

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  07/08/2025
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)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow their procedure in completing the inventory list of personal effects form (a document used to record a resident's possessions, typically in a specific context like moving into a facility which serves as a record of belongings, often including details like descriptions, values, and dates of acquisition or loss) when the form was not signed by facility staff and resident upon discharge for one of three residents (Resident 1). This failure may lead to issues if the discharged resident claims of any missing items and no proof that this was all accounted for during discharge. Findings: Review of Resident 1's medical record indicated he was admitted to facility on 6/18/25 with diagnoses that included osteomyelitis (inflammation of bone or bone marrow, usually due to infection), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), and generalized muscle weakness. He was discharged to assisted living facility (ALF, a residential setting designed to provide housing and supportive services to individuals who need help with daily tasks but do not require the intensive medical care of a nursing home) on 6/26/25. During a review of Resident 1's personal effects inventory list form on 7/8/25 at 9:46 a.m., revealed the signage space on the acknowledgement of receipt on the right bottom part was blank and was not signed by facility staff and Resident 1 upon discharge on [DATE]. There was also no notation by facility staff that Resident 1 refused to sign it. During a review of Resident 1's medical record dated 6/26/25 indicated, Personal belongings discharged with patient. During an interview with the Registered Nurse A (RN A) on 7/8/25 at 10:55 a.m., she confirmed that Resident 1's inventory list form's signage space on the right bottom part was blank and not signed by facility staff and Resident 1 upon discharge on [DATE]. RN A acknowledged it should have been signed by Resident 1 and facility staff as per their facility's procedure. During an interview with the Assistant Director of Nursing (ADON) on 7/8/25 at 11:36 a.m., she stated that the facility staff and Resident 1 should have signed the personal effects inventory list form acknowledgement of receipt upon discharge of Resident 1 on 6/26/25. Review of the facility's policy and procedures titled Inventory of Personal Effects indicated . Resident/Responsible Party and staff member are to sign and date the inventory on admission and again on discharge, acknowledging receipt of items.</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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