STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055750	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview and record review, the facility failed to ensure one out of five sample residents (Resident 1) was provided with needed care and services in accordance with resident's preferences when Resident 1 was asking for help but was not attended by staff during shift change.This failure had the potential to put Resident 1 at risk for physical and psychosocial harm.During a concurrent observation and interview on 4/9/26 at 2:53 p.m. outside Resident 1's room, Resident 1 can be heard shouting Help while the door was open. Staff were observed doing reports for the shift change. Certified Nurse Aide (CNA) A was using a tablet attached to the wall along the hallway of Resident 1's room. Multiple staff were observed to pass by Resident 1's room without checking on Resident 1. CNA A was asked if it was acceptable not to check on Resident 1 when he was shouting for help, CNA A stated, He's always like that. When CNA B was asked if Resident 1 should be checked when he was asking for help, CNA B stated, He just says things. A review of Resident 1's medical record indicated an admission date of 7/4/25. Resident 1's diagnoses included but were not limited to Cauda Equina Syndrome (a rare medical emergency where the bundle of nerves at the base of the spine is severely compressed), atherosclerotic heart disease of native coronary artery without angina pectoris {(plaque [cholesterol, fat] has built up in the original heart arteries, narrowing them. It is a silent form of coronary artery disease [CAD] where blood flow is restricted, but the patient does not experience chest pain)}, bilateral primary osteoarthritis of knee (a common, age-related condition where the protective cartilage in both knees gradually wears away), dementia (memory-loss disorder) in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Alzheimer's disease, unspecified (a progressive brain disease that acts like a slow, irreversible decline in memory, thinking, and reasoning skills), and syncope and collapse (fainting or passing out). A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 3/26/26, indicated a brief interview for mental status score of 3 [BIMS, a tool used to assess cognition (knowing, learning, and understanding), a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 patient is cognitively intact]. During an interview on 4/9/26 at 3:18 p.m. with the Director of Nursing (DON) and the Administrator (ADM), the DON stated staff must check on residents asking for help. The DON also stated staff must always be polite and professional. The ADM stated Resident 1 usually yells for help even if it's nothing, but staff must always check on Resident 1 to ensure assistance is given when needed. A review of facility's job description for Certified Nursing Assistant indicated, Purpose of Your Job Position: The primary purpose of your job position is to provide each of your assigned residents with routine daily activities and nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors.Duties and Responsibilities:Administrative Functions:.Monitor and supervise residents at all times to ensure resident safety. A review of facility's policies and procedures (P&P) entitled Resident Rights revised December 2016, the P&P indicated, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:.b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property, and exploitation.

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