

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER ALMADEN HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2065 LOS GATOS-ALMADEN ROAD SAN JOSE, CA 95124	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to maintain infection control practices when the activity staff did not perform hand hygiene after helping three residents. This failure had the potential to spread infections. Findings: During an observation on 5/21/2020 at 2:52 p.m., the Activity Staff (AS) assisted three residents to put their facemasks on, the AS did not do hand hygiene in between the task. During an interview on 5/21/2020 at 2:56 p.m. with the AS, she confirmed she did not do hand hygiene in between the task. Review of the facility's policy, Hand Hygiene dated 3/20, indicated perform hand hygiene before and after direct contact with residents.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.