

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555635	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER COURTYARD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 340 NORTHLAKE DRIVE SAN JOSE, CA 95117	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the facility staff were properly screened for signs and symptoms of COVID-19 (a disease caused by a new strain of Coronavirus) such as fever, cough, shortness of breath, sore throat and the questionnaire related to COVID-19 was not completed. This failure had the potential to transmit and spread the infection to the residents. Findings: Review of the Employee and Essential Health Care Personnel Screening Log for the month of May 2020, indicated there were several staff where the temperature, signs and symptoms of illness was blank and the questionnaire related to COVID-19 was not completed. During an interview with the director of staff development (DSD) on 5/22/2020 at 11:15 a.m., she confirmed the employees were not screened for COVID-19. The DSD stated the staff should have been properly screened daily before the shift begins to prevent the spread of infection to the residents. Review of the Center for Disease Control and Prevention dated 2019, How to Protect Yourself and Others, the best way to prevent illness was to avoid close contact with people who are sick and being exposed to [MEDICAL CONDITION]. [MEDICAL CONDITION] was thought to spread mainly from person-to-person through respiratory droplets when infected, person cough, sneeze and talks. Watch for fever, cough, shortness of breath and other symptoms of COVID-19.		

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.