

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER THE VILLAS AT SARATOGA SKILLED NSG & ASSSITED LVG		STREET ADDRESS, CITY, STATE, ZIP 20400 SARATOGA-LOS GATOS RD SARATOGA, CA 95070	
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 observations and interviews, the facility failed to maintain an environment that is sanitary and safe to prevent the development and transmission of COVID-19. Findings: During the tour conducted on Unit A at 1:30 p.m. on 9/1/2020, there were packs of briefs on the floor in their linen closet. The nursing assistant staff acknowledged it and stated it would be placed on the shelves with other linen supplies. During the tour conducted on Unit C at 2:20 p.m. on 9/1/2020, clean linen carts were inside the shower room. This was confirmed by the the licensed staff who stated they don't have a place to put them. During the tour conducted on Unit D at 2:41 p.m. on 9/1/2020, a housekeeper was pushing a bin of collected garbage in the hallway without wearing any gloves. She was instructed to wear gloves by management. Also, in this unit, there were no hand sanitizers in the hallways for staff and residents to sanitize their hands. The licensed staff stated they put one bottle on the rails but some residents take them. She stated if they needs their hands sanitized, they would have to go to the medication cart. During the tour conducted on Unit E at 3:04 p.m., there were many items, which were not used or should not be in the unit, in disarray. There was a urinal with urine beside a bottle of water on the bedside table of one of the residents. As this is a special unit for COVID-19, a staff emptied the urinal in the regular staff restroom using a cup of water to rinse the urinal after emptying it into the toilet bowl.		
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.