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	05/15/2026

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 - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide services according to professional standards for one of one resident (Resident 1) when licensed nurses had no documentation of Resident 1's use and care of sequential compression device (SCD - a pair of inflatable leg wraps connected to a machine that acts as a massager for the legs to prevent blood clots while inactive, a compression therapy) and there was no care plan (a summary of a person's health conditions, goals, specific care needs, and current treatments) developed for the SCD's use.These failures resulted in multiple fluid filled blisters (a small, raised bubble on the skin filled with clear, water liquid, blood, or pus) and pain on Resident 1's bilateral (affecting two sides) lower extremities (legs).Findings:Review of Resident 1's clinical record titled, admission Record, indicated Resident 1's original admission date was 6/3/2025 and was readmitted to the facility on [DATE] with diagnoses including malignant neoplasm of overlapping sites of urinary organs refers to cancer that has started in or spread across multiple nearby parts of the urinary system such as the bladder, kidneys, or ureters), myelodysplastic syndrome (MDS - a group of disorders caused by blood cells that are poorly formed or does not work properly), and type 2 diabetes mellitus (a condition which affects the way the body processes blood sugar).Review of Resident 1's August 2025 order summary report indicated an order dated 8/9/2025, for Resident 1 to use SCD to both lower legs every shift for deep venous thrombosis (DVT - a serious condition where a blood clot forms in a deep vein, usually in the leg or thigh) prevention.During a concurrent interview with the Director of Sub-Acute (DSA) and record review of Resident 1's 8/2025 order summary report, assessments, and progress notes on 2/27/2026 at 10:30 a.m., the DSA confirmed Resident 1 had SCD in 8/2025 for her legs, and stated they had two different SCD sleeves (used to wrap the legs): a cloth material and the other one was made of plastic which the DSA described was rough. The DSA stated Resident 1 had the plastic type of SCD sleeves. The DSA further stated Resident 1 developed blisters to her legs on 8/18/2025 and Resident 1's family member (FM) was present at bedside. She stated the FM was adamant to transfer Resident 1 to the hospital to further evaluate Resident 1's legs. The DSA further stated Resident 1's doctor saw Resident 1 on 8/18/2025 and noticed discoloration and blisters to left lower leg. The DSA stated licensed nurses should have monitored Resident 1's skin every two hours while in use of SCD. The DSA confirmed there was no monitoring of Resident 1's bilateral lower leg's skin condition since they started Resident 1's SCD use in 8/2025.During an interview with licensed vocational nurse A (LVN A) on 2/27/2026 at 1:10 p.m., LVN A stated licensed nurses should check the skin wrapped with the SCD sleeves for any redness every time they entered the resident's room and should have documentation of their assessment. LVN A further stated certified nursing assistants (CNAs) should also notify licensed nurses if they found any skin issues.During a review of Resident 1's nurses notes dated 8/18/2025, indicated Resident 1 had a change in condition of poor circulation and intact (whole or undamaged) fluid filled blister on left lower leg. Further review indicated that Resident 1 was transferred out to the emergency room (ER) for further evaluation on 8/18/2025, and it was licensed nurse B (LN B) who assessed Resident 1.During a phone call to LN B on 2/27/2026 at 2:08 p.m. and 4/30/2026 at 12:23 p.m., LN B did not answer both calls and never called back.During a concurrent (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 0684 Level of Harm - Actual harm Residents Affected - Few	interview with the director of nursing (DON) and record review of Resident 1's 8/2025 order summary report, nurses' notes and list of care plans on 4/30/2026 at 1:00 p.m., the DON confirmed the following: a. Resident 1 had SCD order, dated 8/9/2025; b. Licensed nurses had no documentation of SCD care like checking of Resident 1's bilateral lower leg's skin condition, and circulation; and c. Care plan for SCD use was not developed. The DON stated a care plan should have been developed for SCD use and there should have been documentation on Resident 1's SCD use and care.Review of Resident 1's attending physician's Discharge summary dated [DATE], indicated, She developed blisters on legs and had to be transferred.Review of Resident 1's hospital records titled, HPI [History of Present Illness]-General Illness, dated 8/18/2026 at 4:20 p.m., indicated, Chief complaint: Blisters to bilateral lower extremities.Of note, patient had been on compression therapy.Bilateral lower extremities with well demarcated lines [a clearly visible boundary that separates infected, or dead tissue from surrounding healthy tissue] at the ankles bilaterally, cyanotic [a bluish or purplish discoloration of the skin, lips, or fingernails caused by low oxygen levels in the blood].Multiple fluid-filled blisters to the lower extremities in linear [skin condition arranged in a straight line] fashion.Review of Resident 1's attending physician's H&P [History and Physical], dated 8/23/2025, indicated, I had seen her the Sunday [8/17/2025] the day before she came to the hospital and she had SCDs on and boots to protect her heels. I noticed that her lower legs and feet were swollen.They had a [NAME] texture to them.She was grimacing and I asked her .are you in pain? she nodded yes. I said where, she did not attempt to say where, but when I asked if it was her legs, she nodded yes, and when I asked her if she wanted something for pain, she nodded yes.Biggest problems right now are.skin damage and superficial vein damage (a condition where a blood clot forms in a vein just below the skin's surface, causing inflammation, pain, and redness) supposedly from SCDs bilateral lower legs.Review of Resident 1's hospital records titled, Wound/Pressure Ulcer [damage to the skin caused by prolonged pressure] Assessment, dated 8/19/2025 at 2:00 a.m., indicated the following: 1. Skin discoloration on bilateral feet; 2. Blisters on bilateral front view of her legs; 3. Skin tear upper front view of right leg; 4. Bilateral heels redness; 5. Skin tear to the back view of the left leg.During a review of the facility's policy and procedure titled, Applying a Pneumatic Compression Device (PCD - also known as SCD - a medical device that uses air-filled sleeves or boots connected to a pump to apply rhythmic, squeezing pressure to the legs), date revised 10/2010, indicated, Verify that there is a physician's order for PCD application and removal. If there is no order for the procedure, contact the attending Physician to obtain orders.Review the resident's care plan to assess for any special needs of the resident.Every 8 hours after the application: a. assess the position of the sleeves and tubing. Check connection to the air pump [an electric device that automatically forces air into the leg sleeves to compress the legs to keep blood moving and prevent blood clots]. c. Remove device and assess conditions of the legs and skin. D. Assess resident's level of comfort.Documentation The following information should be recorded in the resident's medical record: 1. The date and time of application. 2. Type of sleeves used.4. Assessment data gathered before and after the procedure. 5. The resident's response to the procedure. 6. The schedule of removal and reapplication.