

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055646	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER PALO ALTO SUB-ACUTE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 911 BRYANT STREET PALO ALTO, CA 94301	
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 - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to implement infection control measures when 1. a plastic red bag was found on the floor beside two laundry carts 2. in the facility's designated Admission Unit, disposable gowns were hanging on wall hooks in the hallway and brown paper bags containing N95 masks were situated on the hallway railing 3. two facility staff did not perform hand hygiene prior to donning gloves. These failures place residents and staff at risk for being susceptible to acquiring infectious diseases. Findings: During an observation on 5/19/2020 at 10:45 a.m., in the facility's designated Admission Unit with active residents, the following was observed: a plastic red bag with bulky items inside was found on the floor beside two laundry carts, disposable gowns were hanging on wall hooks in the hallway, and nine brown paper bags containing N95 masks were placed on the hallway railing beside Room A with a Contact Precaution (an isolation room used for patients with known or suspected infections that represent an increased risk for contact transmission) signage. During a concurrent interview with registered nurse A (RN A) together with the administrator (ADM), RN A indicated the plastic bag contained used linens and gowns. RN A stated she was waiting for the laundry personnel to get the bag. The ADM confirmed the plastic bag should not be left on the floor. During a follow-up interview with the director of staff development (DSD)/Infection Preventionist (IP), the DSD/IP confirmed the gowns were reusable and placed in the hallway because there was no place for them to be stored. The DSD/IP acknowledged the brown paper bags with N95 masks should be kept inside a bin, which was not available. Further, he stated N95 masks should not be placed close to an isolation room (Room A). During an observation on 5/19/2020 at 11:15 a.m., the DSD/IP put on gloves and went inside Room B and attended to a machine that was on the floor. The DSD/IP did not perform hand hygiene prior to donning gloves. During a concurrent interview with the DSD/IP, he confirmed he should perform hand hygiene before donning gloves. During another observation on 5/19/2020 at 11:30 a.m., certified nursing assistant B (CNA B) put on hand gloves from a medication cart and went inside Room C. CNA B did not perform hand hygiene prior to donning gloves. During a concurrent interview with CNA B, she confirmed she did not perform hand hygiene prior to donning gloves		

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.