

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  09/11/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow its own policies and procedures to ensure social services carried out physician orders for referrals for one of three sampled residents (Resident 1). This failure resulted in referral delays for Resident 1. Findings: Review of Resident 1's clinical record indicated she was admitted [DATE] with diagnoses including chronic pain syndrome and rheumatoid arthritis (chronic disease that occurs when the body's immune system attacks its own tissues, usually affecting small joints in the hands and feet). A review of Resident 1's Order Summary Report indicated a physician order, dated 5/8/25, for Referral for retinal screening. A second physician order, dated 5/16/25, indicated a referral to Consult Rheumatology. During a concurrent interview and record review of Resident 1's physician orders on 7/7/25 at 1:30 p.m. with the social service assistant (SSA), she confirmed Resident 1 had physician orders on the above-mentioned dates for referrals. The SSA stated she could find no evidence in Resident 1's clinical record that the physician orders for the two consultations 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 any physicians for a rheumatology consult or a retinal screening. The SSA confirmed she is the person who arranges the consults and transportation to the appointments. The SSA stated I must have missed those consult orders. During a concurrent interview and record review of Resident 1's physician orders on 7/7/25 at 2:43 p.m. with the assistant director of nursing (ADON), she confirmed resident 1 had physician orders for a rheumatology consult and a referral for retinal screening. The ADON stated the physician orders should have been carried out and arrangements should have been made for Resident 1 to have the rheumatology consult and retinal screening referral as ordered by the physician. Review of the facility's policy Referrals, Social Services, dated 2001, indicated social services shall coordinate resident referrals that have been prescribed by the physician. Social Services will document the referral in the resident's medical record and arrange transportation to outside agencies.</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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