

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHILDRENS HC ORG NO CA SARATOGA PEDIATRIC SUBACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13425 SOUSA LANE SARATOGA, CA 95070</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the, facility failed to implement infection control prevention practices when: 1. Resident 1 was not wearing a facemask outside his room; 2. Licensed vocational nurse A (LVN A) was not [MEDICATION NAME] social distancing when clocking out; 3. One used glove was on the floor in the shower room. These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: 1. During an observation on 5/21/2020 at 11:08 a.m., Resident 1 was not wearing a facemask outside his room while propelling himself in the hallway. During a concurrent observation and interview with Resident 1 on 5/21/2020 at 11:09 a.m., he confirmed the above observation and stated that staff did not offer him a facemask. Resident 1 further stated he gave his cloth mask to the laundry staff for washing the day before and they still had not given it back. During a concurrent observation and interview with registered nurse B (RN B) on 5/21/2020 at 11:10 a.m., she confirmed the above observation and stated Resident 1 was wearing a cloth mask when he was out of his room yesterday. 2. During an observation on 5/21/2020 at 10:52 a.m., LVN A was observed to be in a hurry to clock out and she was 2 steps away from the side of HFEN that was being screened by the facility staff in front of the screening table near the time clock. During an interview with LVN A on 5/21/2020 at 10:53 a.m., she confirmed the above observation and stated that she was in a hurry. She further stated that she should have observe social distancing inside the facility. 3. During an initial tour observation on 5/21/2020 at 10:57 a.m., one used glove was on the floor inside the shower room. During a concurrent observation and interview with respiratory therapists (RT), she confirmed the above observation and stated the certified nursing assistant (CNA) was using the gloves when giving a shower to the resident. She further stated the CNA should have thrown the glove in the garbage. During a concurrent observation and interview with RN B on 5/21/2020 at 11:02 a.m., she confirmed the above observation and stated the CNA should have thrown the glove away when she dropped it on the floor for infection control. 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 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.