

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055798	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER VASONA CREEK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 16412 LOS GATOS BOULEVARD LOS GATOS, CA 95032	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure a newly admitted resident was separated from a resident who completed the 14 days observation for COVID (a mild to severe respiratory illness that is caused by a coronavirus), facility staff did not wear gowns in the observation unit for COVID, and observation rooms for COVID did not have signage outside the door for appropriate personal protective equipment (PPE) to wear. These failures had the potential to transmit and spread infection to other residents and staff. Findings: 1. During an observation on 7/21/2020 at 1:35 p.m., a resident who was admitted from the acute hospital on [DATE] was placed with a roommate who completed a 14 day observation period for COVID. During a concurrent interview with the infection preventionist (IP), she confirmed the resident was newly admitted from the acute hospital and should have been quarantined for 14 days. The IP stated the resident's roommate completed the 14 days observation period for COVID. 2. During an observation with the IP on 7/21/2020 at 1:45 p.m., facility staff entered the room with no gowns in the observation unit for COVID. During a concurrent interview with the IP, she stated staff did not wear gowns in the observation unit for COVID. 3. During an observation on 7/21/2020 at 2:00 p.m., observation rooms for COVID did not have signage outside the door regarding the appropriate PPE to wear. During a concurrent interview with the IP, she stated Rooms A, B, C, D, and E were observation rooms for COVID. Further, she confirmed there was no signage on door for appropriate PPE to wear. Review of the Center for Disease Control (CDC) and Prevention dated 2020, COVID 19 Long Term Care Facility Guidance, indicated to wear full PPE for the care of any resident with known or suspected COVID. Long term care facilities should separate residents and other residents who do not have or unknown status. Isolate all admitted residents in their room for 14 days if the COVID status is unknown. Personal protective equipment signs are posted immediately outside the resident rooms indicating appropriate infection control and prevention precaution.</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.