

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055797	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER GILROY HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 8170 MURRAY AVENUE GILROY, CA 95020	
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 implement strategies to prevent the spread of communicable disease when residents used the dining room for communal dining and personal protective equipment were stored uncovered. These failures had the potential to result in transmission of Coronavirus Disease 2019 (COVID-19) to residents. Findings: During an observation on 5/22/2020 at 12 p.m. with the director of nursing (DON) there were 16 residents sitting inside a dining room. During a concurrent interview, the DON stated the residents would be going to their rooms for lunch. During an observation on 5/22/2020 at 12:05 p.m., a certified nursing assistant (CNA) was in the hallway transferring towels from the clean linen storage to a linen cart. A stack of towels fell on the floor. The CNA picked up the towels and returned them to the clean linen storage. During a concurrent interview, the DON stated the CNA should not have picked up the towels and placed them back in the clean linen storage. During an observation on 5/22/2020 at 12:10 p.m. with the DON, face shields were inside paper bags hanging on wall hooks in the hallway. A facemask was hanging from a face shield and was uncovered. An N95 respirator was uncovered and hanging from a wall hook. A face shield, eye goggles, and N95 respirator were hanging together on a wall hook uncovered. During a concurrent interview, the DON confirmed the masks, N95 respirators, and face shield should not be stored uncovered. During an interview at 12:25 p.m., the DON stated the dining room looked crowded. During an observation on 5/22/2020 at 12:30 p.m., there were 14 residents in the dining room. Three tables had two residents sitting across from each other eating. Two residents sat on the ends of the same couch eating with their food on tray tables. Two residents were sitting on chairs eating next to each other. One resident was eating at a table sitting across from another resident doing an activity. Two residents were sitting on chairs next to each other waiting for their food. Review of Centers for Disease Control and Prevention's (CDC's) Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs), last reviewed 5/21/2020, indicated actions to take now to prevent the spread of COVID-19: cancel all group activities and communal dining. Review of CDC's Strategies for Optimizing the Supply of N95 Respirators, last reviewed 4/22/2020, indicated each respirator will be stored in a breathable paper bag. Review of CDC's Strategies for Optimizing the Supply of Facemasks, last reviewed 3/17/2020, indicated folded masks can be stored between uses in a clean sealable paper bag or breathable container.		
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.