

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

AMENDED 9/24/16

PRINTED: 09/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055750	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/21/2016
NAME OF PROVIDER OR SUPPLIER AMBERWOOD GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PETERSEN AVENUE SAN JOSE, CA 95129		
(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 a standard abbreviated survey regarding investigation of an entity reported incident and complaints conducted on 8/31/16, 9/1/16, 9/6/16, 9/19/16, 9/20/16 and 9/21/16. For Complaint CA00500142 regarding Physical Environment, a federal deficiency was identified (see F252). For Complaint CA00500297 regarding Quality of Care/Treatment, the Department did not substantiate a violation of federal or state regulations. Inspection was limited to the specific complaints and entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 29260, Health Facilities Evaluator Nurse. 483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a clean,	F 000	This POC is not an agreement by the facility as to the validity or lack thereof to any element of the listed deficiencies. It is intended as a Plan of Correction to the DPH as required by law. This plan of correction constitutes a written credible allegation of compliance for the deficiencies noted. F252 This facility does and shall continue to provide a safe, clean, comfortable and homelike environment within the context of a healthcare facility and the needs of the residents. In this instance the chairs are and were clean and no odor present from them. They are and will continue to be cleaned on a daily basis using bleach wipes on the non-cloth areas. The vinyl surfaces covered with a water resistant fabric are cleaned as needed and no less than monthly. The carpet is maintained and as needed due to individual spills or accidents of urination by residents.	10/10/16	
F 252 SS=D		F 252			

LABORATORY DIRECTOR'S SIGNATURE _____ TITLE _____ (X6) DATE 10/4/16

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.

3558 10/27/16 by SC
POC accepted

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F 252	<p>Continued From page 1</p> <p>sanitary, and homelike environment when residents, family members (FM), staff, and other visitors who entered Station A, were continually exposed to foul smelling odors. This failure had the potential to impact each resident's quality of life.</p> <p>Findings:</p> <p>On 8/31/16 at 1:25 p.m. upon entering a hall outside Station A, Resident 1's family members (FMs) who were attending a care conference, stated there were strong and foul odors of urine.</p> <p>During an interview on 8/31/16 at 1:30 p.m. with the assistant director of nurses (ADON), she stated sometimes there was a smell of urine in Station A, during times when residents were changed, around 7 a.m. and between 1 p.m. and 2 p.m.</p> <p>During an interview on 8/31/16 at 1:35 p.m. with a FM of Resident 2, he stated during the last one and one-half months, there were especially strong odors of urine in the public area of Station A. He stated he believed the chairs needed to be cleaned as well as the floor. FM stated it was something he noticed that was not there before. He stated there was a very strong odor of urine when he passed the inside lobby area in Station A. FM stated on 8/30/16, he picked up a chair in the lobby area and it had a strong smell of urine. He stated he had visited eight days continuously, at different times of the day, and it "still smells." He stated the smell was definitely from the chairs.</p> <p>During an interview on 8/31/16 at 2 p.m. with licensed vocational nurse A (LVN A), she stated the smell in Station A was not really bad, as her</p>	F 252	<p>It is and will continue to be maintained by machine scrubbing, in high traffic and resident concentration areas twice per week and, prn, as needed daily or more often to address individual resident urination as may occur in Station 5 (A in the statement of deficiencies) the Dementia reduced egress section of the facility.</p> <p>Amberwood shall and does maintain an environment with substantially eliminated urine odor. In the Dementia area, from time to time, there are residents who will urinate on the floor and sometimes even the walls. While the urine is addressed and cleaned in a timely manner per facility protocol, as in this case, the resident is persistent in their actions which then require a new formula to address each individual as the issue arises. The area of resident choice noted in the "statement of deficiencies" was by the 200 gal fish tank.</p> <p>The facility, as noted, had replaced the carpet in that area about eight months ago.</p> <p>However, the facility has now removed</p>		

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OCT 10 2016

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F 252	<p>Continued From page 2</p> <p>nose was immune to the smell as she was in the facility "every day."</p> <p>During an interview on 8/31/16 at 2:15 p.m. with certified nurse assistant B (CNA B), she stated when she used a bathroom in a hall outside Station A and returned to Station A, she smelled a strong smell of urine.</p> <p>During an interview on 8/31/16 at 2:15 p.m. with CNA C, he stated rugs were cleaned possibly twice a month. He stated the carpet held in the urine, and the urine smell was worse especially in the Station A's lobby at 7 a.m. He stated there was a ceiling extractor that was supposed to suck up the fumes, but he was not sure it was working. CNA C stated when he returned from lunch, he still smelled the urine. He also stated there was an extremely strong smell of urine near the fish tank.</p> <p>During an interview on 8/31/16 at 2:25 p.m. with the maintenance manager (MM), he stated the carpets on Station A were cleaned twice a week but the nursing staff informed the maintenance department Station A smelled like urine all the time.</p> <p>During an interview on 8/31/16 at 3:45 p.m. with CNA D, while standing in the lobby near the fish tank of Station A, he stated "this area" had an especially strong smell of urine. He stated it smelled at different times of the day.</p> <p>During an interview on 9/1/16 at 9:50 a.m. with a visitor, she stated she had been visiting the residents in the facility for years. She stated new carpets were installed but it did not seem to help. She stated Station A had always had a strong</p>	F 252	<p>the carpet in the units entry area and replaced it with wood look vinyl flooring. With the change in flooring the resident who liked that spot has stopped her behavior, at this time. A review of the facility found no other issues of this nature.</p> <p>The Administrator shall provide and in-service to the Maintenance and Housekeeping staff with reference to the need to ensure that the facility maintains its odor free status with prompt cleaning of any problem areas as they occur with special emphasis on the dementia station 5.</p> <p>The maintenance director and Housekeeping supervisor shall be responsible for compliance with on-going monitoring and maintaining compliance with the requirements and policy.</p> <p>They shall accomplish this thru their daily rounds and the noting and research into any undesirable odor so as to understand the cause and take appropriate HK action to eliminate it. The unit manager shall additionally report any odor, continuing or new, to</p>		

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F 252	<p>Continued From page 3</p> <p>smell of urine when she entered the unit.</p> <p>During an interview on 9/6/16 at 9:35 a.m. with the administrator, he stated he informed an FM he did not need to go with her to smell the odors in Station A, as he knew what it smelled like.</p> <p>During an interview on 9/19/16 at 12 p.m. with two FM's of Resident 3, they stated they visited weekly and the smell of urine had been "horrid" for months. They stated the certified nurse assistant informed them the residents urinate in their pants and along the fish tank in the lobby of Station A. One FM stated the fumes "hit us like a train." She stated the smell of urine was "very, very strong." They stated nothing had been done to get rid of the smell. The FMs stated they have entered Station A and outside Station A at different times of the day and evening and it smelled at all times.</p> <p>Review of the facility's 12/2009 revised policy, "Floors" indicated floors shall be maintained in a clean, safe, and sanitary manner.</p>	F 252	<p>the daily QA team meeting so as to allow the group to understand the cause and take resolution action.</p> <p>Any problem shall be referred to the QA team by maintenance director, housekeeping supervisor, unit manager or others for appropriate action and resolution to ensure that the poc is functioning and compliance is maintained.</p>		

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