

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER CUPERTINO HEALTHCARE & WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP 22590 VOSS AVENUE CUPERTINO, CA 95014	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a pest free environment when a live cockroach was observed in room [ROOM NUMBER]. This failure had the potential to cause health hazards to residents. Findings: During an interview with Resident 1 on 2/26/20 at 9:20 a.m., she stated she and a family member had seen cockroaches in her room (room [ROOM NUMBER]). During an interview with certified nursing assistant (CNA) on 2/26/20 at 9:22 a.m., he stated he saw cockroaches in Resident 1's room. During an observation with the administrator (ADM) on 2/26/20 at 9:30 a.m., in room [ROOM NUMBER] a live cockroach was observed on the wall. During a concurrent interview with the ADM she stated every room has a sliding glass door to the outside so there was access. She also stated she had seen cockroaches in the dining room across from room [ROOM NUMBER]. During an interview with the housekeeping supervisor (HS) on 2/26/20 at 10:15 a.m., he stated he had seen cockroaches crawling on the floor in rooms [ROOM NUMBERS]. During a telephone interview with the director of nursing (DON) on 6/10/20 at 1:05 p.m., he stated it was the facility's responsibility to maintain a pest free environment to ensure resident health. Review of the facility's pest service report dated 2/5/20, indicated cockroaches were in the kitchen. Review of the facility's pest service report dated 2/14/2020, indicated cockroaches were in the dining room and resident room [ROOM NUMBER]. Review of the facility's undated policy, Pest Control, indicated the facility shall ensure it is free of insects, rodents, and other pests that could compromise the health, safety, and comfort of residents, facility staff, and visitors.		
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.