

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER HERMAN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2295 PLUMMER AVENUE SAN JOSE, CA 95125	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement strategies to prevent the spread of communicable disease when: 1. Three residents did not wear facemasks while they were sitting in the activity room; two residents did not wear facemasks while they were sitting in the hallway; one resident did not wear a facemask in the dining room; 2. One certified nursing assistant (CNA) wore a cloth face covering while providing direct care to the residents; one medical record staff (MRS) wore a cloth face covering in the nursing station; 3. Dietary staff (DS) did not do hand hygiene after sneezing and touching her nose; 4. A speech therapists (ST) was wearing gloves in the hallway; These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: 1. During facility initial tour observation in the activity room on 5/29/2020 at 2:55 p.m., three residents (Residents 1, 2 and 3) did not wear their masks. During a concurrent observation and interview with the DON on 5/29/2020 at 2:56 p.m., she acknowledged the above observation and stated residents should have worn facemasks in the activity room. During an observation in the hallway on 5/29/2020 at 2:58 p.m., Residents 4 and 5 did not wear facemasks while sitting in the hallway. During an observation on 5/29/2020 at 3:05 p.m., Resident 6 did not wear a facemask while sitting in the dining room and watching TV. During a concurrent observation and interview with Resident 6 on 5/29/2020 at 3:06 p.m., he stated that staff did not offer him a facemask every time he left his room. During a concurrent observation and interview with the DON on 5/29/2020 at 3:07 p.m., she acknowledged the above observations and stated Resident 6 was alert and oriented. Further, the DON stated staff should have offered Resident 6 a facemask. 2. During an observation on 5/29/2020 at 3:00 p.m., CNA A wore a cloth face covering while providing direct care for the residents in the facility During an interview with CNA A on 5/29/2020 at 3:01 p.m., she stated she should have worn a surgical mask when providing direct care to the residents. During an observations on 5/29/2020 at 3:08 p.m., the MRS wore a cloth face covering at the nursing station. During an interview with the MRS on 5/29/2020 at 3:09 p.m., she stated she should have worn a surgical mask at the nursing station. 3. During an observation on 5/29/2020 at 3:10 p.m., DS B did not perform hand hygiene after sneezing and touching her nose. During an interview with DS B on 5/29/2020 at 3:11 p.m., she stated she did not do hand hygiene after sneezing and touching her nose. 4. During an observation on 5/29/2020 at 3:15 p.m., the ST wore a pair of gloves while walking in the hallway towards the kitchen door. During an interview with the ST on 5/29/2020 at 3:16 p.m., she acknowledged the observation and stated that she went to kitchen to get juice for a resident. During an interview with the DON on 5/29/2020 at 3:17 p.m., she stated the ST was not supposed to wear gloves in the hallway to prevent spreading the infection. Review of the Centers for Disease Control and Prevention (CDC) guidelines dated 5/19/2020, Preparing for COVID-19 in Nursing Homes- Implement Source Control Measures, indicated health care personnel (HCP) should wear a facemask at all times while in the facility. Cloth face coverings should NOT be worn by HCP. (HCP, include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacist, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (eg., clerical, ancillary staff such as environmental and dietary services, laundry, security, engineering and facilities management, administrative, billing, and the volunteer personnel). Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room Implement aggressive social distancing measures (remaining at least 6 feet apart from others). Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas.</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.