

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Santa Clara Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  991 Clyde Avenue Santa Clara, CA 95054	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48590</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment for residents when four of seven shower stalls were found to have molds. This failure had the potential to compromise residents' safety, health and well-being.</p> <p>Findings:</p> <p>During an environmental tour on 4/24/24 at 9:32 a.m., with the Environmental Services Director (EVS), the EVS verified that the shower stalls located in Stations A, B and C had molds on the tiles. The EVS stated he should have paid more attention to the shower stalls.</p> <p>The EVS further stated the floor machine used for cleaning does not reach the corners of the shower stalls.</p> <p>During an interview with Resident 1 on 4/24/24 at 11:22 a.m., Resident 1 stated some of the tiles in the shower stalls were cracked.</p> <p>During an interview with Resident 2 on 4/24/24 at 11:35 a.m., Resident 2 stated the shower stalls had molds. Resident 2 also stated the</p> <p>shower stalls were not cleaned properly.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Homelike Environment, dated February 2021, the P&amp;P indicated, Residents are provided with a safe, clean, comfortable, and homelike environment . These characteristics include: a. clean, sanitary, and orderly environment .</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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