Ca <u>l</u> ifornia	a Department of Pu	blic Health	Accept		- with , mail	FORM APPROVED
STATEMEN	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER CA07000089		DIFEELS (X2) MULT) A BUILDING B WING		DATE SURVEY COMPLETED C 08/25/2011	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP COC	
SKYLINE	HEALTHCARE CEN	ITER - SAN JOSE		EST AVENU E, CA 95128		
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A 000	Initial Comments			A 000		
	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,		A 966	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 eonclusions 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; Faeility 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 ontbreak of undue prevalence of infections disease or infestation as in recent scabies outbreak shall be reported on time to the local county health officer.		
	Based on observa review, the facility local county health involving three of t staff, certified nurs 7/22/11 Findings: 1 Patient 1 was addiagnoses including	t met as evidenced by tion, interview and red failed to timely report officer a scables out hree sampled patients e assistant B (CNA B dimitted to the facility vi g chronic kidney dise ata Set (MOS, an ass	to the libreak s and a libreak on libreak s and a libreak libr		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 eompatible with scabies infestation to the infection control nurse (ICN) who responsible in reporting to the local county health officer. There were also in-services done re: scabies outbreak, it definition, treatment, control, and	f is

Licensing and Certification Division

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California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A BUILDING B WING CA070000089 08/25/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2065 FOREST AVENUE SKYLINE HEALTHCARE CENTER - SAN JOSE SAN JOSE, CA 95128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) (O (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 968 Continued From page 1 A 966 tool) indicated Patient 1 was moderately impaired in cognition and required extensive assistance in management. In addition, the supervisor all her activities of daily living. who received a call in sick from the CNA was given 1:1 in-service by the The health record of Patient 1 indicated orders on DON/ICN regarding timely reporting to 12/14/10 mentioned one of her admission the infection control nurse of employee diagnoses was "head lice infestation of scables with diagnosis of scabies. Corrently, the treated". facility bas no further transmission of scables or any residents, employees, with A 4/21/11 dermatologist's (a medical doctor who signs and symptoms of scables. specializes in disorders or illnesses related to the skin) note indicated recent itching of legs and Application to Others: Pts. 1, 2, and 3 past history of scables. roommates received treatment and environmental disinfection and currently A 5/26/11 attending physician note indicated per have no signs and symptoms of scubics. staff patient still complained of itching although All staff were inserviced about scabies she had been treated presumptively for scables by the ICN and will be completed by on and is followed by dermatologist. September 26, 2011. Scables in-services are to include the following: (a) A 6/26/11 attending physician note indicated definition of scabies. (b) signs and patient in chair watching TV; scratching legs; symptoms similar to scables observed or seen by dermatologist 2 weeks ago. noted in residents and employees, (c) timely reporting to ICN for any signs A 7/12/11 dermatologist's note indicated and symptoms similar to scables generalized itching persist; need to rule out drug observed or noted in residents and induced pruritus (medical term for (tching); employees, (d) intervention and our possibly Norvasc is the cause; need to treatment of scabies, (c) scabies discontinue Norvasc for one week and observe. intervention and control plan, (f) scabies outbreak definition, management, and its An 8/24/11 attending physician note indicated per implementation, (g) controlling scables advice of dermatologist patient has been off outbreak, (b) timely reporting of scables amlodipine (generic name of Norvasc); still outbreak to the local health officer by the complaining of pruritus and treated with elimite cream. Elimite cream also known as permethrin. was a cream applied on the skin to treat the Measures or Systematic Changes: symptoms of scables (www lexi-comp.com Early detection of scables is <http://www.lexi-comp.com>) Scables is a contagious skin infestation caused by a tiny insect called the itch mite. The female

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPLIE		A BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPL	BURVEY ETED C
		CA070000089		B WING_		•	25/2011
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A 966	Continued From pa	ige 2		A 968			:
	layer of skin and lay scables exhibits the affected skin area at 2008 "Management California Health Crissued this article in facilities it regulates." On 8/25/11 at 1:00 in her room, sitting rashes were observarms. Patient 1 was meaningful way who During an interview licensed nurse A (Lifacility's infection con Patient 1 had intern 12/14/10. 2. Patient 2 was addiagnoses including indicated Patient 2 cognition and required activities of dail. The health record in dated 6/16/11 to clewith Betadine (a skin A 6/25/11 order indicated aday for 21 dand chest. TAC is a triarnoinolone aceto of nflammatory condition (www.lexi-comp.coi						

California Department of Public Health STATEMENT OF DEFICIENCIES X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A BUILDING B WING CA070000089 08/25/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2065 FOREST AVENUE SKYLINE HEALTHCARE CENTER - SAN JOSE **SAN JOSE, CA 95128** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)1D (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 966 Continued From page 3 A 966 During a simultaneous observation and interview on 8/25/11 at 1:30 p.m. Patient 2 had spots on Monitoring: The ICN is responsible for both arms. Patient 2 stated she had elimite cream monitoring, ICN and Treatment Nurse applied to the affected areas of her body which do weekly skin rounds. New skin rashes was washed off after 12 hours. reported by LN are reassessed and evaluated for referral to MD. Ongoing During an interview on 8/25/11 at 1:45 p.m. LN A skin rashes are reevaluated for stated Patient 2 had rashes on her body starting effectiveness of corrent medications. in June 2011 and currently continued. LN A Persistent and worsening skin rashes are stated no skin scrapings were done but the referred back to MD for further attending physician examined Patient 2. A skin. evaluation and treatment by a scraping consists of examining under a Dermatologist. Issues involving matter microscope skin samples for the presence of the shall be discussed at Daily Morning scables mite or its eggs (March 2008 CDPH Meeting for further updates and informational letter). intervention. At monthly QA meetings, the ICN reports to committee findings on 3. Patient 3 was admitted to the facility with the matter and team suggests further diagnoses including history of seizure disorder. interventions, if necessary. The 6/22/11 MDS indicated Patient 3 was moderately impaired in cognition and required Date of Completion: 9/26/11. extensive assistance in her activities of daily living. The health record indicated a 6/24/11 order to apply HCT (hydrocortisone) cream to treat (tching) 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 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

X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION CCMPLETED IDENTIFICATION NUMBER. A. BUILDING B WING CA070000089 08/25/2011 STREET ACORESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2065 FOREST AVENUE SKYLINE HEALTHCARE CENTER - SAN JOSE SAN JOSE, CA 95128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) CCMPLETE (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE OATE TAG TAG DEFICIENCY A 966 Continued From page 4 A 966 applied to her body for 12 hours. 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. 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 scables. 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 cali 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)

California Department of Public Health

California Department of Public Health STATEMENT OF DEFICIENCIES X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B WING CA070000089 08/25/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2065 FOREST AVENUE SKYLINE HEALTHCARE CENTER - SAN JOSE SAN JOSE, CA 95128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(14X) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENT FYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DÉFICIENCY) A 966 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 scables. 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 scables or there was a scables 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 Scables 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 scables or positive skin scraping indicating presence of the scables. mite. A suspected case is defined as showing symptoms of scables infestation such as rash. and itching without a diagnosis of scables or a cositive 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 scables. 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

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!		or other catastrophes	I				
1		es which threaten th			A967; T22 Div5 Ch3 Art 5-72541	;	
		patients, personnel o			Unusual Occurrences:		
,		y the facility within 2			Chostal Ottal strain		
1		e (and confirmed in v			Facility shall timely report to the C	DPH	
		local health officer a			district office within 24 hours of fa	cility	
		cident report shall be			awareness a scables outbreak invol	ving	
		y for one year. The f			sampled patients and staff.	Ç.	1
		pertinent information			Sampled panette and start		'
;		as the local health of			Corrective Action: Charge Nurses of Pt. 1, 2, and 3 were given in-service		
		ay require. Every fire					
I		curs in or on the pre			education by the ICN/DON regard	ing	;
!		vithin 24 hours to the			immediate recognition and reporting	ng of	1
		is not having an orga			any resident with signs and sympto	oms	1
	service, to the Stat				compatible with scabies infestation	n to	i
	0017100, 10 010 0101		ı		the infection control nurse (ICN) v	who is	!
·	This Statute is not	t met as evidenced b	V: 1		responsible in reporting to the local	al	
		tion, interview and re			county health officer. There were	also	: (
		failed to timely report			in-services done re: scabies outbre	ak its	į
	California Departm	ent of Public Health	(CDPH)		definition, treatment, control, and	,	
		n 24 hours of facility	(- , ,		management. In addition, the sup	ervisor	ì
		nes outbreak involvir	na three of $ $		who received a call in sick from the	16	ì
	three sampled patie	ents and a staff, cert	ified nurse		CNA was given 1:1 in-service hy		
	assistant B (CNA 8	3) on 7/22/11. Finding	OS.		DON/ICN regarding timely report	tino to	ł
	200.0(2.1) 2 (0.1) 1 -	-, -, -, -, -, -, -, -, -, -, -, -, -, -	3.5		the infection control nurse of emp	ilovee	-
	1 Patient 1 was an	imitted to the facility	with		with diagnosis of scabies. Curren	itly, the	
		g chronic kidney dise			facility has no further transmissio	n of	i
		ata Set (MDS, an as			scabies of any residents, employe	es with	i
		ent 1 was moderatel			signs and symptoms of scables.	Ç 5, 171U)	1
		quired extensive ass			signs and symptoms of scaules.		Ì
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	diagnoses was "he	ad lice infestation of	scables -				}

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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A 967	Continued From pa	ige 7		A 967			
	treated".						!
	A 4/21/11 dermator specializes in disor skin) note indicated past history of scation A 5/26/11 attending staff patient still consist and is followed by the A 6/26/11 attending patient in chair wat seen by dermatological dermatologi	g physician note indicated presumptively for dermatologist. g physician note indicated physician note indicated persist; need to rule nedical term for itchirs the cause; need to be for one week and one physician note indicated physician note ind	ated to the gs and cated per although scables cated per out drug age; cobserve.		Additionally, Administrator inservit department managers retimely reporting to the CDPH within 24 he of facility awareness a scabies outh. Application to Others: Pts. 1, 2, a roommates received treatment and environmental disinfection and curbave no signs and symptoms of scale by the ICN and will be completed by the ICN and symptoms similar to scabies observed in residents and employees, timely reporting to ICN for any signand symptoms similar to seabies observed or noted in residents and employees, (d) intervention and of treatment of scabies, (e) scabies intervention and control plan, (f) so outbreak definition, management, implementation, (g) controlling so outbreak, (h) timely reporting of so outbreak to the local health office ICN. Additionally, Administrator inserventions to the CDPH within 24 reporting to the CDPH within 24 repor	nd 3 rently shies bies by/on rivices ved or (c) gns are scabies and its cabies scabies r by the viced	
	scables mite burro	ed the itch mile. The ws or tunnels into the	outer		of facility awareness a scabies outbreak.		
	scables exhibits the affected skin area 2008 Management California Health C	ys eggs. The patient e symptorns of rash a and resulting itching of Scables Outbreal are Facilities). The Common and the man informational let	in the (March ks in CDPH		Measures or Systematic Chang Early detection of scables is	es:	}

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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A 967	Continued From p	page 8		A 967	T		
	facilities it regulati	es		Į			
	' apilitas ir regular	.			accomplished through skin assess:	ment.	
	On 8/25/11 at 1:0	0 p.m. Patient 1 was o	bserved	ŧ	Skin assessment is completed upo	n	,
		itting in her wheelcha		_	admission/readmission of the resid	dent by	ι
		erved in various spots			the licensed nurse. It is also done	during	
	arms. Patient 1 w	as unable to respond	in a	}	resident nursing weekly summary	7.	i
	i meaningful way w	hen interviewed.)	! CNAs also report to the licensed !	nurse	1
	!				 any new observed alteration of sk 	ci n	İ
		w on 8/25/11 at 1:00 p			integrity like lesions, rashes and t	:he	1
		(LN A) stated she was		1	like. Any lesions and/or rashes n	ioted are	1
		control coordinator. Li		ĺ	reported in the 24 hr nursing repo	on and	
	•	rmittent stching of her	legs since	}	discussed at the morning meeting	s and	,
	, admitted.				then the ICN would then evaluate		
	i			ĺ	resident. If the resident's signs a	nd	;
		idmitted to the facility		[symptoms are suggestive of scab	ies, they	
		ng diabetes. The 8/10		are placed in isolation until infestation			!
		2 was moderately imp		}	has been ruled out or treated. He	aitheare	
		uired extensive assist	ance in	-	staff will utilize PPE during the	care.	:
	her activities of da	any nving.		ļ	Skin scrapings on suspect cases	gone II	i
	. The boolin record	indicated a physician	ordor		indicated or ordered to confirm	c	
		clean the rashes on he		!	diagnosis. Additionally, all staff	(WIII	:
	with Betadine (a s		or legs	ļ	immediately report signs and syr	nipions La ICN	:
	With Detacine (a s	ikili Georgery.			of self-infestation of scabies to t	ne ien.	
	Δ 6/25/11 order in	idicated to apply TAC	cream		ICN tracks down the incidence of	JI E COKEL	
	twice a day for 21	days on rashes on a	ms leas		suspected and confirmed scabic Outbreak of scabies constitutes	aither (1)	
		an abbreviation for			2 or more confirmed cases ident	titied in	
		tonide cream used to	treat an	ļ	patients, staff, and volunteers, (71 one	
		dition such as rash		1 [confirmed and at least 2 clinical	'lu	
	(www.lexi-comp.c)	suspect cases, (3) at least 2 clin	icall v	
		omp.com>) The orde	r was	}	suspect cases. ICN takes imme	diate	
		11 because Patient 2		<u>'</u>	action once scabies outbreak ha	is been	
		n her arms, legs and o		\	reached like reporting to local h	ealth	
	_	_		 	officer within 24 hours of facili	ity	
		eous observation and		l I	awareness, investigate, manage	and	
	on 8/25/11 at 1 30	p.m. Patient 2 was o	bserved	' I	control the said outbreak.		
		arms. Patient 2 state		 -	Control die Sald Odiozewa		
		olled on the affected a		! :			
	body which was w	rashed off after 12 ho	urs.	ļ			
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A 967	Continued From pa	ige 9		A 967			
	During an interview stated Patient 2 ha in June 2011 and o stated no skin scraattending physician skin scraping consimicroscope skin sa scabies mite or its informational letter. 3. Patient 3 was addiagnoses including. The 6/22/11 MDS imoderately impaire extensive assistant living. The health record in apply HCT (hydrocon lower legs every often used to treat as itching (www.iex http://www.lexi-corequired staff to clessolution and apply to multiple raised raextremities for one During a simultane on 8/25/11 at 1:35 with rashes on variational staff to destated she had itched her to wash applied to her body	on 8/25/11 at 1:45 d rashes on her bod surrently continued. It pings were done but who examined Patists of examining unimples for the presence (March 2008 C). Imitted to the facility of history of seizure of indicated Patient 3 with a cognition and receive in her activities of shift for two days. It inflammatory condition-comp.com TAC cream three threshes on both lower week. Our observation and purchase with normal set and the elimite cream of the elimite cream of the elimite cream of the elimite cream for 12 hours	ly starting LN A It the ient 2. A der a ince of the CDPH with disorder vas equired If daily order to reat itching HCT is ion such I order aline nes a day I interview observed ms Patient d staff m that was		Additionally, the ICN and DO report timely to the CDPH withours of facility awareness a stoutbreak. Monitoring: The ICN is responditoring. ICN and Treatmend weekly skin rounds. New steported by LN are reassessed evaluated for referral to MD. It is skin rashes are reevaluated for effectiveness of current medic Persistent and worsening skin referred back to MD for furth evaluation and treatment by a Dermatologist. Issues involving shall be discussed at Daily M Meeting for further updates a intervention. At monthly QA the ICN reports to committee the matter and team suggests interventions, if necessary. Additionally, the Administra responsible for timely reports CDPH within 24 hours of fact awareness a scabies outbreak.	onsible for ont Norse kin rashes and Ongoing trashes are er ing matter orning and meetings, findings on further tor is ing to the cility it	
	stated Patient 3 sta and itching in June LN A stated no skir	on 8/25/11 at 1.45 irted having symptol 2011 and currently a scrapings were do	ms of rash is continued. It no but the				

Californi	a Department of Pui	olic Health		•	<u> </u>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		A BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		CA070000089	_	B WING			25/2011
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
SKYLINE	HEALTHCARE CEN	TER - SAN JOSE		EST AVENUE E, CA 95128			
(X4) 10 PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCY MUST BE PRECEDED BY SCIDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
A 967	Continued From pa	age 10		A 967			i
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.			ith nt dated agnosed s provided for 12				
	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).						
	stated CNA B told t morning of 8/22/11 scables LNA state	on 8/25/11 at 9 25 and the key nursing staff she was diagnosed at the company the company that the company the company that t	the with outbreak				

Californi	a Department of Pul	olic Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		(X3) DATE : COMPL			
		CA070000089			-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	08/2	25/2011
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, 5	TATE, ZIP CODE		
SKYLINE HEALTHCARE CENTER - SAN JOSE SAN JOSE			REST AVENUI E, CA 95128	E			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A 967	Continued From page 11			A 967			
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. 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. 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 scables 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 showed symptoms	l with scables. Patie in June 2011. The f DPH district office ur	nts 2 and 3 acility did				
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