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	05/19/2026

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to facilitate a person-centered care planning meetings for one of one resident (Resident 1) when the interdisciplinary team (IDT - a group of health care professionals from diverse fields who work toward a common goal for residents) missed to hold Resident 1's quarterly care conferences (a regular, formal meeting [usually quarterly] where the resident, their family, and the nursing home staff meet to review the resident's health, discuss goals, and adjust their care plan). This failure had the potential for unmet goals, choices and preferences for Resident 1.Findings:Review of Resident 1's clinical record titled, admission Record, indicated Resident 1 was admitted to the facility with diagnoses including type1 diabetes mellitus (a condition which affects the way the body processes blood sugar) with diabetic autonomic neuropathy (nerve damage caused by diabetes), acquired absence of right and left upper limbs below elbows, and acquired absence of right and left above knees.Review of Resident 1's quarterly minimum data set (MDS - a federally mandated resident assessment tool) assessment dated [DATE], indicated Resident 1's brief interview for mental status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score was 15 (patient is cognitively intact). Review of Resident 1's list of IDT care conferences held with Resident 1 indicated the last care conference was in 8/4/2025. Further review indicated there was no other care conference held after 8/4/2025.During a concurrent interview with social services A (SS A) and record review of Resident 1's list of IDT care conferences, and SS progress notes on 4/30/2026 at 11:01 a.m., SS A confirmed Resident 1's last care conference was held on 8/4/2025 and she stated the care conference should have been held every three months. SS A further stated she could not find any documentation why there were no other care conferences held after 8/4/2025.During a concurrent interview with social services B (SS B) and record review of Resident 1's list of IDT care conferences, SS progress notes and care conference calendar on 4/30/2026 at 11:52 a.m., SS B confirmed Resident 1's last care conference was held on 8/4/2025 and there was no other documented care conference held in 10/2025, 1/2026 and 4/2026. SS B stated she was the one who tracked the care conference schedule and she did not know why they were missed.During a concurrent interview with minimum data set nurse C (MDSN C) and minimum data set nurse D (MDSN D) on 4/30/2026 at 2:24 p.m., they both stated the IDT care conference should have been done quarterly for residents to know the plan of care and if residents' needs were met.During a review of the facility's policy and procedure titled, Resident Participation - Assessment/Care Plans, dated 2/2021, indicated, The resident and his or her legal representative are encouraged to attend and participate in the resident's assessment and in the development of the resident's person-centered care plan.Facility staff supports and encourages resident/representative participation in the care planning process by:.b. holding care planning meetings at times of day when the resident, representative and family members can attend and are functioning at their best; c. providing sufficient notice in advance of the meeting.The social services director or designee is responsible for notifying the resident/representative and for maintaining records of such notices.

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