

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER SUNNY VIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 22445 CUPERTINO ROAD CUPERTINO, CA 95014	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review the facility failed to implement infection control prevention practices when: 1. Two certified nursing assistants (CNAs) were observed not wearing facemasks while talking to each other and were not six feet apart inside the facility; 2. Activity staff (AS) was wearing a cloth facemask and sitting side by side with Resident 1 in the hallway; 3. Resident 2 was not wearing a facemask while sitting in the hallway; 4. Four dietary servers (DS) were wearing cloth facemasks while preparing the food; 5. One CNA and one private caregiver were wearing cloth facemasks while doing activities of daily living (ADL'S) for the residents in the facility. These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: 1. During an observation on 5/20/2020 at 11:00 a.m., CNAs B and C were observed not wearing facemasks while talking to each other and were not within 6 feet apart inside the facility. During a concurrent observation and interview with CNA B on 5/20/2020 at 11:02 a.m., she confirmed the above observation. During a concurrent observation and interview with CNA C on 5/20/2020 at 11:03 a.m., she confirmed the above observation and further stated that they should wear a facemask while inside the facility. During an interview with the director of staff development (DSD) on 5/20/2020 at 11:04 a.m. she stated the facility's staff must wear a surgical facemask while inside the facility. 2. During an initial tour observation on 5/20/2020 at 10:50 a.m., the AS was wearing a cloth facemask while sitting side by side with Resident 1 in the hallway for 1:1 activity. During a concurrent observation and interview with the AS on 5/20/2020 at 10:51 a.m., she confirmed the above observation. During an interview with the director of nursing (DON) on 5/20/2020 at 10:52 a.m. she stated the facility's staff must wear a surgical facemask while providing ADL's care to the residents inside the facility. 3. During an observation on 5/20/2020 at 11:07 a.m., Resident 2 was observed not wearing facemask while sitting in his wheelchair outside of his room by the hallway. During a concurrent observation and interview with Resident 2 on 5/20/2020 at 11:08 a.m., he confirmed the above observation and stated that staff did not offer him a facemask every time he was out from his room. During a concurrent observation and interview with the DSD on 5/20/2020 at 11:09 a.m., she confirmed the above observation and stated Resident 2 was alert and oriented. 4. During a kitchen tour observation on 5/20/2020 at 11:16 a.m., DS F, DS G, DS H, and DS I were wearing cloth facemasks while preparing foods. During a concurrent observation and interview on 5/20/2020 at 11:20 a.m., with the director of dining service (DDS), she confirmed the above observation and further stated kitchen staff should wear surgical masks while inside the kitchen. 5. During an observation on 5/20/2020 at 11:05 a.m., CNA D was wearing a cloth facemask while assisting the resident with ADL's inside the resident's room. During a concurrent observation and interview with CNA D on 5/20/2020 at 11:06 a.m., he confirmed the above observation. During an observation on 5/20/2020 at 11:10 a.m., private caregiver A (PCG A) was wearing a cloth facemask while assisting the resident with ADL's care inside Resident 3's room. During a concurrent observation and interview with PCG A on 5/20/2020 at 11:12 a.m., she confirmed the above observation. 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.