

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  The Villas at Saratoga Skilled Nsg & Assisted Lvg		STREET ADDRESS, CITY, STATE, ZIP CODE  20400 Saratoga-Los Gatos Rd Saratoga, CA 95070	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure to administer pain medication as needed when nursing staff noted with signs and symptoms (S/S including moaning, groaning, restlessness, agitation, crying, facial grimacing and guarding the affected area) of pain for one of three sampled resident (Resident 1) to meet professional standards of care. This failure had the potential to affect Resident 1's pain management, health condition and well-being. Findings: Review of Resident 1's face sheet (a document that gives resident's information at a quick glance) indicated Resident 1 was admitted to facility on 3/13/2024. Review of Resident 1's order review history report for August, 2025 indicated Resident 1's had an order for acetaminophen (medication used to relieve mild to moderate pain) 325 MG (milligram, a unit of weight or mass, equal to a thousandth of a gram) every 4 hours as needed for mild pain . dated 6/28/2024. Review of Resident 1's change in condition evaluation (COC: any significant shift in physical, mental or functional status from baseline need timely intervention and medical attention as needed) document dated 8/31/2025, indicated Resident 1 was found sitting on the floor mat (a specialized thick foam mat to provide cushion and prevent injury in the event of the fall) in her room. This document also indicated license nurse noted resident was moaning, groaning of pain, and unable to lift right arm. This document further indicated Resident 1 complained of pain on right shoulder and Resident 1 stated, help me it hurts. Resident 1 was transferred to hospital for further evaluation of right shoulder pain. Review of Resident 1's EMAR for August, 2025 indicated there was no documented evidence of facility administered pain medication as needed for mild pain for Resident 1 on 8/31/2025 after fall. Resident 1's verbalized of pain and with pain signs/symptoms. During record review of Resident 1's medication order for acetaminophen for August, 2025, COC on 8/31/2025, and EMAR for August, 2025 and interview with facility's assistant director of nursing (ADON) on 12/11/2025 at 1:47 p.m., ADON confirmed above findings. ADON stated license nurse should have administered acetaminophen as ordered for pain management when nursing staff noted with signs and symptoms of pain and Resident 1 verbalized right shoulder pain after the fall on 8/31/2025 while waiting for transfer to hospital for further evaluation. Review of facility's policy and procedure (P&amp;P) titled, Pain Assessment and Management, revised October 2022, the P&amp;P indicated, Developing and implementing approaches to pain management. Pain management interventions reflect the sources, type and severity of pain. Implementing Pain Management Strategies, current medication regimen. Combining long-acting medications with PRNs (pro re nata, as needed) for breakthrough pain.</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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