

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Vasona Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16412 Los Gatos Boulevard 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37686</p> <p>Based on interview and record review, the facility failed to ensure services were provided for three of three sampled residents (Residents 1, 2, and 3) when there were multiple days for which there was no documentation that chest percussion therapy (treatment that involves using cupped hands to tap the area over the resident's lungs to help clear secretions) was provided as ordered. This had the potential to compromise the residents' health and well-being.</p> <p>Findings:</p> <p>1. Review of Resident 1's medical record indicated he was admitted on [DATE] and had diagnoses including pulmonary fibrosis (a condition in which the lungs become scarred) and emphysema (a condition in which damage to the air sacs in the lungs cause breathing difficulty).</p> <p>Review of Resident 1's Order Summary Report indicated he had a physician's order, dated 5/22/24, for chest percussion therapy four times a day.</p> <p>Review of Resident 1's Respiratory Administration Record (RAR), dated 8/2024, indicated he was scheduled to receive chest percussion therapy daily at 8:00 a.m., 12:00 p.m., 2:00 p.m., and 8:00 p.m. Further review of the RAR indicated from 8/3/24 to 8/11/24, the sections designated to document the treatments scheduled at 2:00 p.m. and 8:00 p.m. were left blank.</p> <p>2. Review of Resident 2's medical record indicated she was admitted on [DATE] and had diagnoses including pulmonary edema (excess fluid in the lungs).</p> <p>Review of Resident 2's Order Summary Report indicated she had a physician's order, dated 7/26/24, for chest percussion therapy five times a day.</p> <p>Review of Resident 2's RAR, dated 8/2024, indicated she was scheduled to receive chest percussion therapy daily at 8:00 a.m., 11:00 a.m., 2:00 p.m., 5:00 p.m., and 8:00 p.m. Further review of the RAR indicated from 8/3/24 to 8/11/24, the sections designated to document the treatments scheduled at 5:00 p.m. and 8:00 p.m. were left blank.</p> <p>3. Review of Resident 3's medical record indicated she was admitted on [DATE] and had diagnoses including chronic respiratory failure (a long-term condition in which the lungs cannot get enough oxygen to the blood or eliminate enough carbon dioxide from the body).</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 3's Order Summary Report indicated she had a physician's order, dated 7/29/24, for chest percussion therapy five times a day.</p> <p>Review of Resident 3's RAR, dated 8/2024, indicated she was scheduled to receive chest percussion therapy daily at 8:00 a.m., 11:00 a.m., 2:00 p.m., 5:00 p.m., and 8:00 p.m. Further review of the RAR indicated from 8/1/24 to 8/11/24, the sections designated to document the treatments scheduled at 5:00 p.m. and 8:00 p.m. were left blank. In addition, for 8/2/24, the sections designated to document treatments for all five scheduled times were left blank.</p> <p>During an interview and concurrent record review with licensed nurse A (LN A) on 8/26/24, at 11:00 a.m., LN A reviewed the RARs for Residents 1, 2, and 3 and confirmed the blank documentation for the dates and times mentioned above. LN A further reviewed the residents' medical records and confirmed there was no documentation that the facility provided chest percussion therapy to Residents 1, 2, and 3 on the dates and times for which the documentation was left blank. LN A also confirmed there was no documentation that indicated the residents refused treatments on these dates and times.</p> <p>The facility's policy titled Charting and Documentation, dated 2001, indicated all services provided to the resident shall be documented in the medical record. The policy further indicated documentation of treatments may include the date and time the treatment was provided and whether the resident refused the treatment.</p>		