

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055797	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Gilroy Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8170 Murray Avenue Gilroy, CA 95020	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>(continued on next page)</p>

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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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure to explain in a form and manner that resident was able to understand before signed an arbitration agreement (a contract that requires to resolve future disputes with facility through a private arbitration process, waive the right to sue the facility for issues) for one of three sampled resident (Resident 2). This failure had the potential to compromise the right to be fully informed to make health care choices, decisions, and well-being for Resident 2. Findings: During an interview with Resident 2 in her room [ROOM NUMBER]/8/2025 at 11:00 a.m., Resident 2 stated certified nursing assistant A (CNA A) came to her room [ROOM NUMBER] weeks ago, asked her to sign for a form on computer for the new company took over this facility. Resident 2 [NAME] CNA A to explain about the form what she needed to sign. Resident 2 stated CNA A only told her, She cannot sue facility, and CNA A rushed Resident 2 to sign without explained further. Resident 2 also stated she signed on computer without knowing what that agreement was she signed that day. Resident 2 further stated moving forward, she was not signing any kinds forms for this facility without presence of her significant family member. Review of Resident 2's face sheet (FS: a document that gives resident's information in a quick glance) indicated Resident 2 was admitted to facility on 2/10/2021. Review of Resident 2's diagnoses included depression (serious mental condition causes persistent feelings of sadness, hopelessness and loss of interest), hypertension (high blood pressure), and diabetes type 2 (high sugar level in blood). Review of Resident 2's minimum data set (assessment tool) assessment dated [DATE] indicated short-term and long-term memory OK. Review of Resident 2's MD (medical doctor)'s notes dated 8/22/2025 indicated Resident 2 alert and oriented x 3 (to name, place and time) Review of Resident 2's annual history and physical exam completed by nurse practitioner (NP: advanced clinical training who provides direct care, works closely with MD) dated 4/14/2025 indicated, Resident 2 has mental capacity, oriented to person, place, time and situation. Review of Resident 2's arbitration agreement document dated 9/25/2025 indicated, Resident 2 signed. During an interview with CNA A on 10/8/2025 at 2:48 p.m., CNA A confirmed received signature electronically for arbitration agreement from Resident 2 few weeks ago. CNA A stated she was told to get signature from residents/family members for this agreement for the new company who bought this facility recently. CNA A also stated, if residents sign this agreement, residents cannot sue this facility for anything. CNA A was not able to explain further about this agreement. When asked who educated about this form, she stated she did not receive education from facility. During an interview with facility's director of nursing (DON) on 11/10/2025 at 2:03 p.m., DON confirmed there was no in-service provided to CNA A for explaining about arbitration agreement before receiving signature from residents. DON stated facility staff should have explained and answered questions in a manner that residents understood before asked to sign the arbitration agreement. DON further stated facility provided in-service to staff on 10/13/2025, after investigation started, not before. Review of facility's policy and procedures (P&amp;P) titled, Arbitration Agreement, undated, the P&amp;P indicated, The facility must ensure that the agreement is explained in a form and manner that is understood and that the resident or their representative (person legally acting on behalf of the resident) acknowledges that they understand the agreement.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure to code minimum data set (MDS: an assessment tool) assessment accurately for range of motion (ROM: joint flexibility/movement either independently or with assistance) with contractures (a condition affecting joint stiffness or tightness causes severe limitations with joint movements) for one of 3 sampled resident (Resident 1). This failure had the potential to affect inappropriate care and treatment for contractures for Resident 1. Findings: During an observation on 10/8/2025 at 12:09 p.m., noted right hand all fingers curled inside, left wrist and both ankles' contractures for Resident 1. During an interview with Resident 1 on 10/8/2025 at 12:15 pm., Resident 1 stated unable to open fingers for right hand, cannot hold objects with left hand due to joint restrictions for both hands and no movements in both legs. Review of Resident 1's face sheet (FS: a document that gives a resident's information at a quick glance) indicated Resident 1 was admitted to facility on 9/19/2017. Review of Resident 1's diagnoses included quadriplegia (a medical condition that affects the ability to move the upper and lower body) and cerebrovascular disease (CVA: a condition that occurs due to lack of blood supply to brain). Review of Resident 1's MDS assessment indicated for brief interview for mental status (BIMS) score of 15/15 (score of 0-7: severely impaired cognition, 8-12: moderately impaired cognition, 13-15: intact cognition), intact cognition. Review of Resident 1's MD (medical doctor)'s progress notes, dated 8/8/2025 indicated, Contractures. Review of Resident 1's occupational therapy (OT: a healthcare professional focuses on helping to improve ability to perform everyday activities) evaluation notes, dated 3/17/2025 indicated, RUE (right upper extremity) ROM=Impaired; LUE (left upper extremity) ROM=Impaired. Review of Resident 1's care plans indicated that an alteration in musculoskeletal (injuries or diseases that impact muscles, bones and joints movements) status due to Quadriplegia, contractures r/t CVA. Review of Resident 1's MDS assessment dated [DATE] for functional limitation in range of motion indicated, No impairment for upper extremity (shoulder, elbow, wrist, hand) and lower extremity (hip, knee, ankle, foot). During an interview with director of rehabilitation (DOR) on 9/30/2025 at 1:39 p.m., DOR confirmed contractures for both hands and legs for Resident 1. DOR stated Resident 1 unable to use both hands and no movement for both legs due to quadriplegia and severe contractures for both hands and legs. During an interview with MDS coordinator (MDSC) on 10/8/2025 at 1:30 pm., MDSC confirmed impaired ROM for both hands and legs due to contractures related to quadriplegia and CVA for Resident 1. MDSC also confirmed Resident 1's MDS assessment for ROM for upper and lower extremities coded inaccurately. MDSC stated MDS assessment for ROM should have coded yes to reflect Resident 1's impaired ROM for both upper and lower extremities. During an interview with MDS manager (MDSM) on 10/8/2025 at 1:35 p.m., MDSM stated would do modification for ROM for Resident 1. Review facility's policy and procedure (P&amp;P) titled, Comprehensive Assessments, revised October 2023, the P&amp;P indicated, the facility conducts comprehensive, accurate, standardized, reproducible assessments of each resident's functional capacity .</p>		