

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055750	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Westwood Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 Petersen Avenue San Jose, CA 95129	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49345</p> <p>Based on interview and record review, the facility failed to ensure safe and orderly discharge for one (Resident 1) out of 2 residents when Resident 1 was discharged without established home health as ordered by the physician.</p> <p>This failure had the potential to put Resident 1 in danger upon returning to his home without a proper care and treatment.</p> <p>Findings:</p> <p>A review of Resident 1's medical records indicated, admitted [DATE] and discharged date of 1/1/25.</p> <p>A review of Resident 1's diagnoses included hearing loss, gastrostomy (a surgical procedure where a tube is inserted through a small opening in the abdomen directly into the stomach) and malignant neoplasm of larynx (a cancerous tumor that forms in the voice box).</p> <p>A review of Resident 1's Interdisciplinary Discharge Summary dated 12/31/24 indicated, .Transportation: Private, pick up by friend .Diet Order and Texture: three times a day enteral bolus feeding via GT [gastrostomy tube] .</p> <p>A review of Resident 1's Physician Orders indicated, May D/C [discharge] home on 12/29/24 with HH [home health], PT [physical therapy], OT [occupational therapy], ST [speech therapy], RN [registered nurse] with DME [durable medical equipment such as, wheelchair, walker, oxygen tanks, etc.] and feeding supplies.</p> <p>A review of Resident 1's face sheet (document that summarizes a patient's personal and medical information) indicated Resident 1's address was located away in another county very far from the county where the facility is located.</p> <p>(continued on next page)</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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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 1's medical records with the Social Services Assistant (SSA) on 1/3/25 at 3:13 p.m., the SSA stated Resident 1 was discharged without an approved IHSS (In-Home Supportive Services, a state program that helps low-income, elderly, blind, or disabled people pay for in-home care). The SSA also stated, Resident 1 was picked by her (SSA's) friend (SSAF) via private car on 1/1/25 and SSAF was a certified nurse aide who will look after Resident 1. The SSA verified that Resident 1 had no companion at home. The SSA also stated, Resident 1 cannot talk and used his phone to communicate via text messaging. The SSA provided the contact number for the home health agency (HHA) for Resident 1.</p> <p>During a phone interview on 1/3/25 at 3:30 p.m. with SSAF, SSAF confirmed SSA was her friend. SSAF confirmed she picked up Resident 1 from the facility on 1/1/25 and it was the first time she met Resident 1. SSAF stated that Resident 1's house is seven minutes away from hers. SSAF stated that Resident 1's house was cluttered. SSAF also stated that she will apply for Resident 1's IHSS on 1/6/25. SSAF verified that SSA gave her Resident 1's discharge orders about GT feeding. SSAF stated that Resident 1 cannot feed himself and needed assistance to hold the cup to pour liquid into his GT.</p> <p>During a phone interview on 1/6/25 at 11:53 a.m. with HHA Intake Manager (IM), the IM stated that Home Health Agency (HHA) referral was sent by the facility on 1/3/25 and was also denied on the same day by the HHA. The IM stated they do not provide speech therapy and cannot take Resident 1's case. The IM stated that the HHA spoke with the facility's SSA on 1/3/25 regarding the denial.</p> <p>During a phone interview on 1/6/25 at 12:47 p.m. with SSA, the SSA stated she did not get a confirmation of acceptance of referral from HHA prior to discharging Resident 1. The SSA also stated another home health agency was contacted for Resident 1 and was currently pending approval. SSA confirmed, as of 1/6/25, Resident 1 has no home health agency.</p> <p>During a phone interview on 1/6/25 at 1:04 p.m. with the Director of Nursing (DON), the DON stated that the physician order for discharge must be followed.</p> <p>Resident 1's Post Discharge Plan was requested but was not provided by the facility.</p> <p>A review of facility's policy and procedure (P&P) titled, Discharge Summary and Plan revised December 2016, the P&P indicated, .5. The post-discharge plan will be developed by the Care Planning/Interdisciplinary Team with the assistance of the resident and his or her family and will include: b. Arrangements that have been made for follow-up care and services; .d. The degree of caregiver/support person availability, capacity and capability to perform care; 10. Residents .who are discharged to a home health agency .will be assisted in selecting a post-acute care provider that is relevant and applicable to the resident's goals of care and treatment preferences .</p>		