

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555838</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CAMDEN POSTACUTE CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1331 CAMDEN AVENUE CAMPBELL, CA 95008</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> - Few	<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 and monitor their infection control prevention practices when: 1. Two kitchen staffs (KS's) were observed not wearing facemasks while working in the kitchen; 2. Two Residents were sitting side by side and did not maintain the social distance by keeping six-feet apart while in the smoking area; 3. Activity Staff (AS) was wearing a cloth mask while providing 1:1 activity inside the residents the room; 4. Resident 1 was not wearing a facemask in the hallway while ambulating with the physical therapists (PT); 5. Housekeeper A (HK A) was observed wearing a cloth mask while vacuuming the hallway with two residents nearby; These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: 1. During an observation on 5/26/2020 at 11:18 a.m., KS B and KS C were both observed not wearing facemasks while working inside the kitchen. During a concurrent observation and interview on 5/26/2020 at 11:20 a.m. , with KS B and KS C, they both acknowledged the observation and stated it was hot in the kitchen while they are preparing the food. During a concurrent interview on 5/26/2020 at 11:30 a.m., with the registered nurse supervisor (RNS), she acknowledged that KS's should have worn facemasks 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 5/26/2020 at 11:13 a.m., Residents 2 and 3 were sitting side by side smoking and did not maintain the social distance by keeping six-feet apart while in the smoking area. During a concurrent observation and interview on 5/26/2020 at 11:14 a.m., with the RNS, she acknowledged the above observation and stated the residents should be six-feet apart while smoking to maintain the social distance. 3. During an observation on 5/26/2020 at 11:07 a.m., the AS was wearing a cloth mask while providing 1:1 activity inside the resident' room. During a concurrent observation and interview on 5/26/2020 at 11:09 a.m. with the AS, he acknowledged the above observation and stated he should wear a surgical mask. 4. During an observation 5/26/2020 at 11:00 a.m., Resident 1 was not wearing a facemask in the hallway while ambulating with PT. During a concurrent observation and interview on 5/26/2020 at 11:02 a.m. with the RNS, she acknowledged the above observation and stated Resident 1 should have worn a facemask while ambulating with the PT in the hallway. 5. During an observation on 5/26/2020 at 11:03 a.m., HK A was observed wearing a cloth mask while vacuuming the hallway with two residents nearby. During a concurrent observation and interview on 5/26/2020 at 11:04 a.m. with the RNS, she acknowledged the above observation and stated HK A should have worn a surgical facemask with the residents around. She further stated facility staff should have worn a surgical mask while inside the facility 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.