

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER A GRACE SUB ACUTE & SKILLED CARE		STREET ADDRESS, CITY, STATE, ZIP 1250 S. WINCHESTER BOULEVARD SAN JOSE, CA 95128	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to implement infection control practices when the kitchen service person (KSP) did not wear any hair restraint while inside the kitchen and the medical record director (MRD) did not wear facemask while inside the facility. This failure had the potential to spread possible infection in the facility due to cross-contamination (a process by which a substance that is harmful or dirty spreads from one area to another). Findings: 1. During an observation on 5/22/2020 at 10:16 a.m., the KSP was observed not wearing any hair restraint while working inside the kitchen. On a concurrent interview with the director of staff development (DSD), she confirmed the observation. She acknowledged the kitchen staff should have instructed and provided the KSP with a hairnet upon entering the kitchen. Review of the US Food and Drug Administration (FDA) Code Title 21 requires all employees who clean equipments and utensils in the kitchen shall wear hair restraints such as hats, hair coverings or nets that are designed to effectively keep hair from contacting exposed foods, clean equipments and utensils. 2. During another observation on 5/22/2020 at 10:23 a.m., the MRD was observed not wearing a facemask while inside his office with the door partly open. The MRD's office is located just opposite the residents rooms that were widely open. The MRD confirmed the observation. During an interview with the administrator (ADM) on 5/22/2020 at 10:30 a.m., she acknowledged the MRD should have worn a facemask while inside the facility to prevent possible spread of infection. Review of the Centers For Communicable Diseases (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.