

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER Inspire Behavioral Health		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Ridge Vista Avenue San Jose, CA 95127	

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>Based on observation, interview, and policy review, the facility failed to ensure infection control practices were implemented when the maintenance director (MD) did not wash his hands when entering the kitchen. This failure had the potential to spread infection to residents and staff. Findings: During an observation on 9/9/25, at 1:05 p.m., the MD put on the hair net and entered the kitchen, but he did not wash his hands. The MD opened the three lids of the grease trap that was outside and in the back of the kitchen and closed them with his bare hands. Then the MD went back inside the kitchen, stood in front of the two-compartment sink, and grabbed on the front-and-top edge of the sink with his hands before going to the hand washing sink to wash his hands. During an interview with the MD on 9/9/25, at 1:30 p.m., he confirmed that he did not wash his hands when he entered the kitchen. The MD acknowledged that he should wash his hands when entering the kitchen. During an interview with the certified dietary manager (CDM) on 9/10/25, at 12:15 p.m., she stated the staff should put on the hair net and wash their hands when they enter the kitchen. Review of the facility's 2023 policy, Handwashing, indicated . Hand washing is important to prevent the spread of infection . When hands need to be washed: 1. Before starting work in the kitchen.</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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