

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place Mountain View, CA 94040	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37409</p> <p>Based on observation, interview, and policy review, the facility failed to implement infection control practices when certified nursing assistant A (CNA A) placed soiled linen on Resident 1's room floor and janitor B (JAN B) walked in the hallway with gloves on.</p> <p>These failures had the potential to spread infection in the facility.</p> <p>Findings:</p> <p>During an observation on 8/16/24 at 1:35 p.m., CNA A was changing Resident 1 in her room, and she placed Resident 1's soiled linen on the room floor against Resident 1's chest drawer.</p> <p>During a concurrent interview, CNA A stated she should place the soiled linen in the plastic bag and not on the residents' room floor.</p> <p>During an observation on 8/16/24 at 2 p.m., JAN B walked in the hallway with gloves on his hands; when JAN B got to the front of Resident 2's room, he picked up the wiper at its long handle and wiped the wall in the hallway.</p> <p>During a concurrent interview, JAN B acknowledged that he should not wear gloves in the hallway.</p> <p>During an interview with the infection preventionist (IP) on 8/23/24 at 3:30 p.m., she stated the CNA should place the soiled linen in the plastic bag and not on the residents' room floor, and staff should not walk in the hallway with gloves on.</p> <p>Review of the facility's policy, Handling Soiled Linen, dated 6/14/23, indicated . 4. Used or soiled linen shall be collected at the bedside (or point of use, such as dining room) and placed in a linen bag or designated lined receptacle .</p> <p>Review of the facility's policy, Personal Protective Equipment (PPE), dated 6/1/24, indicated . 4. Indications/considerations for PPE use: a. Gloves: . iv. Gloves should not be worn when not in use (i.e. walking in corridor/hallway).</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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