

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555757 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Milpitas Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 120 Corning Avenue Milpitas, CA 95035 | |

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>46939</p> <p>Based on interview and record review, the facility failed to follow its Policy and Procedure titled Isolation-Initiating Transmission- Based Precautions, when the facility failed to implement the transmission-based precautions for isolation precaution (process of creating barriers between people and germs to help prevent the spread of infectious microbes) when residents develop signs and symptoms of productive cough and suspected of respiratory illness during the outbreak for five of five sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5). This failure had the potential to spread infectious disease to other residents and staff at the facility.</p> <p>Findings:</p> <p>During an interview on 12/10/24 at 10:08 a.m., with the Infection Prevention Nurse (IP), the IP stated in March 2024 about eight to nine residents with symptoms of runny nose and cough were reported. The IP stated they notified the doctor to get an order for cough and an order for isolation precaution related to respiratory illness outbreak then placed residents on isolation.</p> <p>During a review of the Long-Term Care Respiratory line list (an excel spreadsheet of all persons involved in the outbreak) the spreadsheet indicated, nine (9) residents had respiratory symptoms (runny nose and cough) from 3/5/24 to 3/7/24 during the respiratory illness outbreak. The spreadsheet indicated 1 staff member had respiratory related symptoms on 2/24/24.</p> <p>1. During a review of Resident 1's SBAR communication (a structured communication tool that stands for Situation, Background, Assessment, and Recommendation.) dated 3/04/24, the SBAR indicated, Resident was noted to have a persistent cough, non-productive.</p> <p>During a review of Resident 1's physician's order dated 3/11/24, physician's order indicated, guaifenesin (used to relieve chest congestion) oral liquid 100 milligram (mg, unit of measure)/5 milliliter (ml) give 10 ml by mouth every 4 hours as needed for cough/congestion for 14 days. There was no documented evidence for Resident 1 was on isolation precautions during respiratory illness outbreak.</p> <p>During a review of Resident 1's Care plan dated 3/05/24, Care plan indicated, Resident has persistent non-productive cough.</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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555757 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Milpitas Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 120 Corning Avenue Milpitas, CA 95035 | |
| 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>During a concurrent interview and record review on 12/10/24 at 11:20 a.m., with the IP, she stated there was no physician order of isolation precaution related to respiratory illness outbreak for Resident 1. IP stated there should have a physician order for isolation precaution. The IP stated, there was no evidence documenting Resident 1 was placed on isolation during the respiratory illness outbreak.</p> <p>2. During a review of Resident 2's SBAR communication dated 3/06/24, the SBAR indicated, Resident was noted with productive cough.</p> <p>During a review of Resident 2's physician's order dated 3/06/24, physician's order indicated, guaifenesin liquid 100 mg/5 ml give 10 ml by mouth every 4 hours as needed for cough/congestion for 14 days. There was no documented evidence for Resident 2 was on isolation precautions during respiratory illness outbreak.</p> <p>During a review of Resident 2's Care plan dated 3/06/24, Care plan indicated, Resident has productive cough.</p> <p>During a concurrent interview and record review on 12/10/24 at 11:21 a.m., with the IP, she stated there was no physician order of isolation precaution related to respiratory illness outbreak for Resident 2. IP stated there should have an order for isolation precaution. The IP stated there was no documented evidence for Resident 2 was placed on isolation during the respiratory illness outbreak.</p> <p>3. During a review of Resident 3's SBAR communication dated 3/07/24, the SBAR indicated, Resident was noted with productive cough.</p> <p>During a review of Resident 3's physician's order dated 3/07/24, physician's order indicated, guaifenesin liquid 100 mg/5 ml give 10 ml by mouth every 4 hours as needed for cough/congestion for 14 days. There was no documented evidence for Resident 3 was on isolation precautions during respiratory illness outbreak.</p> <p>During a review of Resident 3's Care plan dated 3/07/24, Care plan indicated, Resident has productive cough.</p> <p>During a concurrent interview and record review on 12/10/24 at 11:22 a.m., with the IP, she stated there was no physician order of isolation precaution related to respiratory illness outbreak for Resident 3. IP stated there should have an order for isolation precaution. The IP stated, there was no documented evidence Resident 3 was placed on isolation during the respiratory illness outbreak.</p> <p>4. During a review of Resident 4's SBAR communication dated 3/07/24, the SBAR indicated, Resident was noted with productive cough.</p> <p>During a review of Resident 4's physician's order dated 3/07/24, physician's order indicated, guaifenesin oral liquid 100 mg/5ml give 10 ml by mouth every 4 hours as needed for cough/congestion for 14 days. There was no documented evidence for Resident 4 was on isolation precautions during respiratory illness outbreak.</p> <p>During a review of Resident 4's Care plan dated 3/07/24, Care plan indicated, Resident has productive cough.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555757 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Milpitas Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 120 Corning Avenue Milpitas, CA 95035 | |
| 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>During a concurrent interview and record review on 12/10/24 at 11:23 a.m., with the IP, she stated there was no physician order of isolation precaution related to respiratory illness outbreak for Resident 4. IP stated there should have an order for isolation precaution. The IP stated there was no documented evidence Resident 4 was placed on isolation during the respiratory illness outbreak.</p> <p>5. During a review of Resident 5's SBAR communication dated 3/07/24, the SBAR indicated, Resident noted with productive cough during shift.</p> <p>During a review of Resident 5's physician's order dated 3/07/24, physician's order indicated, guaifenesin liquid 100 mg/5 ml give 10 ml by mouth every 4 hours as needed for cough/congestion for 14 days. There was no documented evidence for Resident 5 was on isolation precautions during respiratory illness outbreak.</p> <p>During a review of Resident 5's Care plan dated 3/07/24, Care plan indicated, Resident has productive cough.</p> <p>During a concurrent interview and record review on 12/10/24 at 11:24 a.m., with the IP, she stated there was no physician order of isolation precaution related to respiratory illness outbreak for Resident 5. IP stated there should have an order for isolation precaution. The IP stated, there was no documented evidence Resident 5 was placed on isolation during the respiratory illness outbreak.</p> <p>During a review of the facility's Policy & Procedure (P&P) titled, Infection Prevention and Control Program, dated 2001, the P&P indicated, 6. Outbreak management a. Outbreak management is a process that consists of: . (3) preventing the spread to other residents .</p> <p>During a review of the facility's P&P titled, Isolation-Initiating Transmission- Based Precautions, the P&P indicated, Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection . 1. If the resident is suspected of, or identified as, having a communicable disease, the charge nurse or nursing supervisor notifies the infection preventionist and the resident's attending physician for evaluation of appropriate transmission-based precautions .</p> | | |