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	05/14/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure the availability of medication for one out of 3 sampled residents (Resident 1) when Resident 1 missed four doses of Fidaxomicin Oral Tablet (treats diarrhea caused by bacteria) from 1/29/26 to 1/30/26 when the facility staff did not send the Prior Authorization for High Cost Medication to the Pharmacy on time.The failure had the potential for untreated or worsening of medical conditions for Resident 1.Findings: Resident 1's clinical record was reviewed. Resident 1 was admitted to the facility with diagnoses includes Parkinson's disease (a movement disorder of the nervous system that worsens over time) without dyskinesia (involuntary, erratic, and uncontrollable muscle movements, such as writhing, fidgeting, or jerking) and cardiogenic shock (life-threatening medical emergency where the heart suddenly cannot pump enough blood to meet the body's oxygen needs, often resulting from a severe heart attack). A review of Resident 1's January 2026's Medication Administration Record (MAR, a record of medications given), indicated an order for fidaxomicin Oral Tablet 200 MG Give 1 tablet by mouth two times a day for CDAD (Clostridioides difficile-Associated Diarrhea, a severe, antibiotic-associated intestinal infection caused by the Clostridioides difficile [bacterium that causes severe diarrhea and colon inflammation]), start date 1/29/26 at 0900 and D/c date 2/7/26.A review of Resident 1's January 2026's MAR, indicated Resident missed the following dose:-1/29/26 at 0900 Licensed Nurse A documented 2 = drug refused.-1/29/26 at 1700 Licensed Nurse B documented 13 = drug not available.-1/30/26 at 0900 unsigned MAR, no documentation.-1/30/26 at 1700 LN B documented 2 = drug refused. During a review of Resident 1's progress notes dated 1/29/26 indicated LN B documented fidaxomicin oral tablet 200 mg give 1 tablet by mouth two times a day for CDAD. ABT (antibiotic) not available called pharmacy to f/up (follow up) an order. Per pharmacy will be delivered 1/30 at 1pm. During a phone interview and record review on 5/11/26 at 2:30 p.m., with Licensed Nurse A, she reviewed Resident 1's 1/2026 MAR, she stated she documented refused on 1/29/26 at 0900 for fidaxomicin, she further stated she don't really remember if the fidaxomicin is available, she thinks it was there and all medications was refused, she confirmed fidaxomicin documented on 1/29/26 in the MAR as drug refusal. During a phone interview and record review on 5/13/26 at 3:48 p.m., with LN B she reviewed Resident'1 progress notes dated 1/29/26 and 1/2026 MAR, she stated on 1/29/26 she documented fidaxomicin is not available she stated the pharmacy will deliver on 1/30/26 at 1pm., she stated on 1/30/26 she documented in the MAR as drug refused, she stated she can't remember if the medication is available, she further stated fidaxomicin was not in the e-kit (Emergency Kit, a prepared, accessible supply of essential medications). During a phone interview on 5/14/26 at 8:28 a.m., with the Consultant Pharmacist (CP), the CP was asked if the fidaxomicin is available in the e-kit, the CP checked and stated the fidaxomicin is not available in the e-kit. During a follow up phone interview on 5/14/26 at 1:02 p.m., with the CP, she stated on 1/28/26 at 10:16 p.m., the pharmacy received the fidaxomicin order from facility, she stated the medication is a high-cost medication exceeding $500, requiring authorization from the facility. On 1/29/26 the pharmacy sent an authorization to the facility (Prior Authorization for High Cost Medication), on 1/31/26 at 12:06 a.m., the pharmacy received the signed authorization and dispensed the medication for delivery on (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/31/25. During a review of pharmacy delivery receipt indicated, Resident 1's fidaxomicin oral tablet 200 mg tablet 20 each was delivered on 1/31/26 at 5:00 a.m. During a review of Resident 1's Nurse Practitioner progress notes dated 1/30/26 indicated, Patient was noted to have significant hematochezia (passing fresh, bright red blood from the anus, usually in or with stool.) with mucoid (substances that are like or resemble mucus, typically sticky, gelatinous, or slimy) stool today, representing an acute change in condition. The patient was recently discharged from the hospital following septic shock C/B Clostridioides difficile infection. Since discharge, the patient has been non?compliant with prescribed medications, and Dificid (fidaxomicin) is currently unavailable per pharmacy, limiting appropriate treatment options at the facility. Given the significant amount of hematochezia, recent severe infection, and overall medical fragility, there is high concern for ongoing or worsening C. difficile colitis and potential complications. Hospital transfer was strongly recommended, and the patient's current medical status, risks, benefits, and need for further evaluation and treatment were discussed in detail. Risks of delaying transfer, including worsening bleeding, hemodynamic (how blood flows through the cardiovascular system.) instability, sepsis (life-threatening response to an infection), and death, were explained. [Responsible Party] was notified and acknowledged understanding of the patient's condition and recommendations. She requested ambulance transfer to be arranged for 01/31/2026 at 9:00 AM. Declined ER (emergency room) transfer tonight 1/30/26. Laboratory results are still pending at this time. The patient will remain under close monitoring pending transfer, with instructions to escalate care immediately should the condition worsen. Closely. During a review of Resident 1?s progress notes dated 2/1/26 indicated, resident was transferred to hospital at 11AM. During a review of the facility's policy and procedure titled, Administering Medications, revised date 4/2019, indicated, Policy Statement Medications are administered in a safe and timely manner, and as prescribed.1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so.4. Medications are administered in accordance with prescriber orders, including any required time frame.7. Medications shall be administered in accordance with their prescribed schedule, ensuring timely delivery unless specific instructions indicate otherwise.