

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER LOS ALTOS SUB-ACUTE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 809 FREMONT AVENUE LOS ALTOS, CA 94024	
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 - Some	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to follow infection control measures when two staff members did not properly dispose/store their N-95 masks (An N95 respirator/mask is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles that blocks at least 95 percent of very small 0.3 micron test particles) as per facility protocol. This failure had the potential to place residents, staff and visitors at risk for transmission of infection. Findings: During an observation with the director of nursing (DON) present on 7/15/2020 at 11:02 a.m., in the Observation unit (a space dedicated to place residents who are on 14-day observation for signs and symptoms of coronavirus disease- an infectious disease, spread from person to person via respiratory droplets), a used N-95 mask was placed on top the clean isolation cart (a storage cart configured to store and organize all the supplies required to mitigate the risk of transmitting infection in healthcare facilities, usually containing gowns, gloves, masks, shoe covers). During the concurrent interview with the DON, she validated the observation and stated, the masks should have been thrown away or disposed since the facility had enough supplies of N-95 masks. The DON also stated, staff should properly dispose their mask to help prevent transmission of infection. During the facility rounds with the DON on 7/15/2020 at 11:50 a.m., in the facility hallway, a physical therapist (PT) walked with an opened N-95 mask clipped and hanging together with his ID (identification) badge. The DON stated, the PT should properly store the mask in a brown bag when he wanted to reuse it later or should dispose it.		
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.