

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to implement their abuse policy and procedure for one of three sampled residents (Resident 1) when the facility did not report Resident 1's allegation of abuse (someone who changes her diaper sexually assaulted her) to required agencies (California Department of Public Health [CDPH] and Long-Term Care Ombudsman) timely. This failure had the potential to compromise the safety of Resident 1 in the facility. Findings: Review of Resident 1's clinical record titled, Face sheet (document that summarizes a person's information such as medical history) indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including anxiety disorder (mental health conditions characterized by excessive, persistent, and uncontrollable worry or fear that is disproportionate to actual situations) and major depressive disorder (serious mood disorder characterized by a persistent feeling of sadness, hopelessness, and a loss of interest in activities), recurrent, severe with psychotic symptoms. Review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 4/6/2026, indicated Resident 1's brief interview for mental status (BIMS, an assessment to test a person's cognitive level) score was 10 (a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 cognitively intact). A review of Resident 1's progress note dated, 4/21/25 indicated, @ 2000, Police arrived in the facility looking for the resident after receiving report from APS (Adult Protective Services, a government social agency that investigates reports of abuse, neglect, or financial exploitation targeting vulnerable older adults and people with disabilities). Police was escorted to resident's room and spoke with resident. After the interview, Police declined to disclose info and verbalized that APS or a social worker will be reaching out. Small details reported by police that resident reported that someone who changes her diaper sexually assaulted her but was unable to give a timeframe. Police left the facility @ 2040, received SJ POLICE INCIDENT CARD. Case #[***.***.***], TYPE OF INCIDENT: REPORT OF SEXUAL ABUSE OFFICER/BADGE#[*****] #[****] PHONE: [***_***_****]. During an observation and interview on 6/2/26 at 11:49 am., inside Resident 1's room. Resident 1 declined the interview, she stated she doesn't feel good today, just come back next time. During an interview on 6/2/26 at 1:18 p.m., with the Administrator (ADM), the ADM stated the police came to Resident 1 for sexual allegation they did the investigation with the police and nothing happened. The ADM stated it happened 5 to 10 years ago, and Resident 1 did not give further information, the police unsubstantiated the sexual allegation. The ADM stated in this case they don't have to report, and he confirmed it was not reported to CDPH and Ombudsman. During a phone interview on 6/5/26 at 10:01 a.m., with Licensed Nurse A (LN A), LN A confirmed he did the progress notes on 4/21/26 for Resident 1. The progress notes indicated, someone who changes her diaper sexually assaulted her. LN A stated the allegation was on 4/20/26 around 8:00 p.m., but the progress notes were written on the electronic record after midnight and show the date 4/21/26. LN A stated two police officers came to the facility, the police gave little information about Resident 1's sexual allegation; LN A further stated he went to Resident 1's room to ask what happened, Resident 1 refused to talk. LN A stated he notified the Director of Nursing (DON), ADM, MD (Medical Doctor), and (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055750	If continuation sheet Page 1 of 2

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 06/10/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ADON (Assistant Director of Nursing); LN A stated he was instructed to monitor Resident 1 for 72 hours. LN A further stated the ADM was not in the facility at that time, because it happened after hours around 8:00 p.m. During a concurrent interview and record review on 6/5/26 at 11:15 a.m., with the Director of Nursing (DON), the DON reviewed Resident 1's IDT (interdisciplinary team, a group of health care professionals from diverse fields who work toward a common goal for residents) Comprehensive note dated 4/21/26, the DON stated the IDT indicated, section G. other entities notified: Ombudsman and CDPH was marked by mistakes, the DON confirmed it was not reported to CDPH and Ombudsman, the DON further stated the IDT decided not to report it because there is nothing to report. During a review of Resident 1's IDT Comprehensive note dated 4/21/26, the Section C. Investigation indicated, Resident assessed as alert and oriented x4. No visible injuries or acute distress observed. Skin assessment completed with no significant findings noted. Vital signs obtained. Resident remains at baseline with no significant changes in physical condition. Safety precautions maintained. Resident educated/reoriented as needed. Plan to continue close monitoring for changes in cognitive status, behavior, or physical condition. Will notify MD and RR (resident is self-responsible) of any significant changes or concerns. Resident unable to recall accurate timeline of reported occurrence. During assessment, resident provided inconsistent and varying accounts of events, with statements not supported by objective findings or available evidence. No male CNA/staff allowed in resident's room. None were assigned in resident's care. During a review of facility's policy and procedure (P&P) titled, Abuse Investigation and Reporting Reviewed date October 2022, the P&P indicated, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.Reporting 1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman;2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted.		