

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER LINCOLN GLEN SKILLED NURSING		STREET ADDRESS, CITY, STATE, ZIP 2671 PLUMMER AVENUE SAN JOSE, CA 95125	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement strategies to prevent the spread of communicable disease when: 1. Housekeeping Staff A (HS A) did not wear facemask inside the laundry area; 2. HS A could not provide documentation for disinfecting the washing machines, dryer and laundry areas; 3. Unlabeled or dated ice tea pitchers were on the top of the cart in the hallway; These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: 1. During an observation on 5/28/2020 at 11:27 a.m., HS A did not wear facemask inside the laundry area. During a concurrent observation and interview with HS A on 5/28/2020 at 11:28 a.m., she acknowledged the above observation and stated she should have worn a facemask in the laundry area. During an interview with the DON on 5/28/2020 at 11:29 a.m., she stated HS A should have worn a facemask in the facility including in the laundry room. 2. During a concurrent laundry room observation and interview with HS A on 5/28/2020 at 12:15 p.m., she could not provide documentation regarding how the facility disinfected the washing machines, dryer and laundry counter tops. 3. During an observation on 5/28/2020 at 11:20 a.m., unlabeled or dated ice tea pitchers were on the top of the cart in the hallway; During a concurrent observation and interview with the DON on 5/28/2020 at 11:23 a.m., she acknowledged the observations and stated kitchen staff should have labeled and dated the ice tea pitchers. 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. Review of the facility's undated policy, Cleaning Laundry Area, indicated at the end of each shift the following items will be completed in order to prevent cross contamination, the spread of viruses or infection such as; run washing machine using germicidal detergent, wipe off washing machine, dryer, all counter tops, floor and etc. Review of the facility's revised policy, Receiving food and supplies, indicated all food stuffs are to be dated and labeled.		

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.