STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055316	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Healthcare Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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 0627 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 sufficient preparation and orientation to ensure a safe and appropriate discharge for one of three residents (1) procedures to discharge on e of three residents (1) when: 1. The facility did not follow their policy on, Against Medical Advice (AMA, a patient's decision to leave a healthcare facility or discontinue treatment despite the recommendations of their doctor) when Resident 1 was discharged AMA after he did not return to the facility when he went out on pass (a temporary absence for an inpatient who has received official permission to leave a hospital or care facility but is not being officially discharged) for several hours.2. The facility did not provide Resident 1 with the discharge notice (a written notice in advance to the resident and the resident's representative in a language and manner they understand and an opportunity to appeal) timely (30 days before discharge or as soon as possible).3. Resident 1 also did not have discharge care plan to include some of his discharge needs such as medication management (the process of ensuring prescription drugs and other medications are used correctly to maximize safety and effectiveness), Home Health (services provided by health care provider to resident after discharge to home) referral , DME (durable medical equipment, is medical equipment that is durable, can be reused, and is prescribed by a doctor for use in a patient's home)needed, etc.).The post-discharge plan of care did not address Resident 1's limitations and his ability to care for himself. 4. Facility did not have any interdisciplinary care team (IDT, interdisciplinary team, a group of professionals from different fields who collaborate to achieve a common goal)meeting to discuss Resident 1's discharge plan /needs, did not identify the location of his discharge, and/or complete a referral to appropriate community agency placement (is the arrangement of an individual with a community-based program or service to meet a specific need, such as for care and housing).5. Resident 1 did not have a discharge summary (is a medical document that provides a comprehensive overview of a patient's hospitalization, including their diagnosis, treatment, procedures, and follow-up care instructions to serve as an important communication tool between healthcare providers, ensuring that the patient's primary care physician or other healthcare professionals have all the necessary information to continue their care effectively) that included assistance needed for him to adjust to his new living environment.6. These failures endangered the health and safety of Resident 1 who was unexpectedly discharged from the facility without proper preparation for appropriate placement and/or home health referral, medication management, medical equipment set up, and follow-up medical appointments. Resident 1's whereabouts was unable to locate. 1. A review of iQIES (Internet Quality Improvement and Evaluation System, is used to manage provider and patient information and ensure quality healthcare for Medicare and Medicaid beneficiaries) complaint received on 10/9/2025, indicated, (Resident 1 called to report that he was discharged from the facility on 10/07/25 because the facility stated that he no longer needed that level of care. On the day (10/6/25) he left the facility to run errands. His car broke down, and he was gone for 5 - 6 hours. When he returned from auto parts store, he was discharged . The facility they did not want to provide medication. After going back and forth for over an hour with the facility some medication was provided . During a review of Resident 1's face sheet (a document that summarizes a patient's key demographic and medical information for quick access) it indicated he was admitted to the facility on [DATE] and was discharged AMA on 10/7/25. He had diagnoses including polyneuropathy (is a condition in which multiple peripheral nerves {A nerve is an organ composed of multiple nerve fibers bound together by sheaths of connective tissue throughout the body become damaged or dysfunctional {means a state of not functioning normally, or a problem that disrupts a system's normal operations}), acute on chronic systolic (congestive) heart failure (a sudden worsening of symptoms in individuals with an existing condition of chronic systolic heart failure {a lifelong condition for heart muscle weakens and difficult for the heart to pump blood effectively}) shortness of breath (SOB, is an uncomfortable feeling of not being able to breathe well enough), chronic obstructive pulmonary disease (COPD, a common lung disease causing restricted airflow and breathing problems), obstructive sleep apnea (is a sleep-related breathing disorder) and need for assistance with personal care, hypertension (HTN, high blood pressures, a condition where the force of blood against artery walls is consistently too high, making the heart work harder and increasing the risk of heart, brain, and kidney diseases), pacemaker (is a small, battery-powered device that prevents the heart from beating too slowly), Atherosclerotic cardiovascular disease (ASCVD, is a hardening of your arteries from plaque (a small, abnormal patch of tissue on a body part or an organ)