

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EMPRESS CARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1299 S. BASCOM AVENUE SAN JOSE, CA 95128</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to appropriately manage the pain level for one of three sampled residents (Resident 1) when [MEDICATION NAME] tablet (pain medication for mild pain) (1-3) 325 milligram (mg, unit of measurement) two tablet was given for the pain level of 7/10-9/10 (moderate-severe pain level). These failure had the potential to compromise resident's health and comfort resulted from inadequate pain management. Findings: 1. Review of Resident 1's physician's orders [REDACTED]. Review of Resident 1's progress notes dated 8/2/2020 at 12:40 a.m., indicated Resident 1 repeatedly complained of 7/10 pain level (moderate pain) on his left pelvis and left knee. [MEDICATION NAME] 325 mg. two tablets PRN was administered. On 8/2/2020 at 6:49 a.m. indicated the pain medication was ineffective. On 8/2/2020 at 1:14 p.m., Resident 1 again complained of 9/10 pain level from left hip and knees. [MEDICATION NAME] 325 mg two tablets was administered. During a concurrent interview and record review with registered nurse A (RN A) on 8/18/2020 at 10:35 a.m., RN A confirmed the PRN [MEDICATION NAME] was indicated for Resident 1's mild pain. RN A also stated the licensed nurse should have called the doctor to get an order to address Resident 1's moderate to severe pain. A review of the facility's 7/2012 policy and procedure, Change of Condition, indicated all changes in resident condition will be communicated to the physician. Acute medical change, any sudden change in a resident's condition manifested by marked change in physical or mental behavior will be communicated to the physician with a request for physician visit immediately and/or acute care evaluation. If unable to contact attending or alternate physician timely, notify the Medical Director.</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to implement infection control measures to prevent the spread of infection when three assigned staff in the facility's observation unit (OU) did not use the required PPE's (N-95 masks and face shields) during the care of eight COVID-19 (Coronavirus disease, is an infectious disease, spread from person to person via respiratory droplets) residents. This failure had the potential to transmit and spread the infection to residents, staff, and visitors. Findings: During an observation on 8/13/2020 at 8:39 a.m., the surveyor and infection preventionist (IP) entered the OU, licensed vocational nurse B (LVN B) and two certified nursing assistants C and D (CNA C and CNA D) were wearing surgical masks instead of N-95 masks and face shields as required. During an interview with the infection preventionist (IP), she stated she was not aware staff were required to wear an N-95 mask and face shields in the OU. The IP and the director of nursing (DON) reviewed (Center for Disease Control (CDC) guidelines and immediately provided the three staff with N-95 mask and face shields. According to CDC Guidelines, . Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown . depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents.</p>		

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.