

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER THE REDWOODS POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1267 MERIDIAN 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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement strategies to prevent the spread of communicable disease when: 1. One Housekeeper A (HK A) did not wear her facemask properly inside residents rooms; 2. Two housekeepers wore cloth masks inside the residents room; 3. Two restorative nurse assistants (RNAs, staff who trained to help residents restore the physical mobility) did not maintain the social distance by keeping six-feet apart while they talking to residents; 4. Five nursing staff did not wear facemasks or keep the social distance by keeping six-feet apart while they were talking inside the breakroom; 5. Linen was on the floor inside the resident's room; 6. Kitchen staff (KS) was walking in the hallway with gloves on; 7. One Housekeeper did not change her apron from housekeeping task to clean laundry task; 8. In the hallway, a staff chair had a pillow on it and the chair was covered with a white blanket; These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: 1. During an observation in one resident's room on 5/22/2020 at 11:15 a.m., HK A was observed wearing a facemask under her chin. The face mask did not cover her mouth and nose. During an interview with HK A on 5/22/2020 at 11:16 a.m., she confirmed the observation. During an interview with the administrator (ADM) on 5/22/2020 at 11:18 a.m., he stated HK A should have worn her facemask properly while inside the resident's room to prevent possible spread of infection. 2. During an observation on 5/22/2020 at 11:23 a.m. and 11:30 a.m., two HK's were wearing cloth masks while mopping the floor inside residents rooms During a concurrent observation and interview on 5/22/2020 at 11:23 a.m. with HK B, she acknowledged the above observation. During a concurrent observation and interview on 5/22/2020 at 11:30 a.m. with HK C, she acknowledged the above observation. During an interview with the ADM on 5/22/2020 at 11:24 a.m. and 11:30 a.m., he acknowledged the above observations and stated the HK's should have worn their medical masks while inside the residents room to prevent possible spread of infection. 3. During the facility tour observation in the RNA room on 5/22/2020 at 11:20 a.m., RNA D and RNA E cared for two residents. Both RNA D and E were talking and standing next to each other. The RNAs did not maintain the social distance by keeping six-feet apart. During a concurrent observation and interview with the ADM on 5/22/2020 at 11:21 a.m., he acknowledged the above observations and stated RNAs should maintain the social distancing by keeping six-feet apart inside the facility. 4. During an observation at the staff breakroom on 5/22/2020 at 11:35 a.m., five nursing staff were observed not wearing facemasks while talking to each other and the nursing staff did not maintain the social distance by keeping six-feet apart. During a concurrent observation and interview with the ADM on 5/22/2020 at 11:40 a.m., he acknowledged the above observation and stated nursing staff should have maintained the social distancing even they are inside the breakroom to prevent possible spread of infection. 5. During the facility tour observation on 5/22/2020 at 11:25 a.m., linen was observed on the floor inside the resident's room (Room A). During a concurrent observation and interview with the ADM on 5/22/2020 at 11:27 a.m., he acknowledged the above observation. 6. During an observation on 5/22/2020 at 11:44 a.m., KS F was observed exiting the kitchen door and wearing gloves, while she was walking in the hallway towards the bathroom door. During a concurrent observation and interview with the ADM on 5/22/2020 at 11:40 a.m., he acknowledged the above observation. During an interview with the director of staff development (DSD) on 5/22/2020 at 11:50 a.m., she stated the KS was not supposed to wear gloves in the hallway to prevent spreading the infection. 7. During an observation on 5/22/2020 at 11:15 a.m., HK A was observed wearing a maroon apron while mopping the floor in a resident's room. During another observation on 5/22/2020 at 12:00 p.m., HK A was observed wearing the same apron inside the laundry room to fold residents' clean clothes. During a concurrent observation and interview with HK A on 5/22/2020 at 12:05 p.m., she acknowledged the above observation. HK A stated she did not change her apron from housekeeping task to the clean laundry task. During an interview with the DSD on 5/22/2020 at 12:07 p.m., she acknowledged the above observation and stated HK A should have changed her apron before doing the clean laundry task to prevent spreading the infection. 8. During an observation in the hallway on 5/22/2020 at 11:32 a.m., one staff chair was covered with a white blanket and had a pillow on the chair. During a concurrent observation and interview with the ADM on 5/22/2020 at 11:33 a.m., he acknowledged the above observation and he stated the chair needed to be changed. 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). 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.