| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055798 | A. Building<br>B. Wing | 06/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Vasona Creek Healthcare Center | 16412 Los Gatos Boulevard<br>Los Gatos, CA 95032 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37686<br><br>Based on interview and record review, the facility failed to accurately complete the Elopement Risk Observation/Assessment for two of three sampled residents (Residents 1 and 2). This failure compromised the facility's ability to identify residents who were at risk for elopement and to implement relevant interventions.<br><br>Findings:<br><br>1. Review of Resident 1's clinical record indicated he was admitted on [DATE] and had the diagnosis of subarachnoid hemorrhage (bleeding in the brain). Resident 1 had a physician's order, dated 2/20/24, for Seroquel (also known as quetiapine, a medication used to treat psychosis) 25 milligrams (mg, unit of dose measurement) one tablet by mouth in the morning. Resident 1 also had an informed consent (document that indicates the resident gave the facility permission to administer the medication), dated 2/20/24, for Seroquel 25 mg by mouth one time a day.<br><br>Resident 1's Elopement Risk Observation/Assessment, dated 2/20/24, was reviewed. Section F of the assessment was designated to indicate whether or not the resident had any psychotropic medications (medications that affect behavior, mood, thought, or perception). The person who completed the assessment indicated Resident 1 did not have any psychotropic medications. The assessment indicated Resident 1 had an elopement risk score of 4 (a resident with a score of 10 or greater would be considered at risk for elopement and relevant interventions would be implemented).<br><br>During an interview and concurrent record review with licensed nurse A (LN A) on 6/13/24 at 10:54 a.m., LN A reviewed Resident 1's clinical record and confirmed he had a physician's order and informed consent, dated 2/20/24, for Seroquel 25 mg to be administered daily. LN A confirmed Seroquel was a psychotropic medication. LN A confirmed Resident 1's Elopement Risk Observation/Assessment, dated 2/20/24, should have indicated that Resident 1 had a psychotropic medication. LN A acknowledged the assessment was inaccurate and this may have affected Resident 1's elopement risk score.<br><br>Review of Resident 1's Progress Notes, dated 2/22/24, indicated at 8:40 p.m., staff could not locate Resident 1 in the facility. The Progress Note indicated the facility notified the local police department and Resident 1 was returned to the facility safely at 10:50 p.m.<br><br>(continued on next page) |



| 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 |
|---|---|---|---|
| | 055798 | A. Building<br>B. Wing | 06/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Vasona Creek Healthcare Center | 16412 Los Gatos Boulevard<br>Los Gatos, CA 95032 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Review of Resident 2's clinical record indicated she was admitted on [DATE] and had diagnoses including trigeminal neuralgia (a disorder that causes sudden attacks of severe facial pain), osteoporosis (a condition that causes bones to become brittle and fragile), and lumbar vertebra fracture (fracture in one of the bones of the spine). Resident 2 had a physician's order, dated 6/8/24, for Trazodone (medication used to treat depression) 100 mg two tablets by mouth in the evening. Resident 2 also had an informed consent, dated 6/8/24, for Trazodone 100 mg by mouth at bedtime.<br><br>Resident 2's Elopement Risk Observation/Assessment, dated 6/8/24, was reviewed. Section F of the assessment was designated to indicate whether or not the resident had any psychotropic medications. The person who completed the assessment indicated Resident 2 did not have any psychotropic medications. The assessment indicated Resident 2 had an elopement risk score of 2.<br><br>During an interview and concurrent record review with LN A on 6/13/24 at 10:57 a.m., LN A reviewed Resident 2's clinical record and confirmed she had a physician's order and informed consent, dated 6/8/24, for Trazodone 100 mg to be administered every evening. LN A confirmed Trazodone was a psychotropic medication. LN A confirmed Resident 2's Elopement Risk Observation/Assessment, dated 6/8/24, should have indicated that Resident 2 had a psychotropic medication. LN A acknowledged the assessment was inaccurate and this may have affected Resident 2's elopement risk score.<br><br>The facility's undated policy titled Wandering and Elopements indicated, The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety.<br><br>The facility's undated document titled Clinical Records Policy Statement indicated the facility must maintain accurately documented clinical records for each resident. |