

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2019
NAME OF PROVIDER OR SUPPLIER CUPERTINO HEALTHCARE & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 22590 VOSS AVENUE CUPERTINO, CA 95014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey regarding investigation of a complaint conducted on 10/1/19. For Complaint CA00655256 regarding Admission, Transfer & Discharge Rights the Department did not substantiate a violation of federal or state regulations. However, a federal deficiency was identified for a violation unrelated to the complaint (see F584). Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 39588, Health Facilities Evaluator Nurse. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for	F 000	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Room A was deep cleaned by housekeeping and base board was replaced by maintenance. Housekeeping supervisor to put room A on more frequent cleaning schedule due to resident's tendencies. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. DON/designees conducted full facility rounds to identify any other rooms/bathrooms that were in need of cleaning and/or base board replacement.	10/31/19	
F 584 SS=D		F 584			

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

OCT 15 2019

L & C DIVISION
SAN JOSE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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.

11/1/19 12:40PM LOC accepted E Cheryl Admin
original + follow-up to be sent in
-C. Tufan HFEW

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F 584	<p>Continued From page 1</p> <p>the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to maintain a clean and sanitary environment for one of two rooms (Room A) when Room A had several fruit flies, foul, urine smelling, odor, and sticky bathroom floors. These failures resulted in an unsanitary environment for the residents of Room A.</p> <p>Findings:</p> <p>During an observation of Room A on 9/24/19 at 11:43 a.m., Room A had foul, urine smelling, odor and sticky floors in the bathroom. The base board behind the toilet was peeled off and torn.</p>	F 584	<p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.</p> <p>Director of Staff development (DSD) will provide in-service to nursing staff and housekeeping staff regarding resident' right to safe, clean, comfortable, odor free environment. In-service will include importance of everyone immediately reporting environmental issues</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>Nursing staff and housekeeping staff will monitor through daily rounds. Department managers will monitor through daily/weekly quality rounds.</p> <p>Findings will be presented to facility QAA Committee for non-compliance trends and possible QAPI plan.</p>		

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F 584	<p>Continued From page 2</p> <p>During a concurrent interview with the social worker (SW) and certified nursing assistant A (CNA A), the SW confirmed the toilet floor was sticky, peeled off on the based boards and it needed to be replaced. The SW stated the room had an odor and it is not supposed to smell like that. CNA A stated one of the residents of Room A (Resident 1) would urinate on the bathroom floor.</p> <p>During an interview on 9/24/19 at 11:59 a.m., Resident 2 stated his bedroom (Room A) had been smelling like urine and it has not been resolved.</p> <p>During an observation on 9/24/19 at 2:00 p.m., Resident 1 was in his room (Room A) sleeping and three fruit flies were observed on top of his water cup. Room A's bathroom had the same foul, urine smelling, odor from earlier that morning.</p> <p>During an observation and interview on 9/24/19 at 2:48 p.m., five fruit flies were observed on Resident 1's water cup. Resident 1 stated there are bugs everywhere in his room most days.</p> <p>During an observation and interview with CNA B on 9/24/19 at 2:54 p.m., he confirmed there were several fruit flies on Resident 1's water cup and flying around by his bed side.</p> <p>During an interview with the housekeeping manager (HM) on 9/24/19 at 3:05 p.m., he confirmed the bathroom of Room A had sticky floors and it shouldn't be like that. He further stated the bathroom of Room A had a foul smelling odor.</p>	F 584			

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F 584	Continued From page 3 Review of the facility's policy and procedure "Housekeeping for Resident Rooms" revised on 9/2016, indicated "promote quality of life for residents by providing clean and sanitary environment."	F 584			

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Cupertino Healthcare and Wellness Center
22590 Voss Avenue Cupertino, Ca 95014
Phone: 408- 253-9034
Fax: 408- 446-1664

Facsimile Transmittal

To: CDPH Fax: (408) 277-1032
From: Cheryl Carney Date: 10/15/19
Re: POC Pages: 5

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes

Please let me know if accepted
& I will mail original with
proof of correction
Thank-you
Cheryl

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