

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER SUNNY VIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 22445 CUPERTINO ROAD 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)
C 000	Initial Comments An abbreviated State Monitoring Infection Control Mitigation Survey was conducted by the California Department of Public Health on 9/9/2021. The facility was found not to be in compliance with State Regulation Title 22, Section 72523(c). Representing the California Department of Public Health: 33651, Health Facilities Evaluator Supervisor.	C 000	
C4190	T22 DIV5 CH3 ART5-72523(c)(3) Patient Care Policies and Procedures (c) Each facility shall establish and implement policies and procedures, including but not limited to: (3) Infection control policies and procedures. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement the guidance of masking wearing for residents to prevent the spread of coronavirus 2019 (COVID-19, a new strain of virus that can cause mild to severe illness). This failure had the potential to result in the spread of COVID-19 in the facility. Findings: 1. During an observation on 9/9/2021 from 12:40 p.m. to 12:50 p.m., certified nurse assistant A (CNA) sat next to Resident 1 in the hallway in front of the nursing station. There was no six feet social distancing between CNA and Resident 1.	C4190	

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

SEP 28 2021

L & C DIVISION
SAN JOSE

Licensing and Certification Division

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

STATE FORM

6869

116111

TITLE

(X6) DATE

Executive Director 9/28/21

poc accepted by ml
on 9/28/21

If continuation sheet 1 of 3

California Department of Public Health

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C4190	<p>Continued From page 1</p> <p>Resident 1 wore a mask under her nose. Resident 1's face mask constantly slipped under Resident 1's nose.</p> <p>During an interview with licensed vocational nurse B (LVN B) on 9/9/2021 at 12:49 p.m., she stated the resident should have worn the right size mask to cover the nose and the mouth. LVN B stated CNA A should have maintained six feet social distancing from Resident 1.</p> <p>During an interview with CNA A on 9/9/2021 at 12:51 p.m., she stated she should have maintained social distancing with Resident 1 while she was sitting next to the resident. CNA A stated Resident 1 should have worn the face mask to cover the nose.</p> <p>2. During an observation on 9/9/2021 at 3:18 p.m., Resident 2 wore a face mask under his nose while he was sitting in the hallway of the nursing station. Resident 2 was sitting in the wheelchair next to another resident with an empty chair between two residents.</p> <p>During a concurrent interview with the director of nursing (DON), she stated Resident 2 should have worn the face mask to cover the nose and mouth. The DON stated residents should have worn a face mask to cover his nose and mouth when residents were out of the rooms regardless fully vaccinated status.</p> <p>Review California Department of Public Health's "Guidance for the Face Coverings" dated July 28, 2021, indicated "...Masks are required for all individuals ..." in Healthcare settings and Long-Term Care Settings.</p> <p>Review "ORDER OF THE HEALTH OFFICER OF</p>	C4190			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNNY VIEW MANOR

**22445 CUPERTINO ROAD
CUPERTINO, CA 95014**

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C4190	Continued From page 2 THE COUNTY OF SANTA CLARA REQUIRING USE OF FACE COVERINGS INDOORS BY ALL PERSONS" dated August 2, 2021 indicated "...Regardless of vaccination status, all persons must wear face coverings at all times when indoors ..." The order indicated "Face covering" is a well-fitted face covering to cover the nose and mouth for an individual. Review Centers for Disease Control and Prevention (CDC) website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/prev
ent-getting-sick/about-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prev ent-getting-sick/about-face-coverings.html) regarding "Your Guide to Masks" dated August 13, 2021 indicated to select a mask that "...completely cover your nose and mouth ..." The guide indicated "...Do wear a mask that...Covers your nose and mouth and secure it under your chin...Fit snugly the sides of your face ..." The guide also indicated "...How NOT to wear a mask...under your nose ..."	C4190		

OCT 01 2021

L & C DIVISION
SAN JOSE

Sunny View Manor

Plan of Correction Date Survey Completed: 9-9-21

Provider Identification Number: 555342

C4190 T22 DIV5 CH3 ART5-72523 (c)(3) Patient Care Policies and Procedures

(c) Each facility shall establish and implement policies and procedures, including but not limited to
(3) infection control policies and procedures.

CDPH Findings:

1. During an observation on 9/9/21 from 12:40pm – 12:50pm., certified nurse assistant A (C.N.A. A) sat next to Resident 1 in the hallway in front of the nursing station. There was no six feet social distancing between C.N.A. A and Resident 1.
Resident 1 wore a mask under her nose.
Resident 1's face mask constantly slipped under Resident 1's nose.

Corrective Action for Affected Residents:

Resident 1 is ensured for safety with no signs and symptoms related to Covid 19.

Surgical face mask was immediately placed above the nose of the resident. Afterward, different approaches were tried immediately to keep face mask covering nose and mouth. Finally face mask was replaced with smaller face mask which fit snugly the sides of face.

An in-service to maintain six feet distancing was done by the Infection Preventionist (IP) on 9-10-21.

An in-service on these deficiencies were also done by the IP on 9-10-21.

Identifying other Potential Residents:

All residents in facility ensured for safety and currently with no signs and symptoms related to Covid 19.

All team members were immediately coached and in serviced by IP to observe all residents at the front lobby with loose face masks daily. The staff is putting the loose mask back covering resident's nose, mouth and secure it under their chin. If mask is still big for their face staff will replace face mask with smaller face mask.

Systemic Change to Prevent Recurrence:

One on one in-service provided to staff member involved regarding core principles and social distancing.

Facility will ensure that all residents and staff wear well fitted face mask (covering nose and mouth snugly to the side of the face) while indoors in facility to prevent spread of Covid 19.

Facility will ensure residents and staff to maintain six feet social distancing to prevent spread of Covid 19.

Random checks on a daily basis by the Director of Staff Development (DSD)/IP or designee. An in-service on these deficiencies were done by the IP on 9-10-21.

Monitoring and Evaluation of Plan:

Clinical team including IP/DSD will do daily round to ensure all residents and staff wear appropriate fitted face mask covering nose and mouth and maintain six feet social distancing between individuals.

The DSD/IP or designee will monitor the compliance of these deficiency corrections daily. Negative findings will be immediately corrected and discussed at the monthly Quality Assurance meetings with further action as deemed necessary.

Corrective Action Completion Date: 9-27-21