

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 03/20/2025
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 - Few</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** 48935</p> <p>Based on interview and record review, the facility failed to ensure physicians orders were carried out or documented as written for one out of four sampled residents (Resident 1), when three doses of intravenous (through the veins) vancomycin (an antibiotic) were not documented on three separate days. This had the potential to compromise the resident's health and well-being.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated she was admitted on [DATE] for a diagnosis of functional quadriplegia (a nervous system disorder which results in being unable to move your arms or legs), aphasia (unable to speak), and osteomyelitis of the sacrum (an infection in the lower back).</p> <p>Review of Resident 1's order summary indicated she had a physician order, dated 3/24/25, for Vancomycin HCL Intravenous Infusion 500 mg/100 mL 0.5 gram intravenously three times a day for sepsis until 4/1/23 at 13:59.</p> <p>Review of Resident 1's medication administration record (MAR) indicated that the Vancomycin was ordered for 5:00 AM, 1:00 PM and 9:00 PM. Review of Resident 1's MAR further indicated there was no documentation for 3/25/26 at 5:00 AM, no documentation for 3/26/25 at 1:00 PM, and no documentation for 3/28/25 at 9:00 PM.</p> <p>During an interview and concurrent record review with the director of nursing (DON) on 3/20/25 at 12:57 PM, the DON reviewed the clinical record for Resident 1, and confirmed the documentation for the dates and times mentioned above was missing. The DON further said if a dose of a medication is missed, then the nurse should notify the provider and document it in a progress note.</p> <p>Review of facility policy titled Administering Medications, dated 2001, indicated . Medications are administered in accordance with prescriber orders . The policy further indicated . As required or indicated for a medication, the individual administering the medication records in the resident's medical record: the date and time the medication was administered; the dosage; the route of administration; the signature and title of the person administering the drug.</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
---	-------	-----------