

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER SKYLINE HEALTHCARE CENTER - SAN JOSE		STREET ADDRESS, CITY, STATE, ZIP 2065 FOREST AVENUE SAN JOSE, CA 95128	
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 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to ensure a pest free environment when a live cockroach and ants were observed inside the facility. This failure had the potential to cause health hazards to the residents. Findings: During an environmental rounds of the facility with the maintenance staff (MS) on 8/19/2020 at 10:12 a.m., a live cockroach was observed on the floor outside the nursing station #6. The MS and licensed vocational nurse A (LVN A) confirmed the observation. During an another observation of the facility on 8/19/2020 at 10:38 a.m., black ants crawled on Resident 1's bathroom floor. The MS confirmed the observation. According to Centers for Disease Control and Prevention (CDC): Guidelines for Environmental Infection Control in Health-Care Facilities (https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html) last updated July 2019 indicated cockroach and ants are among the typical arthropod and vertebrate pest population found in health-care facilities. Insects can serve as agents for the mechanical transmission of microorganism, or as active participants in disease transmission process by serving as a vector (any agent which carries and transmits an infectious pathogen into another living organism). Arthropod and vertebrate pests should be eradicated from all indoor environments, including health-care facilities.		
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.