

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  02/25/2025
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 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>32398</p> <p>Based on observation, interview, and record review, the facility failed to follow guidelines for masking during respiratory illness season when four staff members were observed not wearing face mask. This failure had the potential to spread infection throughout the facility.</p> <p>Findings:</p> <p>During an observation on 2/25/25 at 10:20 a.m., licensed nurse A (LN A) was observed in nursing station BB with his mask down below his mouth, at chin level, which he pulled up when he saw the surveyor.</p> <p>During an observation on 2/25/25 at 10:23 a.m., certified nursing assistant B (CNA B) was observed by the nursing station CC with her mask down below the mouth, at chin level, which she pulled up when she saw the surveyor.</p> <p>During an observation and subsequent interview on 2/25/25 at 10:30 a.m., in the hallway near the director of nursing's office, the administrator in training (AIT) was observed with his face mask down below his mouth, at chin level, which he pulled up upon seeing the surveyor. The AIT stated he was in a patient care area and his face mask should have been pulled up.</p> <p>During an interview with LN A, on 2/25/25 at 10:47 a.m., at nurses station CC, he stated the mask should always be pulled up when at nurses stations.</p> <p>During an observation and subsequent interview on 2/25/25 at 10:52 a.m., CNA C was in room AA with her face mask down below her mouth, at chin level. CNA C then pulled up her mask after being approached by the surveyor.</p> <p>During an interview with CNA B on 2/25/25 at 11:39 a.m., CNA B stated she remembered her mask was pulled down and should have been pulled up.</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 - Some</p>	<p>Review of the County guidelines, titled, Health Order requiring use of face masks in patient care areas of health care delivery facilities during designated winter respiratory virus period; rescission of prior health orders, effective 4/4/2023, the County guidelines indicated: .3. Mandatory Requirement to Wear Face Masks in Patient Care Areas of Health Care Delivery Facilities During the Designated Winter Respiratory Virus Period. 1.Regardless of vaccination status, all persons in Patient Care Areas of Health Care Delivery Facilities must wear a Face Mask during the period deemed the Designated Winter Respiratory Virus Period by the Health Officer . e. Designated Winter Respiratory Virus Period means the period from November 1 to March 31 of each year. In any given year, the Health Officer may adjust the dates of the Designated Winter Respiratory Virus Period based on respiratory virus surveillance data. If the Health Officer changes the dates of the Designated Winter Respiratory Virus Period, the Health Officer will notify Health Care Delivery Facilities through a Health Advisory and a notice posted on the County Public Health Department's website (<a href="https://publichealth.santaclaracounty.gov">https://publichealth.santaclaracounty.gov</a>).</p>		