

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

Printed: 10/09/2026
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 07/29/2026
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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to provide the care and services needed as ordered by physicians to one of three sampled residents, (Resident 1), when the facility did not arrange transportation for Resident 1 for an outside appointment which resulted in Resident 1 missing her appointment. This failure had the potential to compromise Resident 1's health and well-being. During a review of Resident 1's face sheet (document that summarizes a person's information such as medical history) indicated Resident 1 was admitted to the facility with diagnoses including migraine, unspecified not intractable, without status migrainosus (a standard headache migraine without warning flashes (aura), the attack has not lasted past 72 hours, and pain responds to normal medical treatments) and low back pain, unspecified. During a review of Resident 1's, Order Summary Report, dated 6/16/26 indicated an order, June 8/26 130PM arrive by 1145AM Botox (botulinum toxin to temporarily relax targeted muscles, commonly smoothing facial wrinkles or treating medical issues like chronic migraines and excessive sweating) injection with Dr. [name] neuro at [clinic address] .[phone#], dated 5/12/26. During a review of Resident 1's Brief Interview for Mental Status (BIMS, a short performance-based cognitive screener for nursing home (NH) residents.), dated 4/15/26 BIMS is 15 (the range of 13-15, suggests that the person is cognitively intact). During a review of Resident 1's nurses progress notes, dated 6/8/26 indicated, .Pt (patient) became upset when she found out that her transportation was never booked. therefore, she was not able to attend her appointment. During a review of Resident 1's social service progress notes, dated 6/8/26 indicated, Resident called the writer stating that she had a scheduled appointment at [NAME] today and inquired whether transportation had been arranged. The writer asked the resident who she had provided the appointment paperwork to. The resident stated that she had given the appointment letter to the front desk staff because they requested her paperwork after the appointment was scheduled. During a phone interview on 6/26/26 at 10:17 a.m., with Resident 1, She stated the facility is aware about her appointment on 6/8/26, but they forgot to set up the transportation that's why she missed the appointment, Resident 1 further stated June 4th is for prosthetic and June 8th was for Botox injection for her migraine. During a concurrent interview and record reviews on 7/29/26 at 11:58 a.m., with Assistant Director of Nursing A (ADON A), she reviewed Resident 1's physician's order and she confirmed there was an order for appointment on June 8/26 130PM arrive by 1145AM Botox injection with Dr. [name] neuro at [clinic address] .[phone#], dated 5/12/26. ADON A stated usually they put in the communication about the appointment and the Social Service set up the transportation. ADON A reviewed Resident 1's Social Service progress notes dated 6/8/26 and Nurse progress notes dated 6/8/26, the ADON confirmed that Resident 1 missed the appointment because the transportation was not booked. ADON was asked if Resident 1's attending physician was notified about missing the Botox appointment, ADON A reviewed Resident 1's documentation. She stated she cannot find any (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
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documentation that Resident 1's attending physician was notified, she stated usually they notified the attending physician if the appointment is missed or cancelled and documented. During a review of Social Services Lead Assistant job description titled, Social Services Lead Assistant job description indicated, Duties and Responsibilities; Administrative Functions .Assist in making appointments for the resident/family as requested or appropriate. Assist in arranging transportation, when necessary. During a review of the facility's policy and procedures titled, Transportation, Social Service, Revised 12/2008, indicated, Our Facility shall help arrange transportation for residents as needed.2. Social Service will help the residents as needed to obtain transportation .		