

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555790	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Cedar Crest Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 797 E Fremont Avenue Sunnyvale, CA 94087	

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** Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented when: 1. The filter of Resident 6's oxygen concentrator was dusty; 2. Licensed vocational nurse M (LVN M) did not cleanse her hands before administering Pataday eye drops (allergy itch relief eye drops) to Resident 12; 3. Licensed vocational nurse N (LVN N) did not cleanse her hands and change gloves before administering Fluticasone nasal spray (used to relieve allergy symptoms in the nose) to Resident 95; and 4. Unlabeled personal care items in a shared bathroom by multiple residents. Findings:</p> <p>1. Review of Resident 6's admission Record indicated she was admitted to the facility on [DATE] with chronic obstructive pulmonary disease (COPD, a condition caused by damage to the airways or other parts of the lung).</p> <p>Review of Resident 6's physician order, dated 7/17/25, indicated she has an order for oxygen at 2-4 liters (L, a metric unit of volume) per minute as needed for shortness of breath.</p> <p>During an observation with LVN M on 8/5/25, at 10:20 a.m., the filter of Resident 6's oxygen concentrator was dusty. LVN M confirmed the filter was not clean and stated it should be kept clean.</p> <p>During an interview with the director of staff development/infection preventionist consultant (DSD/IPC) on 8/8/25, at 10:45 a.m., she stated the filter of the oxygen concentrator should be kept clean and cleansed every week.</p> <p>Review of the facility's user manual, "Oxygen Concentrator," dated 2016, indicated, "Remove the filter and clean as needed. Environmental conditions may require more frequent inspection and cleaning of the filter."</p> <p>2. During a medication pass observation on 8/5/25, at 10:25 a.m., Resident 12 held the medication cup in her hand and administered the oral medications herself. Resident 12 put the medication cup on her overbed table. LVN M repositioned Resident 12's medication cup on the overbed table; then without cleansing her hands, LVN M put on gloves and administered Pataday eye drops to Resident 12.</p> <p>During a concurrent interview with LVN M, she stated she should cleanse her hands before putting on gloves to administer Pataday eye drops to Resident 12.</p> <p>Review of the facility's policy, "Medication Administration - Eye Drops," dated 1/2023, indicated, "Procedures: 3. Perform hand hygiene."</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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(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>3. During a medication pass observation on 8/7/25, at 4:18 p.m., LVN N sanitized her hands, put on gloves, and repositioned Resident 95 in his bed; then without cleansing her hands and changing gloves, LVN N administered Fluticasone nasal sprays to Resident 95's nostrils.</p> <p>During a concurrent interview with LVN N, she acknowledged that she should clean her hands and change gloves before administering Fluticasone nasal sprays to Resident 95.</p> <p>During an interview with the DSD/IPC on 8/8/25, at 10:45 a.m., she stated the licensed nurses should sanitize their hands and change gloves before administering eye drops or nasal sprays to the residents.</p> <p>Review of the facility's policy, "Medication Administration - Nose Drops," dated 1/2023, indicated, "Procedures: 3. Perform hand hygiene";</p> <p>4. During an initial room rounds on 8/5/2025 at 9:54 a.m., observed in bathroom between resident's room A and B with unlabeled one plastic pink wash basin (a light weight container used for personal care for residents), one pink plastic bed pan (a shallow, toilet shaped container used for collecting urine and feces from a resident who unable to get out of the of the bed), two urinals (a portable container designed to collect urine when access to toilet is limited or with mobility issues with residents), and one kidney shape plastic pink basin (a small kidney shape light weight container used for mouth care for residents) with tooth brush and half used tooth paste tube inside.</p> <p>During a concurrent observation and interview with certified nursing assistant K (CNA K) on 8/5/2025 at 9:56 a.m., CNA K confirmed above resident's care items unlabeled with resident's name or room number and currently all are in use, not new. CNA K also confirmed this bathroom is currently being shared by four residents from room A and B. CNA K stated without label, there is risk of using these care items for unassigned resident.</p> <p>During an interview with director of staff development/infection preventionist consultant (DSD/IP C) on 8/8/2025 at 8:10 a.m., DSD/IP C stated above care items should be labeled. DSD/IP C also stated nursing staff should have labeled these care items before using them for residents for infection control.</p> <p>Review of facility's undated policy and procedure titled, "Cleaning of bed pans and urinals," the P&P indicated, "All bed pans and urinals will be marked with resident's name for individual use";</p>		