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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/04/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain View Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place 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) |
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| <p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45853</p> <p>Based on observation, interview, and record review, the facility failed to comply with this state regulation by having more residents and/or beds set up for use than the number of which it was licensed (123 beds) without prior temporary permission and /or approval from CDPH (California Department of Public Health) when the approved program flex or waiver (emergency program flex approved by Centralized Program Flex Unit [CPFU] during COVID [Coronavirus disease] that allowed the facility to have more residents than its licensed bed capacity) expired on [DATE].</p> <p>This failure had the potential to affect the quality of care that the facility provides to their residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE], at 9 a.m., with the Assistant Administrator (AADM), a room tour was conducted throughout the facility. The total bed count was 136 and the census was 130 on [DATE]. When asked how many beds the facility had been licensed to use, the AADM stated the facility was licensed for 123 beds. She further stated the facility had a waiver that granted the facility to have more residents than their licensed beds.</p> <p>During an interview on [DATE], at 9:51 a.m. with the Administrator (ADM), the ADM stated the facility had submitted an application to increase their licensed beds number to 135, which was still under review, and been waiting for a Change of Ownership (CHOW) visit from the Department (CDPH, California Department of Public Health). The ADM further stated the facility had the capacity and staffing for the current census.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a concurrent interview and record review on [DATE], at 10:20 a.m. with the ADM, the ADM stated the facility had an emergency program flex approved by Centralized Program Flex Unit [CPFU] during COVID [Coronavirus disease] that allowed the facility to have more residents than its licensed bed capacity. Upon review of the program flex titled APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-5477 dated [DATE], the program flex indicated, The alternative means of compliance with T22 DIV5 CH3 ART.d+[DATE](a), T22 DIV5CH3 ART.d+[DATE](c) include to use five (8) [the ADM indicated five was a typo, it should be eight beds] additional beds for SNF residents in rooms 34-two bed stations, in rooms [ROOM NUMBERS] each - three (3) bed stations. [.] SNF [Skilled Nursing Facility] census shall not increase past 131 residents. [.] This approval shall remain in effect from [DATE] until Jun 30, 2023. The ADM admitted there was no other approved program flex or waiver after it expired on [DATE], and the facility's census fluctuated; sometimes it was in 120s, and sometimes it was in 130s even after the program flex had expired.</p> <p>During a tour of the facility on [DATE], at 10:45 a.m. with the ADM, rooms [ROOM NUMBER] were observed. room [ROOM NUMBER] was in use as a 4-bed room, rooms [ROOM NUMBERS] were each in use as a 3-bed room. All rooms had a bathroom, TVs (televisions), and privacy curtains.</p> <p>During an interview on [DATE], at 11:58 a.m. with Certified Nursing Assistant (CNA) A, CNA A stated, after the change of ownership in [DATE], the facility started to have more residents. room [ROOM NUMBER] was an open space, was like a family room, had TV and couches, and was converted to residents' room after the new owner took over, maybe around early 2023; rooms [ROOM NUMBERS] used to be for dining and some activity purposes, and was mainly for station 3 residents to eat there or attend activities.</p> <p>During an interview on [DATE], at 12:30 p.m. with the ADM, the ADM confirmed room [ROOM NUMBER] served different purposes during COVID and was converted back to residents' room after COVID [unsure date]. The Activity department used rooms [ROOM NUMBERS] for a dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) unit. The ADM further stated since [DATE], the facility's census had been above licensed bed capacity of 123 beds from time to time.</p> <p>Review of the facility's [DATE] Census and Direct Care Service Hours Per Patient Day (DHPPD) indicated, the facility's census exceeded 123 from [DATE] to [DATE], and from [DATE] to [DATE].</p> <p>Review of the facility's license effective [DATE], indicated the facility was licensed for 123 skilled nursing beds. The HCAI (Department of Health Care Access and Information) document indicated, the facility submitted a project S[DATE] to Change of Beds Re-licensing of prior Beds on [DATE]. They returned this project for not having plans and other paperwork.</p> <p>The facility had clear license and certification documents of a 123-bed capacity. There was no documented evidence that an application for a bed change and/or capacity has been approved by the Department.</p> <p>The facility failed to comply with the federal regulation when the facility had more residents and/or beds set up for use than the number of which it is licensed for without a temporary permission and/or approval.</p> | | |