

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055318</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SKYLINE HEALTHCARE CENTER - SAN JOSE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2065 FOREST 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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review the facility failed to implement and monitor their infection control prevention practices when kitchen staff A (KS A) did not wear a facemask while working in the kitchen and restorative nurse assistant B (RNA, is a type of nursing assistant trained to help nurses in restoring mobility to patients) (RNA B) and certified nursing assistant C (CNA C) did not wear their facemasks properly while inside the facility. These failures had the potential for possible spread of infection in the facility. Findings: 1. During an observation on 5/28/2020 at 1:35 p.m., KS A was observed not wearing a facemask while working inside the kitchen. On a concurrent interview with the registered dietitian (RD), she acknowledged KS A should have worn a facemask while working inside the kitchen to prevent possible food cross-contamination (a process by which a substance that is harmful or dirty spreads from one area to another). 2. During an observation on 5/28/2020 at 1:50 p.m. restorative nursing assistant B (RNA B) was observed with her facemask placed under her chin, not covering her mouth and nose while assisting Resident 1 inside the room. During an interview with RNA B on 5/28/2020 at 2 p.m., she confirmed the observation. 3. During another observation on 5/28/2020 at 2:03 p.m. certified nursing assistant C (CNA C) was observed with her facemask under her chin, not covering her mouth and nose in the presence of Resident 2 inside the room. The CNA C confirmed the observation. During an interview with the administrator (ADM) on 5/28/2020 at 2:40 p.m. she acknowledged both RNA B and CNA C should have worn their facemasks properly while inside the facility to prevent possible spread of 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.		

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.