

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055645	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2026
NAME OF PROVIDER OR SUPPLIER The Win Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 410 North Winchester Boulevard Santa Clara, CA 95050	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure care and services in accordance with professional standard of practice for one of two residents (Resident 1) when nursing staff failed to follow up an order for a medication. This failure had the potential for negative health outcomes related to not receiving prescribed medication as ordered. Findings: Review of Resident 1's admission Record indicated he was admitted to the facility on [DATE] with diagnoses including benign prostatic hyperplasia (BPH, enlargement of the prostate gland [part of the male reproductive system], type II diabetes mellitus (high levels of sugar in the blood), wedge compression fracture of first lumbar vertebra (collapse of the bone in the spine). Review of Resident 1's physician's order, dated 11/11/25, indicated Finasteride 5 milligrams (mg, unit of measurement) tablet to give 1 tablet by mouth one time a day for BPH. Review of Resident 1's Medication Administration Record (MAR), indicated the medication Finasteride was not given on 11/12/25 and 11/13/25. Review of Resident 1's EMAR (Electronic Medication Administration Record) Administration Note, dated 11/13/25, indicated Finasteride 5 mg tablet awaiting supply. During a concurrent interview and record review with the Director of Nursing (DON), on 3/16/26 at 10:45 a.m., the DON confirmed the Finasteride medication was not given. The DON also confirmed there was no shortage or inadequate supply of the medication. The DON stated nursing staff documented the medication was in order. The DON also stated the nursing staff should have followed up with the pharmacy. The DON confirmed there was no documentation that nursing staff followed up on the medication with pharmacy. Review of the facility's Policy and Procedure (P&P), titled Medication Shortages/Unavailable Medications, dated 12/1/07, indicated The facility nurse should call Pharmacy to determine the status of the order. If the next available delivery causes delay or missed dose in the resident's medication schedule, Facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose. If the medication is not available in the Emergency Medication Supply, Facility staff should notify Pharmacy and arrange for an emergency delivery. When a missed dose is unavoidable, Facility nurse should document the missed dose and the explanation for such missed dose on the MAR or TAR and in the nurse's notes per Facility policy.</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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