

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 08/19/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the call light (a visible and audible alarm activated by a call button) alternative (call bell) is available for one of three residents (Resident 1). This deficient practice had the potential to result in a delay in meeting Resident 1's needs for toileting and activities of daily living. During a concurrent observation and interview on 8/15/25 at 11:35 a.m., in Resident 1's room. Resident 1 was lying in her bed. There was an overbed table next to her bed and there was no alternative for the call light. Resident 1 stated the call light is not working for two weeks now. Resident 1 stated she doesn't have the call bells. Resident 1 further stated it's okay to ask the staff to check if she has a call bell at bedside. Resident 1 stated she has to call the front desk for help, and it takes time. During a concurrent observation and interview on 8/15/25 at 11:40 a.m., in Resident 1's room with the Treatment Nurse (TN), the TN searched Resident 1's overbed table, drawers, and bedside for a call bell. The TN confirmed there was no call bell for Resident 1. The TN further stated Resident 1 should have a call bell next to her [resident] until they fixed the call lights. The TN confirmed the call lights were not working in Resident 1's room. During a review of Resident 1's admission record on 8/15/2025, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis (Hemiplegia and hemiparesis both refer to weakness or paralysis on one side of the body, but they differ in severity. Hemiplegia is a more severe form, characterized by a complete loss of strength or paralysis, while hemiparesis is a weakness or partial loss of strength on one side). During a review of Resident 1's Brief Interview for Mental Status dated 6/25/25 BIMS score is 15 [BIMS, a tool used to assess cognition (a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 patient is cognitively intact)]. During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) Functional Abilities, dated 6/25/25, indicated Resident 1 was Setup or cleaning up assistance with eating, Supervision or touching assistance with oral hygiene, dependent with toileting hygiene and shower/bathing self, substantial/maximal assistance with upper body dressing, dependent with lower body dressing, dependent with putting on/taking off footwear, and partial/moderate assistance with personal hygiene. A further review of Resident 1's MDS Functional Abilities indicated Resident 1 was partial/moderate assistance with rolling left and right and sit to lying, substantial/maximal assistance with lying to sitting on side of bed, dependent with sit to stand and chair/bed-to-chair transfer. During an interview on 8/15/25 at 1:17 p.m., with the Director of Nursing (DON), the DON stated in July 2025 they provided bells to all residents in station AA. The DON stated she expected them [residents] to have a bell at bedside. During a review of the facility's policy and procedures (P&P) titled, Answering the Call Light, revised date 9/ 2022, indicated, The purpose of this procedure is to ensure timely responses to the resident's request and needs .5. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor. During a review of the facility's (P&P) titled, Accommodation of Needs, revised date 3/2021, indicated, .2. The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, are evaluated and upon admission and reviewed on an ongoing basis. 3. In order to accommodate individual needs and preferences, adaptations may be made to the physical environment, including the resident's bedroom and bathroom.</p>		

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<p>F 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor.</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 2) received therapy services as ordered by a physician. The failure decreased the facility's potential to ensure Resident 2 reached his highest rehabilitation potential. During an interview on 7/18/25 at 12:49p.m., with Resident 2, he stated issue with the manpower in therapy, they are skipping on therapy to 4x a week and then until 3x a week. Resident 2 stated the staff said they don't have enough staff in therapy when he spoke to one of the therapists. Resident 2 stated the therapy is helping with self-care and he needed more therapy, and he ran out of Medicare (a health insurance program) days. During a review of Resident 2's admission record on 7/18/2025, dated 5/29/2025 indicated Resident 2 was admitted to the facility with diagnosis including muscle weakness. During a review of Resident 2's physician's order indicated an order dated 5/30/25 Occupational Therapy clarification: skilled OT (occupational therapy- a therapy aimed at helping individuals perform daily activities and improve functional independence) 5x/week, 8 weeks may include 97166 OT mod complex (moderate complexity needs) 97530 ther act (Therapeutic activities), 97535 self care mgmt. (Management), 97533 sensory. During a review of Resident 2's Brief Interview for Mental Status (BIMS, a short performance-based cognitive screener for nursing home (NH) residents.), dated 6/5/25 BIMS is 14 (the range of 13-15, which suggests that the person is cognitively intact.) During a review of Resident 2's Occupational Therapy (OT) notes are as follows: Date of Service (DOS), DOS 7/8/25 to 7/14/25-7/14/25-7/11/25-7/10/25-7/8/25 DOS 6/27/25 to 7/3/25 -7/3/25-7/2/25-7/1/25-6/28/25 DOS 6/20/25 to 6/26/2025 -6/26/25-6/25/25-6/24/25-6/23/25DOS 6/13/25 to 6/19/25-6/19/25-6/18/25-6/13/25DOS 6/6/25 to 6/12/25-6/12/25-6/11/25-6/10/25-6/9/25 DOS 5/30/25 to 6/5/25-6/5/25-6/4/25-6/3/25-5/30/25 Indicated Resident 2 received OT 4x a week on 5 occasions and 3x a week on 1 occasion. During an interview on 7/18/25 at 1:27 p.m., with the Assistant Director of Rehab (ADOR), the ADOR stated if the order for OT is 5x a week they [resident] will receive 5x a week of therapy. During a concurrent interview and record review on 8/15/25 at 11:48 a.m., with the Director of Rehab (DOR), the DOR reviewed Resident 2's Occupational Therapy notes and confirmed the following date of service (DOS) is missing, DOS 5/30/35 to 6/6/25, 4 times seen missing 6/2/25 unavailable, DOS 6/6/5 to 6/12/25 missing 6/6/25 unavailable, DOS 6/13/25 to 6/19/25 missing 6/16/25 unavailable no reason, DOS 6/20/25 to 6/26/25 missing 6/20/25 unavailable, DOS 6/27/25 to 7/3/25 missing 6/30/25 unavailable no reason, (DOS) 7/8/25 to 7/14/25, The DOR stated missing 7/9/25 unavailable no reason. The DOR confirmed Resident 2's physician's order is OT 5 days a week, The DOR further stated doesn't look like Resident 2 is getting 5x a week OT. During an interview on 8/15/25 at 1:21 p. m., with the Director of Nursing (DON), the DON stated if the OT order is 5x a week they should be following the doctor's order. During a review of the facility's (P&P) titled, Scheduling Therapy Services, revised date 7/2013, indicated, Therapy services shall be scheduled in accordance with the resident's treatment plan.</p>		