

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER ALMADEN HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2065 LOS GATOS-ALMADEN ROAD SAN JOSE, CA 95124	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to maintain medical records on each resident with complete and accurate documentation for 2 of 2 residents reviewed (R1 and R2). Specifically, nursing staff did not document the initiation of transmission-based precautions (TBP). Findings include: According to the facility fact sheet titled, Coronavirus Disease (COVID-19), the Coronavirus disease is a respiratory illness that can spread from person to person mainly between people who are in close contact with each other through respiratory droplets and or contact with [MEDICAL CONDITION] in which the individual then touches their nose or mouth. According to the facility policy titled, COVID-19 Decision Tree Pathway As soon as a Resident Develops Respiratory Symptoms: Cough (productive or non-productive), Colds Symptoms, Runny/Stuffy Nose, Fatigue, Sore Throat, Chills, Body/Joint/Muscle Pain, Chills, Fever and Diarrhea: . Initiate droplet and contact/standard precautions and have the resident with symptoms wear a mask right away until further instructions from Public Health Nurse. According to the facility policy titled, Suspected/Actual COVID-19 Facility Checklist Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms as identified by COVID-19 Committee and close the doors. If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases. According to the Center of Disease Control Check and Record Everyday booklet, dated 3/11/20, the symptoms of COVID-19 are a fever of 100.4 Fahrenheit (F), cough or trouble breathing. Review of R1's Resident temp log for the night shift starting 3/29/20, revealed R1 had a temperature of 100.8. Review of R1's Resident Progress Notes revealed Licensed Vocational Nurse (LVN) 1 documented, on 3/30/20 at 10:23AM, that at 1:15AM (approximately 9 hours earlier) R1 had a temperature of 100.8 degrees Fahrenheit (F) and was complaining of lower back pain rated 7/10 (10 being extreme pain). LVN 1 further documented a pain medication was given and forty minutes after the administration, R1 had a temperature of 97.0 F. However, there was no evidence in the record that the resident was isolated and placed on droplet precautions according to policy. Review of the Nursing SBAR (situation, background, assessment and recommendation) form, created by RN 3 on 3/30/20 at 11:06AM revealed R1 was observed at 10:54AM with fever, shortness of breath, cough and congestion. The form further revealed the physician and resident representative were notified and care plan was reviewed. However, the recommendations did not include isolating the resident and separating R1 and R2 into different rooms. Further review of R1's Resident Progress Notes revealed LVN 2 documented, on 3/30/20 at 3:44PM, that at 11:15AM the patient was sent to the emergency room with a temperature of 101.4, a headache with a pain level of 6/10, congestion and coughing that was hurting her chest. However, there was no evidence in the record that the resident was isolated and placed on droplet precautions prior to the transfer to the hospital. Review of R2's Resident Progress Notes (R2 shared a room with R1) revealed, RN 3 documented, on 3/30/20 at 1:31PM that R2 moved from 132A to 107A (observation room) for precautionary measures. New order obtained from R2's physician for a respiratory [MEDICAL CONDITION] panel test. Resident and resident representative informed of the room change. However, there was no evidence of what time R2 was moved to the observation room. In contrast, review of the Administrator's documentation of the suspected COVID-19 investigation, dated 3/30/20, revealed LVN 2 was orienting LVN 1 during the night shift and he had initiated R2's transfer to the observation room on precautions, and he had assigned dedicated staff for both residents until R1 was transferred to the hospital. In addition, during interview on 4/1/20 at 1:00PM, LVN 2 stated he started his shift at 1:30AM on 3/30/20 to orient LVN 1. He stated LVN 1 immediately told him of R1's temperature. LVN 2 stated he immediately moved R2 to the observation room and implemented droplet precautions for both rooms. LVN 2 stated he put up droplet precautions signs outside of the rooms and he placed personal protection equipment (PPE) of gowns, gloves and masks outside of the room. LVN 2 stated the move happened around 2:00AM but he did not document his actions. LVN 2 stated he should have documented what he did but he was busy orienting LVN 1. During interview on 4/1/20 at 1:24PM, LVN 1 stated he had been working at the facility for about two months. LVN 1 stated that he told LVN 2 of R1's elevated temperature and they moved R2 to a different room and initiated droplet precautions for both rooms. LVN 1 stated he could not say what time it happened but that it should have been documented. During interview on 4/1/20 at 9:15AM, the Director of Nursing (DON) stated she expected staff to immediately complete an SBAR form, notify the doctor and immediately isolate residents if they have a temperature of 100.4 or higher or have signs of a cough and other respiratory symptoms. The DON further stated the facility will also investigate low grade fevers and monitor their temperature every hour. The DON stated staff have to document their actions and the record has to clearly show the date and time that events occurred.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to: A. Disinfect the bedside table and treatment tray, and failed to perform hand hygiene (clean the hands with alcohol based hand rub (ABHR) or soap and water) between glove changes during 1 of 1 blood sugar checks; B. Ensure the facility had ABHR readily available outside the resident rooms; C. Ensure residents were assisted with hand hygiene prior to eating supper; D. Implement process surveillance to ensure staff were correctly implementing hand hygiene and point of care testing policies; and failed to E. Ensure visitor screening included questions related to coughing, shortness of breath (SOB) and other respiratory symptoms. Findings include: According to the Centers for Disease Control and Prevention (CDC), [MEDICAL CONDITION] causing the novel coronavirus disease has been labeled COVID-19. According to the facility policy titled, COVID-19 Preparation Strategies Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE) (such as gloves, masks, gowns, goggles, etc.) A. During an observation and subsequent interview on 3/31/20 at 4:50PM, Licensed Vocational Nurse (LVN 4) was observed completing a blood sugar check on Resident 3 (R3). LVN 4 performed hand hygiene, put on gloves and took out a plastic treatment tray from the medication cart drawer and placed it on top of the medication cart. LVN 4 then took an EPA (Environmental Protection Agency) approved disinfectant wipe from the medication cart and wiped the EvenCare G2 Blood Glucose Monitor (glucometer), and then placed the glucometer in the treatment tray and waited 1 minute for the disinfectant to dry according to manufacturer instructions. LVN 4 then changed her gloves without performing hand hygiene and placed the test strip, alcohol wipes and a single use lancet (small needle to poke the finger of a resident to obtain a blood sample) into the treatment tray. LPN 4 took the treatment tray into R3's room and placed it onto the bed side table. LVN 4 completed the blood sugar check and then placed the glucometer on the bed side table while she took off one glove and wrapped the test strip in it. LVN 4 then put the glucometer into the treatment tray and carried the tray to the medication cart outside R3's room and placed the tray on the top of the medication cart. LVN disposed of the lancet in the sharps container and the gloves in the garbage. LVN 4 then put on new gloves without performing hand hygiene and took</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.

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During a facility tour on 3/31/20 starting at 3:00PM, ABHR was observed in the reception area, nursing station and on top of the medication carts. However, ABHR was not observed on the walls or outside the resident rooms. According to the facility policy titled, COVID-19 Preparation Strategies Alcohol based hand rub is readily accessible and placed at entrance to resident rooms, at bed side, individualized pocket-sized containers, staff work station and other convenient locations.</p> <p>Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room). During an interview on 3/31/20 at 3:30PM, the Infection Preventionist (IP) stated staff were given many options to clean their hands: pocket size ABHR, large containers of ABHR at the nursing station and reception; and soap and water in every resident room, staff lounge and staff bathrooms. The IP also stated there was no hand sanitizer on the walls outside resident rooms for safety reasons. During an interview on 4/1/20 at 9:15AM, the DON stated that prior to COVID-19 the facility had a lot of ABHR but after COVID-19 it began to go missing. The DON stated she made sure staff had their own small containers and access to large bottles at reception and the nursing station. However, 3 of 4 staff randomly questioned in the hallway stated they did not carry their own small containers of hand sanitizer. C. During an interview on 3/31/20 at 3:05PM, the Food Manager stated the kitchen team was not putting hand wipes on the food trays for residents to clean their hands prior to eating meals. She further stated the nursing staff might know if there were hand wipes available. During an interview on 3/31/20 at 3:30PM, the Infection Preventionist stated the certified nursing aides (CNAs) were using wipes with the residents to clean their hands prior to meals. However, during an observation on 3/31/20 at 5:00PM, the CNAs passing out dinner trays were not seen assisting residents to wash their hands prior to eating supper with or without hand wipes. During an interview on 4/1/20 at 9:15AM, the DON stated she thought the kitchen staff were placing towelettes on the food trays so residents could clean their hands before eating. The DON stated she was not aware this was not being done and did not know how the residents were assisted with cleaning their hands before eating. During an interview on 4/1/20 at 10:31AM, the Administrator stated the facility had run out of towelettes but a new delivery came in today. The Administrator stated the kitchen staff will put a towelette on every tray and the nursing staff will assist residents to use the towelettes prior to eating. D. Review of the Infection Control Surveillance documentation revealed no evidence of process surveillance to ensure staff were being monitored for compliance to staff and resident hand hygiene and point of care testing (glucometer) policies. During an interview on 3/31/20 at 3:30PM, the IP confirmed he had not been monitoring compliance to hand hygiene and did not have a formal process in place to ensure infection control policies were implemented correctly. The IP stated he would make sure the Infection Control program included process surveillance. E. During an observation of the facility entrance at 2:30PM, signage was seen on the front door which said not to come into the facility if you had a fever, cough or shortness of breath. The receptionist then opened the front door to allow the surveyor into the building. The receptionist then took the surveyor's temperature and completed a visitor log with the following information: date, time, visitor name, patient name, room number, history of travel within 14 days, temperature and time out. The receptionist also asked the surveyor if she had been at another facility that day. However, the receptionist did not ask about a cough, shortness of breath or other respiratory symptoms. Review of a second, blank, facility screening form provided by the Administrator around 2:45PM revealed a questionnaire which included, Are you having any signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat? However, the form was not being used by the receptionist. According to the facility policy titled, COVID-19 Preparation Strategies Ask staff and authorized visitors if they have: Signs and symptoms of respiratory infections such as fever, cough, shortness of breath or sore throat. During an interview on 4/1/20 at 2:00PM, the Administrator stated he had given the facility screening form with the complete questionnaire to the receptionist to make sure he asks the additional respiratory screening questions.</p>		