

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Idylwood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 W. Fremont Avenue Sunnyvale, CA 94087	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36623</p> <p>Based on interview and record review, the facility failed to follow up on diagnostic results timely for two of three residents (Resident 1 and 2) when:</p> <ol style="list-style-type: none"> <li>1. Resident 1's dual-energy x-ray absorptiometry (DEXA or DXA, bone density scan used to diagnose osteoporosis [bone disease that causes a loss of bone density, weakens bones, and increases the risk of fractures]) scan results were not followed up timely.</li> <li>2. Resident 2's order to schedule a DEXA scan was not followed up timely.</li> </ol> <p>This failure resulted in Resident 1's DEXA scan results not reported to the physician timely and a delay in starting medication to treat Resident 1's osteoporosis. This failure had the potential to result in Resident 2 not receiving necessary treatment/medication timely.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of Resident 1's clinical record indicated she was admitted to the facility with schizophrenia disorder that affects a person's ability to think, feel, and behave clearly) and benign neoplasm (abnormal but noncancerous tumor) of meninges (membranes that protect the brain and spinal cord).</li> </ol> <p>Review of Resident 1's Change of Condition - Initial Note, dated 10/24/23 indicated, . during skin observation, resident noted with discoloration on left hand (palm) and left-hand swelling (back) . NP [nurse practitioner] examined resident and gave an order for x-ray.</p> <p>Review of Resident 1's Radiology Report of the left hand, dated 10/24/23 indicated, There is a complete oblique fracture [broken bone at an angle] through the proximal [closer to the center] fourth metacarpal [ring finger] . There is diffuse osteopenia [reduced bone density].</p> <p>Review of Resident 1's Progress Note, created by Resident 1's physician, dated 10/25/23 indicated, She likely has underlying osteoporosis . just to get a handle on how osteoporotic she is, I am going to go ahead and get a DEXA scan.</p> <p>Review of Resident 1's physician orders indicated she had an order, dated 10/26/23 for Dexa Scan Referral ASAP [as soon as possible].</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's left hand complete oblique fracture care plan, dated 10/24/23 indicated, Obtain and monitor lab/diagnostic work as ordered. Report results to MD/NP and follow up as indicated.</p> <p>Review of Resident 1's Nurses Note, dated 12/1/23 indicated Resident 1 left the facility for Dexa Scan Bone Density appointment.</p> <p>There was no documentation in Resident 1's clinical record that indicated the facility followed-up on the DEXA scan results.</p> <p>Review of Resident 1's Change of Condition - Initial Note, dated 2/7/24 indicated During ADL care, resident noted with discoloration on right 4th finger.</p> <p>Review of Resident 1's Radiology Report of the right hand, dated 2/7/24 indicated, There is an acute appearing fracture of the fourth middle phalanx [bones in the fingers] with minimal displacement [not aligned] extending to the distal [away from the center] IP [interphalangeal, joints between adjacent phalanges] joint . The bony structures appear osteopenic.</p> <p>Review of Resident 1's DXA Scan results, dated 12/1/24, faxed to the facility on [DATE] indicated, The patient [Resident 1] has osteoporosis.</p> <p>Review of Resident 1's physician orders indicated she had an order, dated 2/26/24 for Alendronate Sodium Oral Tablet 70 milligrams (mg, unit of measurement).</p> <p>During an interview with Resident 1's physician (MD) on 7/26/24 at 10:36 a.m., the MD stated he would expect DEXA scan results to be provided to him in two to three weeks and certainly within a month.</p> <p>During an interview on 7/26/24 at 12:10 p.m., the director of nursing (DON) confirmed that the facility received Resident 1's 12/1/23 DEXA scan results on 2/26/24. The DON stated the facility does not get results timely but they try their best to contact the service or hospital for the results.</p> <p>Review of the facility's policy, Radiology Services, dated 9/1/13 indicated, Radiology services will be provided and results reported to the physician in a timely manner to meet the needs of residents.</p> <p>2. Review of Resident 2's clinical record indicated she was admitted to the facility with diagnosis including hemiplegia and hemiparesis (complete paralysis, partial paralysis or muscle weakness on one side of the body) and hypertension (high blood pressure).</p> <p>Review of Resident 2's physician orders indicated she had an order, dated 12/20/23 to Schedule DEXA SCAN.</p> <p>Review of Resident 2's Nurses Note, dated 4/26/24 indicated, Referral request form for Dexa scan and additional documents faxed .</p> <p>There was no documentation that a referral for a DEXA scan for Resident 2 was sent prior to 4/26/24.</p> <p>(continued on next page)</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/26/24 at 12:10 p.m., the director of nursing (DON) stated she was not able to find Resident 2's DEXA scan referral before 4/26/24. The DON stated if a nurse sent a referral, they still have to document that it was done.</p> <p>Review of the facility's policy, Radiology Services, dated 9/1/13 indicated, Orders for radiology tests shall be noted promptly. Orders, including the reason for the test, shall be submitted to the radiology service. The orders shall be telephones and/or sent electronically to the radiology service.</p>		