

California Department of Public Health

Accepted POC with mail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>9/23/11</i> <i>C 1:30pm</i>	(X3) DATE SURVEY COMPLETED C 08/25/2011
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NAME OF PROVIDER OR SUPPLIER SKYLINE HEALTHCARE CENTER - SAN JOSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2065 FOREST AVENUE SAN JOSE, CA 95128
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A 000 Initial Comments

The following reflects the findings of the California Department of Public Health (CDPH) during an entity reported incident investigation conducted on 8/25/11.

Entity Reported Incident CA00280836 regarding infection control, was substantiated and State deficiencies were identified (see California Code of Regulations, Title 22, Sections 72539 and 72541).

Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.

A 966 T22 DIV5 CH3 ART5-72539 Reporting of Outbreaks

Any outbreak or undue prevalence of infectious or parasitic disease or infestation shall be reported to the local health officer in accordance with Section 2502, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code.

This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to timely report to the local county health officer a scabies outbreak involving three of three sampled patients and a staff, certified nurse assistant B (CNA B) on 7/22/11 Findings:

1 Patient 1 was admitted to the facility with diagnoses including chronic kidney disease. The 6/8/11 Minimum Data Set (MDS) an assessment

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This Plan of Correction constitutes our written credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state laws require it.

A966; T22 Div5 Ch3 Art5- 72539
Reporting of Outbreaks; Facility shall timely report to local county health officer a scabies outbreak involving three of three sampled patients and a staff. Facility shall ensure that any outbreak of undue prevalence of infectious disease or infestation as in recent scabies outbreak shall be reported on time to the local county health officer.

Corrective Action: Charge Nurses of Pt. 1, 2, and 3 were given in-service education by the ICN/DON regarding immediate recognition and reporting of any resident with signs and symptoms compatible with scabies infestation to the infection control nurse (ICN) who is responsible in reporting to the local county health officer. There were also in-services done re: scabies outbreak, its definition, treatment, control, and

Licensing and Certification Division

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

ADMINISTRATOR

(X6) DATE

9/20/11

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A 966	<p>Continued From page 1</p> <p>toot) indicated Patient 1 was moderately impaired in cognition and required extensive assistance in all her activities of daily living.</p> <p>The health record of Patient 1 indicated orders on 12/14/10 mentioned one of her admission diagnoses was "head lice infestation of scabies - treated".</p> <p>A 4/21/11 dermatologist's (a medical doctor who specializes in disorders or illnesses related to the skin) note indicated recent itching of legs and past history of scabies.</p> <p>A 5/26/11 attending physician note indicated per staff patient still complained of itching although she had been treated presumptively for scabies and is followed by dermatologist.</p> <p>A 6/26/11 attending physician note indicated patient in chair watching TV; scratching legs; seen by dermatologist 2 weeks ago.</p> <p>A 7/12/11 dermatologist's note indicated generalized itching persist; need to rule out drug induced pruritus (medical term for itching); possibly Norvasc is the cause; need to discontinue Norvasc for one week and observe.</p> <p>An 8/24/11 attending physician note indicated per advice of dermatologist patient has been off amlodipine (generic name of Norvasc); still complaining of pruritus and treated with elimite cream. Elimite cream also known as permethrin was a cream applied on the skin to treat the symptoms of scabies (www.lexi-comp.com <http://www.lexi-comp.com>)</p> <p>Scabies is a contagious skin infestation caused by a tiny insect called the itch mite. The female</p>	A 966	<p>management. In addition, the supervisor who received a call in sick from the CNA was given 1:1 in-service by the DON/ICN regarding timely reporting to the infection control nurse of employee with diagnosis of scabies. Currently, the facility has no further transmission of scabies or any residents, employees, with signs and symptoms of scabies.</p> <p>Application to Others: Pts. 1, 2, and 3 roommates received treatment and environmental disinfection and currently have no signs and symptoms of scabies. All staff were inserviced about scabies by the ICN and will be completed by/on September 26, 2011. Scabies in-services are to include the following: (a) definition of scabies, (b) signs and symptoms similar to scabies observed or noted in residents and employees, (c) timely reporting to ICN for any signs and symptoms similar to scabies observed or noted in residents and employees, (d) intervention and our treatment of scabies, (e) scabies intervention and control plan, (f) scabies outbreak definition, management, and its implementation, (g) controlling scabies outbreak, (h) timely reporting of scabies outbreak to the local health officer by the ICN.</p> <p>Measures or Systematic Changes: Early detection of scabies is</p>	

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A 966	Continued From page 2 scabies mite burrows or tunnels into the outer layer of skin and lays eggs. The patient with scabies exhibits the symptoms of rash in the affected skin area and resulting itching (March 2008 "Management of Scabies Outbreaks in California Health Care Facilities"). The CDPH issued this article in an informational letter to all facilities it regulates. On 8/25/11 at 1:00 p.m. Patient 1 was observed in her room, sitting in her wheelchair. Some rashes were observed on various spots in her arms. Patient 1 was unable to respond in a meaningful way when interviewed. During an interview on 8/25/11 at 1:00 p.m. licensed nurse A (LN A) stated she was the facility's infection control coordinator. LN A stated Patient 1 had intermittent itching of her legs since 12/14/10. 2. Patient 2 was admitted to the facility with diagnoses including diabetes. The 8/10/11 MDS indicated Patient 2 was moderately impaired in cognition and required extensive assistance in her activities of daily living. The health record indicated a physician order dated 6/16/11 to clean the rashes on her legs with Betadine (a skin cleanser). A 6/25/11 order indicated to apply TAC cream twice a day for 21 days on rashes on arms, legs and chest. TAC is an abbreviation for triamcinolone acetonide cream used to treat an inflammatory condition such as rash (www.lexi-comp.com < http://www.lexi-comp.com >). The order was renewed on 7/16/11 because Patient 2 had continuing rash of her arms, legs and chest.	A 966	accomplished through skin assessment. Skin assessment is completed upon admission/readmission of the resident by the licensed nurse. It is also done during resident nursing weekly summary. CNAs also report to the licensed nurse any new observed alteration of skin integrity like lesions, rashes and the like. Any lesions and/or rashes noted are reported in the 24 hr nursing report and discussed at the morning meetings and then the ICN would then evaluate the resident. If the resident's signs and symptoms are suggestive of scabies, they are placed in isolation until infestation has been ruled out or treated. Healthcare staff will utilize PPE during the care. Skin scrapings on suspect cases done if indicated or ordered to confirm diagnosis. Additionally, all staff will immediately report signs and symptoms of self-infestation of scabies to the ICN. ICN tracks down the incidence of suspected and confirmed scabies cases. Outbreak of scabies constitutes either (1) 2 or more confirmed cases identified in patients, staff, and volunteers, (2) one confirmed and at least 2 clinically suspect cases, (3) at least 2 clinically suspect cases. ICN takes immediate action once scabies outbreak has been reached like reporting to local health officer within 24 hours of facility awareness, investigate, manage and control the said outbreak.	

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A 966	<p>Continued From page 3</p> <p>During a simultaneous observation and interview on 8/25/11 at 1:30 p.m. Patient 2 had spots on both arms. Patient 2 stated she had elimite cream applied to the affected areas of her body which was washed off after 12 hours.</p> <p>During an interview on 8/25/11 at 1:45 p.m. LN A stated Patient 2 had rashes on her body starting in June 2011 and currently continued. LN A stated no skin scrapings were done but the attending physician examined Patient 2. A skin scraping consists of examining under a microscope skin samples for the presence of the scabies mite or its eggs (March 2008 CDPH informational letter).</p> <p>3. Patient 3 was admitted to the facility with diagnoses including history of seizure disorder. The 6/22/11 MDS indicated Patient 3 was moderately impaired in cognition and required extensive assistance in her activities of daily living.</p> <p>The health record indicated a 6/24/11 order to apply HCT (hydrocortisone) cream to treat itching on lower legs every shift for two days. HCT is often used to treat an inflammatory condition such as itching (www.lexi-comp.com <http://www.lexi-comp.com>). A 7/16/11 order required staff to cleanse with normal saline solution and apply TAC cream three times a day to multiple raised rashes on both lower extremities for one week.</p> <p>During a simultaneous observation and interview on 8/25/11 at 1:35 p.m. Patient 3 was observed with rashes in various spots on her arms. Patient 3 stated she had itching and rashes and staff bathed her to wash off the elimite cream that was</p>	A 966	<p>Monitoring: The ICN is responsible for monitoring. ICN and Treatment Nurse do weekly skin rounds. New skin rashes reported by LN are reassessed and evaluated for referral to MD. Ongoing skin rashes are reevaluated for effectiveness of current medications. Persistent and worsening skin rashes are referred back to MD for further evaluation and treatment by a Dermatologist. Issues involving matter shall be discussed at Daily Morning Meeting for further updates and intervention. At monthly QA meetings, the ICN reports to committee findings on the matter and team suggests further interventions, if necessary.</p> <p>Date of Completion: 9/26/11.</p>		

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A 966	<p>Continued From page 4</p> <p>applied to her body for 12 hours.</p> <p>During an interview on 8/25/11 at 1:45 p.m. LN A stated Patient 3 started having symptoms of rash and itching in June 2011 and currently continued. LN A stated no skin scrapings were done but the attending physician examined Patient 3.</p> <p>4. During an interview on 8/25/11 at 10:25 a.m. certified nurse assistant B (CNA B) stated the medical director (MD) examined her on or about 7/14/11 after she developed rashes on her arms and abdomen.</p> <p>CNA B stated the MD told her to see her physician assigned by her medical health insurance. A health insurance document dated 7/16/11 indicated CNA B's physician diagnosed her with scabies. CNA B stated she was provided with elimite cream to apply on her body for 12 hours and then to wash it off. The physician told her not to report for work at the facility.</p> <p>CNA B stated she called the facility staff on 7/22/11 at 6:00 a.m. and told the night shift charge nurse on duty, licensed nurse C (LN C). CNA B stated she told LN C she was calling in sick because she had rashes all over her body and her physician ordered her not to report for work.</p> <p>During a telephone interview on 8/29/11 at 9:10 a.m. LN C stated she received a call from CNA B on 7/22/11 at 6:00 a.m. LN C stated CNA B told her she had rashes on her arms and abdomen and was not coming to work. LN C stated she filled out a call-in sick report and gave it to the nursing secretary (NS) of the director of nursing service (DNS)</p>	A 966			

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A 966	Continued From page 5 During an interview on 8/25/11 at 9:25 a.m. LN A stated CNA B told the key nursing staff the morning of 8/22/11 in the morning she was diagnosed with scabies. LN A stated she reported the outbreak on 8/24/11 to the local county health officer. During an interview on 8/25/11 at 10:40 a.m. the DNS stated she did not receive any communication that CNA B was diagnosed with scabies or there was a scabies outbreak until 8/23/11. A review of CNA B's assignments indicated in June and July 2011 CNA B was assigned to care for Patients 1, 2, and 3. The March 2008 CDPH Management of Scabies Outbreaks informational letter indicated an outbreak constitutes either (a) at least two confirmed cases of patients, staff or visitors, or (b) one confirmed case and at least two suspected cases. A confirmed case is defined as either a medical diagnosis of scabies or positive skin scraping indicating presence of the scabies mite. A suspected case is defined as showing symptoms of scabies infestation such as rash and itching without a diagnosis of scabies or a positive skin scraping. CNA B was a confirmed case and Patients 2 and 3 were two suspected cases. This situation was considered a reportable outbreak on 7/22/11 when CNA B notified LN C she was diagnosed with scabies. Patients 2 and 3 showed symptoms in June 2011. The facility did not report to the local county health officer until 8/24/11 which was one month later	A 966			

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A 967	Continued From page 6		A 967		
A 967	T22 DIV5 CH3 ART5-72541 Unusual Occurrences		A 967		
	<p>Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to timely report to the California Department of Public Health (CDPH) district office (within 24 hours of facility awareness) a scabies outbreak involving three of three sampled patients and a staff, certified nurse assistant B (CNA B) on 7/22/11. Findings.</p> <p>1 Patient 1 was admitted to the facility with diagnoses including chronic kidney disease. The 6/8/11 Minimum Data Set (MDS, an assessment tool) indicated Patient 1 was moderately impaired in cognition and required extensive assistance in all her activities of daily living.</p> <p>Patient 1's health record indicated orders on 12/14/10 mentioned one of her admission diagnoses was "head lice infestation of scabies -</p>			<p>A967; T22 Div5 Ch3 Art 5-72541: Unusual Occurrences:</p> <p>Facility shall timely report to the CDPH district office within 24 hours of facility awareness a scabies outbreak involving sampled patients and staff.</p> <p>Corrective Action: Charge Nurses of Pt. 1, 2, and 3 were given in-service education by the ICN/DON regarding immediate recognition and reporting of any resident with signs and symptoms compatible with scabies infestation to the infection control nurse (ICN) who is responsible in reporting to the local county health officer. There were also in-services done re: scabies outbreak, its definition, treatment, control, and management. In addition, the supervisor who received a call in sick from the CNA was given 1:1 in-service by the DON/ICN regarding timely reporting to the infection control nurse of employee with diagnosis of scabies. Currently, the facility has no further transmission of scabies or any residents, employees, with signs and symptoms of scabies.</p>	

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A 967	<p>Continued From page 7</p> <p>treated".</p> <p>A 4/21/11 dermatologist's (a medical doctor who specializes in disorders or illnesses related to the skin) note indicated recent itching of legs and past history of scabies.</p> <p>A 5/26/11 attending physician note indicated per staff patient still complained of itching although she had been treated presumptively for scabies and is followed by dermatologist.</p> <p>A 6/26/11 attending physician note indicated patient in chair watching TV, scratching legs, seen by dermatologist 2 weeks ago</p> <p>A 7/12/11 dermatologist's note indicated generalized itching persist; need to rule out drug induced pruritus (medical term for itching); possibly Norvasc is the cause; need to discontinue Norvasc for one week and observe.</p> <p>An 8/24/11 attending physician note indicated per advice of dermatologist patient has been off amlodipine (generic name of Norvasc); still complaining of pruritus and treated with elimite cream. Elimite cream also known as permethrin was a cream applied on the skin to treat the symptoms of scabies (www.lexi-comp.com <http://www.lexi-comp.com>).</p> <p>Scabies is a contagious skin infestation caused by a tiny insect called the itch mite. The female scabies mite burrows or tunnels into the outer layer of skin and lays eggs. The patient with scabies exhibits the symptoms of rash in the affected skin area and resulting itching (March 2008 Management of Scabies Outbreaks in California Health Care Facilities) The CDPH issued this article in an informational letter to all</p>	A 967	<p>Additionally, Administrator inserviced department managers re: timely reporting to the CDPH within 24 hours of facility awareness a scabies outbreak.</p> <p>Application to Others: Pts. 1, 2, and 3 roommates received treatment and environmental disinfection and currently have no signs and symptoms of scabies. All staff were inserviced about scabies by the ICN and will be completed by/on September 26, 2011. Scabies in-services are to include the following: (a) definition of scabies, (b) signs and symptoms similar to scabies observed or noted in residents and employees, (c) timely reporting to ICN for any signs and symptoms similar to scabies observed or noted in residents and employees, (d) intervention and our treatment of scabies, (e) scabies intervention and control plan, (f) scabies outbreak definition, management, and its implementation, (g) controlling scabies outbreak, (h) timely reporting of scabies outbreak to the local health officer by the ICN.</p> <p>Additionally, Administrator inserviced department managers re: timely reporting to the CDPH within 24 hours of facility awareness a scabies outbreak.</p> <p>Measures or Systematic Changes: Early detection of scabies is</p>	

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A 967	<p>Continued From page 8</p> <p>facilities it regulates.</p> <p>On 8/25/11 at 1:00 p.m. Patient 1 was observed in her room and sitting in her wheelchair. Some rashes were observed in various spots on her arms. Patient 1 was unable to respond in a meaningful way when interviewed.</p> <p>During an interview on 8/25/11 at 1:00 p.m. licensed nurse A (LN A) stated she was the facility's infection control coordinator. LN A stated Patient 1 had intermittent itching of her legs since admitted.</p> <p>2. Patient 2 was admitted to the facility with diagnoses including diabetes. The 8/10/11 MDS indicated Patient 2 was moderately impaired in cognition and required extensive assistance in her activities of daily living.</p> <p>The health record indicated a physician order dated 8/16/11 to clean the rashes on her legs with Betadine (a skin cleanser).</p> <p>A 6/25/11 order indicated to apply TAC cream twice a day for 21 days on rashes on arms, legs and chest. TAC is an abbreviation for triamcinolone acetonide cream used to treat an inflammatory condition such as rash (www.lexi-comp.com <http://www.lexi-comp.com>). The order was renewed on 7/16/11 because Patient 2 had continuing rash on her arms, legs and chest.</p> <p>During a simultaneous observation and interview on 8/25/11 at 1:30 p.m. Patient 2 was observed with spots on both arms. Patient 2 stated she had elimate cream applied on the affected areas in her body which was washed off after 12 hours.</p>	A 967	<p>accomplished through skin assessment. Skin assessment is completed upon admission/readmission of the resident by the licensed nurse. It is also done during resident nursing weekly summary. CNAs also report to the licensed nurse any new observed alteration of skin integrity like lesions, rashes and the like. Any lesions and/or rashes noted are reported in the 24 hr nursing report and discussed at the morning meetings and then the ICN would then evaluate the resident. If the resident's signs and symptoms are suggestive of scabies, they are placed in isolation until infestation has been ruled out or treated. Healthcare staff will utilize PPE during the care. Skin scrapings on suspect cases done if indicated or ordered to confirm diagnosis. Additionally, all staff will immediately report signs and symptoms of self-infestation of scabies to the ICN. ICN tracks down the incidence of suspected and confirmed scabies cases. Outbreak of scabies constitutes either (1) 2 or more confirmed cases identified in patients, staff, and volunteers, (2) one confirmed and at least 2 clinically suspect cases, (3) at least 2 clinically suspect cases. ICN takes immediate action once scabies outbreak has been reached like reporting to local health officer within 24 hours of facility awareness, investigate, manage and control the said outbreak.</p>		

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A 967	<p>Continued From page 9</p> <p>During an interview on 8/25/11 at 1:45 p.m. LN A stated Patient 2 had rashes on her body starting in June 2011 and currently continued. LN A stated no skin scrapings were done but the attending physician who examined Patient 2. A skin scraping consists of examining under a microscope skin samples for the presence of the scabies mite or its eggs (March 2008 CDPH informational letter).</p> <p>3. Patient 3 was admitted to the facility with diagnoses including history of seizure disorder. The 6/22/11 MDS indicated Patient 3 was moderately impaired in cognition and required extensive assistance in her activities of daily living.</p> <p>The health record indicated a 6/24/11 order to apply HCT (hydrocortisone) cream to treat itching on lower legs every shift for two days. HCT is often used to treat inflammatory condition such as itching (www.lexi-comp.com <http://www.lexi-comp.com>). A 7/16/11 order required staff to cleanse with normal saline solution and apply TAC cream three times a day to multiple raised rashes on both lower extremities for one week.</p> <p>During a simultaneous observation and interview on 8/25/11 at 1:35 p.m. Patient 3 was observed with rashes on various spots on her arms. Patient 3 stated she had itching and rashes and staff bathed her to wash off the elimate cream that was applied to her body for 12 hours.</p> <p>During an interview on 8/25/11 at 1:45 p.m. LN A stated Patient 3 started having symptoms of rash and itching in June 2011 and currently continued. LN A stated no skin scrapings were done but the attending physician examined Patient 3.</p>	A 967	<p>Additionally, the ICN and DON are to report timely to the CDPH within 24 hours of facility awareness a scabies outbreak.</p> <p>Monitoring: The ICN is responsible for monitoring. ICN and Treatment Nurse do weekly skin rounds. New skin rashes reported by LN are reassessed and evaluated for referral to MD. Ongoing skin rashes are reevaluated for effectiveness of current medications. Persistent and worsening skin rashes are referred back to MD for further evaluation and treatment by a Dermatologist. Issues involving matter shall be discussed at Daily Morning Meeting for further updates and intervention. At monthly QA meetings, the ICN reports to committee findings on the matter and team suggests further interventions, if necessary.</p> <p>Additionally, the Administrator is responsible for timely reporting to the CDPH within 24 hours of facility awareness a scabies outbreak.</p> <p>Date of Completion: 9/26/11.</p>		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2011
NAME OF PROVIDER OR SUPPLIER SKYLINE HEALTHCARE CENTER - SAN JOSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2065 FOREST AVENUE SAN JOSE, CA 95128		
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A 967	Continued From page 10 4. During an interview on 8/25/11 at 10:25 a.m. certified nurse assistant B (CNA B) stated the medical director (MD) examined her on or about 7/14/11 after she developed rashes on her arms and abdomen. CNA B stated the MD told her to see her physician assigned by her medical health insurance. A health insurance document dated 7/16/11 indicated CNA B's physician diagnosed her with scabies. CNA B stated she was provided with elimite cream to apply on her body for 12 hours and then to wash it off. The physician told her not to report for work at the facility. CNA B stated she called the facility staff on 7/22/11 at 6:00 a.m. and told the night shift charge nurse on duty, licensed nurse C (LN C). CNA B stated she told LN C she was calling in sick because she had rashes all over her body and her physician ordered her not to report for work. During a telephone interview on 8/29/11 at 9:10 a.m. LN C stated she received a call from CNA B on 7/22/11 at 6:00 a.m. LN C stated CNA B told her she had rashes on her arms and abdomen and was not coming to work. LN C stated she filled out a call-in sick report and gave it to the nursing secretary (NS) of the director of nursing service (DNS). During an interview on 8/25/11 at 9:25 a.m. LN A stated CNA B told the key nursing staff the morning of 8/22/11 she was diagnosed with scabies. LN A stated she reported the outbreak on 8/24/11 to the CDPH district office which had jurisdiction over the facility.	A 967			

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A 967	<p>Continued From page 11</p> <p>During an interview on 8/25/11 at 10:40 a.m. the DNS stated she did not receive any communication until 8/23/11 that CNA B was diagnosed with scabies and there was a scabies outbreak.</p> <p>A review of the assignments of CNA B indicated in June and July 2011 CNA B was assigned to care Patients 1, 2, and 3.</p> <p>The March 2008 CDPH Management of Scabies Outbreaks informational letter indicated an outbreak constitute either (a) at least two confirmed cases of patients, staff or visitors, or (b) one confirmed case and at least two suspected cases. A confirmed case is defined as either a medical diagnosis of scabies or positive skin scraping indicating presence of the scabies mite. A suspected case is defined as showing symptoms of scabies infestation such as rash and itching without a diagnosis of scabies or a positive skin scraping. CNA B was a confirmed case and Patients 2 and 3 were two suspected cases.</p> <p>This situation was considered a reportable outbreak on 7/22/11 when CNA B notified LN C she was diagnosed with scabies. Patients 2 and 3 showed symptoms in June 2011. The facility did not report to the CDPH district office until 8/24/11 which was one month later.</p>	A 967			