

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055797</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GILROY HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8170 MURRAY AVENUE GILROY, CA 95020</b>	
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 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b>  Based on interview and record review, the facility failed to ensure four of four sampled residents (Residents 1, 2, 3, and 4) were treated with respect and dignity when: 1. Certified nursing assistant A (CNA A) said inappropriate comments toward Residents 1, 2, and 3; 2. The activities aide (AA) yelled and used foul language toward Resident 4. These failures had the potential to negatively affect the residents' psychosocial well-being. Findings: 1. Review of a facsimile document sent to the California Department of Public Health, received 5/14/2020, indicated the following: a. CNA A introduced Resident 1 to the hospitality aide (HA) and stated, This is big (Resident 1). She poops and pees a lot. Isn't that right, (Resident 1)? b. During repositioning, Resident 2 accidentally bumped her head on the head board and CNA A stated, Don't worry. She (Resident 2) likes that. c. CNA A stated, She (Resident 3) scares me. She looks like a zombie, in earshot of Resident 3. During a telephone interview on 8/19/2020 at 11:30 a.m., the HA confirmed CNA A stated the above comments toward Residents 1, 2, and 3. The HA stated the comments were inappropriate. During interview on 8/27/2020 at 1:45 p.m., the administrator (ADM) stated CNA A made some inappropriate comments. 2. Review of a facsimile document sent to the California Department of Public Health, received 6/3/2020, indicated the AA said vulgar/obscene words to Resident 4. During a telephone interview on 8/24/2020 at 10:06 a.m., the ADM stated CNA B's testimony confirmed the AA used the F word toward Resident 4. During an interview on 8/27/2020, the ADM stated the F word is not tolerated. Review of the facility's policy, Resident's Rights, revised 6/2015 indicated each resident must be treated with respect and the facility expects every resident to be treated with consideration and full recognition of dignity and individuality.		
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.