

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055750	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER AMBERWOOD GARDENS		STREET ADDRESS, CITY, STATE, ZIP 1601 PETERSEN AVENUE SAN JOSE, CA 95129	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection control measures when one dietary staff did not properly wear a cloth mask while in the kitchen. This failure had the potential to put residents and staff at risk for contracting COVID-19 (Coronavirus Disease 2019; a new infectious disease that can spread through respiratory droplets). Findings: During an observation on 5/26/2020 at 12:20 p.m., with the Administrator (ADM), one dietary staff (DS) was observed with her cloth mask below her nose. The ADM confirmed the observation and told the DS to wear it properly. According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19 in Nursing Homes updated May 19, 2020, indicated HCP (Healthcare Personnel; e.g. dietary), should wear facemask at all times while in the facility.		

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.