ensure facility staff did not wear a face mask in the laundry room and the resident door was opened for patients under investigation (PUI) related to COVID (a disease caused by a new strain of coronavirus). These failures had the potential to transmit and spread the infection to the residents and staff. Findings: During an observation with the director of nursing (DON) on 7/22/2020 at 1:50 p.m., the facility staff did not a wear face mask in the laundry area. During a concurrent interview with the DON, she confirmed the facility staff should wear a face mask in the laundry area. During an observation and interview with the infection preventionist (IP) on 7/22/2020 at 11:00 a.m., a resident's door was opened for PUI related to COVID. The IP stated the door should have been closed for PUI residents. The IP confirmed the residents have symptoms of COVID, such as coughing. Review of the facility's undated policy, indicated the mask should be worn on duty in the facility. 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. |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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