

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Cupertino Healthcare & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22590 Voss Avenue Cupertino, CA 95014	
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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 44577 Based on observation, interview, and record review, the facility failed to provide services to obtain prescription eyeglasses for one of four sampled residents (Resident 1). This failure resulted in Resident 1's impaired vision and had the potential to result in decreased participation in activities requiring visual acuity. Findings: A review of Resident 1's Minimum Data Set (MDS, an assessment used to guide care), dated 5/25/24, indicated Resident 1 had clear speech, was able to understand and be understood by others, and had adequate vision with corrective lenses. During an interview on 7/1/24 at 1:00 p.m. with the Social Services Associate (SSA), the SSA stated referrals were sent to the eye doctor on 6/4/24, they will be in the facility to evaluate the Residents on 7/9/24. During an observation and concurrent interview on 7/1/24 at 2:09 p.m. Resident 1 was awake, lying in bed, he did not have his eyeglasses, he stated, my glasses were taken by someone here, no one will help me make an appointment. During an observation and concurrent interview on 7/22/24 at 2:05 p.m. in Resident 1's room, Resident 1 stated, he did not get his glasses, he did not have an appointment. During an interview on 7/22/24 at 2:19 p.m. with SSA A, SSA A stated Resident 1 was on the referral list but was not seen. During an interview on 7/22/24 at 2:26 p.m. with the Social Services Director (SSD), the SSD stated Resident 1 should have been seen 4/29/24, the referral was sent 4/12/24. There is no documentation indicating the reasons Resident 1 was not seen on 4/29/24 or 7/9/24. During a phone interview on 8/19/24 at 10:06 a.m. with Resident 1, Resident 1 stated he has not been scheduled for an appointment for his glasses. (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

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a interview on 8/27/24 at 12:03 p.m. with the SSD, the SSD stated Resident 1 had an appointment for his glasses yesterday (8/26/24), SSD was unaware of the outcome. SSD was calling the office for his follow up information. During a follow up call on 8/27/24 at 3:11 p.m. with the SSD, the SSD stated, Resident 1 went to the eye doctor yesterday but was on a gurney therefore could not be seen. A review of Resident 1's physician orders dated 11/15/2022, indicated an order, Eye health and vision consult, with follow up treatment as indicated.		