

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Canyon Springs Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 180 North Jackson Avenue San Jose, CA 95116	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46553</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented in four out of six shower rooms when:</p> <ol style="list-style-type: none"> 1. Shower room [ROOM NUMBER] had a brown substance on the floor; 2. Shower room [ROOM NUMBER] had cotton swabs and a shaver cover on the floor drain; 3. Shower room [ROOM NUMBER] had a used white towel on the shower handlebar, and 4. Shower room [ROOM NUMBER] had a used shaver, toilet tissue, wheelchair footrests, and socks in the bathtub. <p>These failures could result in the spread of infection and cross-contamination that could affect staff, visitors, and the 194 residents who reside in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 12/4/2024 at 10:12 a.m., with the Maintenance Director (MD), there was a brown substance on the floor in shower room [ROOM NUMBER]. The MD confirmed the brown substance was feces (bodily waste discharged from the bowels after food has been digested). The MD further stated staff should clean and disinfect after they use the shower rooms. 2. During a concurrent observation and interview on 12/4/2024 at 10:16 a.m., with the MD, there were cotton swabs and a shaver cover on the floor drain in shower room [ROOM NUMBER]. The MD confirmed this observation and stated staff should throw away these items after they are used on the residents. 3. During a concurrent observation and interview on 12/4/2024 at 10:20 a.m., with the MD, there was a used white towel on the shower handlebar in shower room [ROOM NUMBER]. The MD confirmed this observation and stated the shower room should be left clean for the next resident to use. 4. During a concurrent observation and interview on 12/4/2024 at 10:22 a.m., with the MD, there was a used shaver, toilet tissue, wheelchair footrests, and socks in the bathtub in shower room [ROOM NUMBER]. The MD confirmed this observation and stated items should be removed and the shower room should be left clean for the next resident to use. <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>During an interview with the Director of Nursing (DON) on 12/4/24 at 2:48 p.m., the DON acknowledged the above observations and stated the shower rooms should not be left dirty and should be cleaned after use for the next resident to prevent infection.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Cleaning and Disinfection of Environmental Surfaces, revised 2022, the P&P indicated, Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA bloodborne Pathogens Standards.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Bathrooms, revised 2020, the P&P indicated, 2. Bathroom, including showers, sink, commodes are cleaned and disinfected daily in accordance with our established procedures.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Policies and Practices-Infection Control, revised 2018, the P&P indicated, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of disease and infections. 2. the objective of our infection control policies and practices are to: b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.</p>