

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 553 Smalley Avenue Hayward, CA 94541	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49091</p> <p>Based on observation, interview, and record review, the facility failed to ensure supplies stored in the medication storage room were appropriate for use when hypodermic needles (devices intended to inject fluids into, or withdraw fluids from, parts of the body below the surface of the skin) were expired.</p> <p>These failures had the potential for residents to receive expired, ineffective, and contaminated medications and treatments.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE], at 12:35 p.m., with the Director of Nursing (DON) in the medication storage room, fourteen 18-gauge (measurement of a needle) hypodermic needles were observed in a box. The box and the individual packaged needles had listed expiration dates of [DATE]. The DON stated the needles should have been discarded so they could no longer be used.</p> <p>During an interview on [DATE], at 9:45 a.m., the DON stated the use of expired medical supplies might result in a loss of effectiveness. The DON also stated expired items such as needles may become dull, brittle, or break during use, injuring the resident.</p> <p>During a review of the facility's policy and procedure (P & P) titled, Medication Administration General Guidelines, dated 2007, indicated, Check expiration date on package/container.</p> <p>According to the Center for Disease Control (CDC) website titled, Preparing Vaccines for Administration, dated [DATE], it indicated, Some syringes and needles have expiration dates, so check those, too. NEVER use expired vaccine, diluent, or equipment.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 553 Smalley Avenue Hayward, CA 94541	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34714</p> <p>Based on observation, interview and record review, the facility failed to ensure safe, sanitary storage and distribution of foods when</p> <ol style="list-style-type: none"> 1. dates of opened food packages were not labeled. 2. temperatures of prepared foods were not logged that were served to residents for dinners on 10/7/24 and 10//14. <p>These failures had the potential to place all residents getting meals from the kitchen to be at risk for foodborne illness potentially leading to hospitalization or death.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation on 10/21/24, at 10:05 a.m., in the dry storage room, opened bottles of Liquid Seasoning, Tabasco sauce and Tapatio sauce were not labeled with dates they were opened. A bag of opened, shredded coconut was labeled with an open date of 1/9/24. <p>During a concurrent observation and interview on 10/21/24, at 10:10 a.m., with the Registered Dietician (RD), in the dry storage room, the RD stated staff were supposed to write the dates when items were opened and were not doing so. RD stated it was unknown when the items were opened and how long they were stored after opening. RD stated there are guidelines on how long dry goods are stored for.</p> <p>During an interview on 10/24/24, at 10:50 a.m., with the RD, the RD stated the food quality could be compromised when guidelines of food storage were not followed.</p> <p>During a review of the document, Dry Goods Storage Guidelines, dated 2018, the document indicated opened bottled sauces could be stored on the shelf for one year. For the shredded coconut, the document indicated it could be opened and on the shelf for 6 months.</p> <p>During a review of the policy and procedure P&P, titled, Storage of Food and Supplies, dated 2017, the P&P indicated liquid foods which had been opened would be labeled and dated.</p> <ol style="list-style-type: none"> 2. During a review of the food temperature checklist on 10/21/24, at 10:20 a.m., no temperatures of foods served for dinner were recorded on 10/7/24 and 10/14/24. <p>During an interview on 10/21/24, at 10:50 a.m., with Resident 80, Resident 80 stated that meals were lukewarm and preferred main dish and vegetables to be hot.</p> <p>During an interview on 10/21/24, at 11:00 a.m., with Resident 11, Resident 11 stated not having a hot meal because the meals were ice cold all the time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 553 Smalley Avenue Hayward, CA 94541	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the document, Meal Service, dated 2018, the document indicated, Food and Nutrition services staff member will take the food temperatures prior to service of the meal with a thermometer .at the recommended temperatures of the food item and recorded on the daily therapeutic menu in the temperature column .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 553 Smalley Avenue Hayward, CA 94541	
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** 49091</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. follow proper handwashing/hand hygiene protocol. 2. replace a full sharps container (a puncture resistant container used to safely dispose of sharp medical objects like needles and lancets). <p>The deficient practice had the potential for spread of infection.</p> <p>Findings:</p> <p>1. During an observation on 10/22/24, at 9:17 a.m., Licensed Vocational Nurse 1 (LVN 1) was preparing medications for Resident 27 in the hallway. LVN 1 applied hand sanitizer to both hands, prepared the medications, touched the handles of the medication cart, locked the medication cart, and touched her eye-glasses. LVN 1 then picked up the prepared medications, went inside Resident 27's room, and handed Resident 27 his medications for administration. After touching various surfaces and a personal object, LVN 1 failed to wash or sanitize her hands prior to providing direct care to the resident.</p> <p>During a review of Resident 27's face sheet, printed 10/28/24, the face sheet indicated Resident 57 was admitted to the facility on [DATE], with diagnoses including Parkinsonism (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination. Symptoms usually begin gradually and worsen over time. As the disease progresses, people may have difficulty walking and talking. They may also have mental and behavioral changes, sleep problems, depression, memory difficulties, and fatigue), Atherosclerotic Heart Disease (a condition where plaque builds up in the arteries of the heart. Plaque is a sticky substance made up of cholesterol, fat, blood cells, and other substances in the blood. As plaque builds up, arteries narrow, reducing blood flow to the heart and other organs. This can lead to a heart attack, stroke, or other serious medical conditions), Type 2 Diabetes Mellitus (a long-term [chronic] disease in which the body cannot regulate the amount of sugar in the blood), and Chronic Systolic (congestive) Heart Failure (a serious, chronic condition that occurs when the left ventricle can't pump blood efficiently).</p> <p>During an interview on 10/24/24, at 10:05 a.m., with the Administrator (ADM- the backup Infection Preventionist Nurse), the ADM stated failure to wash or sanitize hands prior to resident contact could result in infection via cross-contamination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 553 Smalley Avenue Hayward, CA 94541	
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>During a review of facility Policy and Procedure (P & P) titled, Handwashing/Hand Hygiene, dated 2019, the P&P indicated, Use alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial [products that kill or slow the spread of microorganisms] or non-antimicrobial) and water for the following situations .b. before and after direct contact with residents; c. before preparing or handling medications; . l. after contact with objects (e.g. medical equipment) in the immediate vicinity of the resident.</p> <p>2. During a concurrent interview and observation on 10/23/24, at 1:00 p.m., with LVN 1, the contents inside the sharps container attached to the left side of the medication cart was full to the top. LVN 1 stated she thought it was full, and asked do you want me to remove it now?</p> <p>During an interview on 10/24/24, at 10:10 a.m., with the ADM, the ADM stated the risk of continuing to use a full sharps container could result in fingerstick injury and the spread of infection to staff, and the containers should be changed when 2/3 full.</p> <p>During a review of facility P&P titled, Sharps Disposal, dated 2012, the P&P indicated, Designated individuals will be responsible for sealing and replacing containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 553 Smalley Avenue Hayward, CA 94541	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49091</p> <p>Based on observation and interview, the facility had five residents' rooms (room [ROOM NUMBER], 2, 4, 5 and 8) with multiple beds that provided less than 80 square feet (sq. ft) per resident who occupied these rooms.</p> <p>This deficient practice had the potential to result in inadequate space for delivery of care to each of the residents in each room, or for storage of the residents' belongings.</p> <p>Findings:</p> <p>During an observation on 10/21/24, at 10:00 a.m., the following rooms and corresponding square footage per bed were identified:</p> <p>Room Activity Room size Floor area</p> <p>1 Rt room [ROOM NUMBER].8 x 20.3 sq. ft 297 sq. ft (74.3 per bed)</p> <p>2 Rt room [ROOM NUMBER] x 21.3 sq. ft 297.5 sq. ft (74.3 per bed)</p> <p>4 Rt room [ROOM NUMBER].2 x 10.4 sq. ft 146.4 sq. ft (73.2 per bed)</p> <p>5 Rt room [ROOM NUMBER].2 x 9.8 sq. ft 137 sq. ft (68.5 per bed)</p> <p>8 Rt room [ROOM NUMBER].4 x 17.11 sq. ft 364.3 sq. ft (72.86 per bed)</p> <p>During random observations of care and services from 10/21/24 to 10/24/24, there was sufficient space for the provision of care for the residents in all rooms. There was no heavy equipment kept in the rooms that might interfere with residents' care, and each resident had adequate personal space and privacy. There were no complaints from the residents regarding insufficient space for their belongings. There were no negative consequences attributed to the decreased space and/or safety concerns in the five rooms. Granting of room size waiver recommended.</p>