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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055645 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/26/2020 |
| NAME OF PROVIDER OF SUPPLIER MISSION SKILLED NURSING & SUBACUTE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 410 NORTH WINCHESTER BOULEVARD SANTA CLARA, CA 95050 | |
| 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 prevention practices when the occupational therapist (OT) was not wearing facemask while in the facility. This failure had the potential to possibly spread the infection in the facility. Findings: During an observation in the facility, on 5/26/2020 at 9:43 a.m., an OT was observed not wearing a facemask while talking with three other people sitting around a table. On a concurrent interview with the OT, he confirmed the observation. During an interview with the director of nursing (DON) on 5/26/2020 at 10:10 a.m. she stated the facility's staff must wear a facemask 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. | | |

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.