

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 10/06/2020
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement proper infection prevention and control practices when: 1. Six residents' rooms (Rooms 9, 10, 11, 12, 13, and 14) in the observation area (designated area for newly admitted residents who are being observed and monitored for signs and symptoms of respiratory infection) have trash bins located outside of the rooms in the hallway. 2. One staff did not appropriately remove the isolation gown after resident care, prior to leaving resident's room. 3. There were no signs posted in the observation area to inform staff of what personal protective equipment (PPE, helps protect health care personnel and resident when providing care. PPE, such as gowns, mask, face shields, gloves) was required prior to entering the residents' rooms. 4. Two staff did not wear the necessary PPE while in the facility. The Facility Driver (FD) did not wear a gown while inside a resident's room in the observation area and the Admission Coordinator (AC) did not wear a face shield while in the facility. These failures had the potential to spread COVID-19 (a new strain of virus that can cause mild to severe respiratory illness) in the facility. Findings: 1. During a concurrent observation and interview on 10/6/2020 at 10:05 a.m., with the infection preventionist (IP), trash disposal bins were placed outside residents' rooms in the observation area. IP stated that trash bins should be placed inside the residents' rooms. Review of the facility's mitigation plan, updated 9/16/2020, indicated Trash bins are located as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room. Review of the CDC's guidance titled, Preparing for COVID-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), indicated trash can are positioned near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. 2. During a concurrent observation and interview on 10/6/2020 at 10:20 a.m., with the IP in the observation area, the certified nursing assistant (CNA) removed his gown outside the resident's room after patient care. The CNA stated that he should have removed his gown before leaving the resident's room. During an interview on 10/6/2020 at 10:22 a.m., the IP confirmed the above observation and acknowledged the CNA should have removed his gown before leaving the resident's room. Review of the CDC's guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Covid-19 Pandemic (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), updated 7/15/2020, indicated gown should be removed and discarded in a dedicated container for waste or linen before leaving the patient room or care area. 3. During a concurrent observation and interview on 10/6/2020 at 10:10 a.m., with the IP, there were no signs posted in the observation area indicating what PPE staff needed to wear prior to entering the residents' rooms. The IP stated there should have been PPE signs posted on the door or wall prior to entering the residents' rooms. Review of the facility's mitigation plan, updated 9/16/2020, indicated PPE signs are posted on the door or wall outside of resident rooms indicating required PPE and infection control and prevention precautions in accordance with CDC and CDPH guidelines. Review of the CDC's guidance titled, Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings(https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf), updated 6/25/2020, indicated signs are posted immediately outside of resident rooms indicating appropriate Infection Prevention and Control precautions and required PPE. 4. During a concurrent observation and interview on 10/6/2020 at 10:10 a.m., with the IP, the facility driver (FD) was inside room [ROOM NUMBER] in the observation area. The FD was wearing an N-95 mask and face shield, but was not wearing a gown. The IP stated the FD should have worn full PPE while inside the resident's room in the observation area. During a concurrent observation and interview on 10/6/2020 at 10:30 a.m., with the IP, the AC was observed wearing a face mask, but was not wearing a face shield while in the hallway. The IP stated that the AC should have worn a face shield when inside the facility. Review of the CDC's guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Covid-19 Pandemic (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), updated 7/15/2020, indicated health care personnel who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to standard precautions and use N95 or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.</p>		
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.