STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055407	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cupertino Healthcare & Wellness Center	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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to choose his or her attending physician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35386 Based on observation, interview, and record review, the facility failed to ensure facility staff honored one of two residents (1) preferences when the social services assistant (SSA) did not assist Resident 1 to choose another physician. This failure had the potential to compromise resident rights. Review of Resident 1's Admission Record (part of the medical record that documents patient information) indicated he was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Ankylosing Spondylitis of the Spine (an inflammatory arthritis affecting the spine and large joints). Review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 8/12/24, indicated the resident was cognitively intact (mental process used to think, learn, remember, reason, pay attention, and ultimately, comprehend information and turn it into knowledge). During an interview, on 9/11/24, at 11:30 a.m., with the SSA, SSA stated Resident 1 asked to switch physicians about two months ago. SSA stated she thought she told the director of nurses about it. SSA stated she was not aware of what happened after that. During a subsequent interview, on 9/11/24, at 11:49 a.m., with the SSA, SSA acknowledged residents have the right to change doctors. SSA stated she did not know the procedure for switching physicians and she thought the DON handled it. SSA stated she did not follow up after that. Review of the facility's policy and procedure titled, Designation of Attending Physician, revised January 1, 2012, indicated To ensure that the resident is able to exercise his/her right to choose a personal Attending Physician .residents of the Facility have the right to choose a personal Attending Physician .the Facility helps the resident exercise his/her choice in finding another Attending Physician.

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