STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055315	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grant Cuesta Sub-Acute and Rehabilitation Center	1949 Grant Road Mountain View, CA 94040

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide supervision to 1 out of 3 residents (Resident 1) from leaving the facility, when1. Resident 1 did not have an out-on-pass order (OOP, a temporary leave of absence for a resident, typically for family visits, holidays, or other events, which must be approved by the facility, the resident's physician, and often included in the individual's care plan) before he left the faciity on 9/14/2025.2. The facility did not implement Resident 1's care plan to provide one-person assistance during ambulation (the medical term for walking, which is the ability to walk from place to place) and locomotion (the act or power of moving from place to place).3. The facility did not report this incident to the California Department of Public Health (CDPH) as an unusual Occurrence. These failures had the potential to compromise Resident 1's health, safety, and well-being. A review of Resident 1's face sheet (a summary document containing a patient's key demographic and medical information for quick reference by healthcare providers) indicated he was admitted to the facility on [DATE] with diagnoses including aftercare following joint replacement surgery (a medical procedure where a damaged or diseased joint is replaced with an artificial one to relieve pain, improve function, and restore mobility.), stimulant dependence (a type of substance use disorder characterized by the compulsive use of stimulant drugs like amphetamines and cocaine, leading to clinically significant impairment or distress) schizoaffective disorder (a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions), generalized muscle weakness (a widespread feeling of weakness or fatigue in multiple muscle groups throughout the body), abnormal posture (deviations from the ideal body alignment, resulting in musculoskeletal imbalances and potential health issues).A review of Resident 1's minimum data set (MDS, an assessment tool) dated 8/28/2025 indicated his brief interview for mental status (BIMS, assessment for cognition level) score was 13 (cognitive intact). A review of Resident 1's physician orders for August and September 2025 revealed no out-of-pass (a temporary leave of absence for a resident, typically for family visits, holidays, or other events, which must be approved by the facility) orders for Resident 1. 1. A review of Resident 1's nursing progress notes dated 9/14/2025 at 2:45 p.m., indicated Resident 1 left the facility around 11:30 a.m., has not come back to the facility yet. Mountain View police department called.A review of Resident 1's nursing progress notes dated 9/14/2025 16:05 p.m., indicated Resident 1 walked back to our facility at 4:06 p.m., by himself. Resident 1 stated that he went to (pharmacy store) to buy cigarettes, after that he felt tired, slept over the grass, and walked back to the facility. He said he didn't know he needed an MD's (doctor's) approval for OOP.During a concurrent record review and interview with the Director of Nursing (DON) on 10/20/2025 at 3:11 p.m., the DON reviewed Resident 1's physician orders for August and September 2025 and confirmed that Resident 1 did not have an out on pass order (OOP) to leave the facility. The DON stated that Resident 1 should not leave the facility without MD's OOP order.During a phone interview with Registered Nurse (RN) A on 10/27/2025 at 5:03 p.m., RN A confirmed that there was no OOP order for Resident 1 for him to leave the facility. A review of the facility's undated policy and procedure titled Therapeutic Leave (Resident absences for purposes other than required hospitalization) Policy indicated . The nurse will obtain an order from the practitioner specifying approval of a therapeutic leave. 2. A review of Resident 1's care plan of self-care deficit as evidenced by : needs limited to extensive assistance with ADLs (basic self-care tasks like eating, bathing, and dressing etc.) related to C2-C5 laminectomy and fusion [a posterior cervical surgery to relieve spinal cord compression by removing the lamina (the back part of the vertebrae) from C2 to C5], COPD (a progressive lung disease that causes breathing difficulties, leading to symptoms like shortness of breath, chronic cough, wheezing, and fatigue), stimulant dependence, schizoaffective disorder, psychosis, chronic viral hepatitis C, anxiety, chronic pain syndrome, depression, muscle spasms, insomnia, neuralgia/neuritis, BPH. The interventions include one-person physical assist required for ambulation and locomotion. During a concurrent record review and interview with the DON on 10/27/2025 at 4:09 p.m., the DON reviewed Resident 1's care plan and confirmed that Resident 1 needs one person assisting with ambulation and locomotion and that it was not safe for him to walk out of the facility by himself. A review of the facility's policy and procedure titled Care Plans, Comprehensive Person-Centered, Revised March 2022, indicated .The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 3. During a phone interview with Certified Nursing Assistant (CNA) on 10/23/2025 at 2:44 p.m.