

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Vasona Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16412 Los Gatos Boulevard Los Gatos, CA 95032	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37686</p> <p>Based on observation, interview, and record review, the facility failed to implement infection prevention and control measures when:</p> <ol style="list-style-type: none"> 1. Staff did not properly wear face masks in resident care areas; and 2. The facility did not ensure a family member of one of three sampled residents (Resident 1) was screened for Coronavirus Disease 2019 (a contagious respiratory illness caused by a virus) prior to entering the facility. <p>These failures had the potential to result in the spread of infection in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation on 3/19/24 at 10:52 a.m., a staff member was in the rehabilitation gym standing directly beside a resident who was using a piece of exercise equipment. The resident was wearing a face mask that covered her mouth, but her nose was not covered. The staff member standing directly beside the resident was also wearing a face mask that covered his mouth, but his nose was not covered. <p>During an interview with licensed nurse A (LN A) on 3/19/24 at 12:50 p.m., he stated all staff must wear a face mask while inside the facility. LN A explained the face mask should cover the mouth and nose. LN A acknowledged that at times, he did see staff wearing their face masks improperly.</p> <p>During an observation on 3/19/24 at 2:04 p.m., another staff member entered a resident's room while wearing a face mask that covered his mouth, but his nose was not covered. The resident inside the room was not wearing a face mask. After exiting the room, the staff member proceeded to enter a second resident room. The staff member was still wearing a face mask that covered his mouth, but his nose was not covered. The resident in the second room was not wearing a face mask.</p> <p>The Santa [NAME] County Public Health website (https://publicheathproviders.sccgov.org/diseases/covid-19), updated 11/9/23 indicated, Face Masks are required in Patient Care Areas of Healthcare Delivery Facilities during the Winter Respiratory Virus Period, from November 1 through March 31.</p> <p>The facility's policy titled Personal Protective Equipment - Using Face Masks, revised 9/2010 indicated, Place the mask over the nose and mouth.</p> <p>(continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During an interview with social worker B (SW B) on 3/29/24 at 1:33 p.m., she stated Resident 1's family member came to the facility to pick up the resident's belongings on 1/20/24. SW B stated she took Resident 1's family member through the facility and took him to an area downstairs where the belongings were. SW B stated she did not know if Resident 1's family member was screened for COVID-19 before entering the facility.</p> <p>During an interview with receptionist C (RC) on 4/5/24 at 1:03 p.m., he explained that when visitors enter the facility, the receptionist should ask the visitors to take their temperature and answer the questions on the Visitors Screening Log for COVID-19.</p> <p>The facility's Visitors Screening Log for COVID-19, dated 1/20/24, was reviewed. The screening log had sections designated for visitors to write their first and last name and to document their temperature. There were also sections designated for visitors to indicate whether or not they were experiencing symptoms of COVID-19, had tested positive for COVID-19 in the last 10 days, or had come into close contact with someone who had tested positive for COVID-19 in the last 14 days. There was no documentation that indicated Resident 1's family member was screened for COVID-19 on 1/20/24.</p> <p>During an interview and concurrent record review with LN D on 4/8/24 at 1:16 a.m., she reviewed the facility's Visitors Screening Log for COVID-19 and confirmed there was no documentation that indicated Resident 1's family member was screened for COVID-19 on 1/20/24.</p>		