

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER MILPITAS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 CORNING AVENUE MILPITAS, CA 95035	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their abuse policy for one of three sampled resident (Resident 1) when the certified nursing assistant A (CNA A) was not suspended during the investigation of the alleged abuse. This failure would potentially placed the resident for further abuse. Findings: Review of Resident 1's clinical record indicated, she had [DIAGNOSES REDACTED]. Review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 5/6/2020, indicated she had impaired cognition. She would required assistance with her activities of daily living (ADL's) including bed mobility, transfer, personal hygiene, and bathing. Review of Resident 1's situation background assessment recommendation (SBAR, a structured form of communication that enables information to be transferred accurately between individuals regarding resident condition) dated 6/22/2020, indicated during ADL's two nursing staff observed skin discoloration on left hip. Resident 1 also complained of pain. During an interview with licensed vocational nurse (LVN B) on 6/26/2020 at 10:20 a.m., she stated the night shift nurse endorsed to her the incident regarding the nursing assistant who was rough with Resident 1. LVN B reported the incident to the director of nursing (DON) on 6/23/2020. During an interview and record review with the DON on 7/15/2020 at 5:09 p.m., the DON confirmed the allegation of abuse was reported on 6/22/2020 and the nursing assistant continued to work the PM shift (3:00 p.m. to 11:00 p.m.) on 6/23/2020. The DON stated the nursing assistant should have been suspended immediately on 6/22/2020. Review of the facility's 10/2009 policy, Abuse Investigations, indicated all report of resident abuse, neglect, and injuries of unknown source should have been promptly and thoroughly investigated by the facility management. While the investigation was being conducted, accused individuals not employed by the facility would have been denied unsupervised access to the resident.		

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.