

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 04/17/2025
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** 38087</p> <p>Based on observation, interview and record review, the facility failed to provide care and services in accordance with professional standards of practice for one of three residents (Resident 1) when the facility failed to follow up Resident 1's physician orders for Psychiatrist and Dermatology consultations, and failure to provide nail care for Resident 1's long fingernails.</p> <p>These failures had the potential to negatively affect the residents' health, safety and well-being.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated she was admitted to the facility on [DATE] with diagnoses including major depressive disorder, schizophrenia (mental illness that impacts a person's thoughts, feelings, and behaviors), adult failure to thrive (a decline in an adult's overall health and well-being), and need for assistance with personal care.</p> <p>Review of Resident 1's minimum data set (MDS, an assessment tool), dated 2/13/25, indicated she needed partial/moderate assistance for personal hygiene and substantial/maximal assistance for bathing and toileting.</p> <p>During an observation on 3/14/25 at 12:10 p.m., Resident 1 was lying in bed with both hands by her side. Resident 1 was observed with long fingernails on 5 digits of her left hand and 3 digits on her right hand. There was overgrowth of skin on the thumb and index fingers of both hands and the skin surrounding all the nails appeared dry.</p> <p>During an observation and concurrent interview with the assistant director of nursing (ADON) on 3/14/25 at 12:20 p.m., she confirmed Resident 1's fingernails were long. The ADON stated Resident 1's fingernails needed to be trimmed.</p> <p>A review of Resident 1's Order Summary Report, an order dated 3/26/24, indicated Consult - Psychiatrist Eval and Treatment with follow-up as indicated. A second physician order, dated 10/22/24, indicated Psych consult to be done 10/23/24. A third physician order, dated 10/22/24, indicated Dermatology consult to be done 10/23/24.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 1's physician orders on 4/16/25 at 1:55 p.m. with LVN A, she stated she recalled the physician ordering a psychiatric consult on 10/23/24. LVN A stated Resident 1 had been refusing some medications and refusing to eat at times. LVN A stated she communicated the physician order for the psychiatric consult to the social service department. LVN A stated she was unaware if the psychiatrist consultation was done.</p> <p>During a concurrent interview and record review of Resident 1's physician orders on 4/17/25 at 2:30 p.m. with the social service assistant (SSA), she confirmed Resident 1 had physician orders for psychiatrist and dermatology consults on the above-mentioned dates. The SSA stated she could find no evidence that the physician orders for the 3 consults had been carried out. The SSA further stated there was no documentation in Resident 1's clinical record to indicate that Resident 1 had been seen by a dermatologist or a psychiatrist.</p> <p>During a concurrent interview and record review of Resident 1's physician orders on 4/17/25 at 3:45 p.m. with the director of nursing (DON) she confirmed resident 1 had physician orders for dermatology and psychiatrist consultations. The DON stated the physician orders should have been followed and arrangements should have been made for Resident 1 to be seen by a dermatologist and psychiatrist as ordered by the physician.</p> <p>During a review of the facility's 2001 procedure titled Care of Fingernails/Toenails indicated, Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.</p>		