STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055798	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vasona Creek Healthcare Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a psychiatric consultation (psych consult, an evaluation conducted by a psychiatrist or psychologist to assess a person's mental health) was completed as ordered for one of three sampled residents (Resident 1). This failure had the potential to compromise the facility's ability to identify Resident 1's mental health needs and implement interventions for it.Findings: Review of Resident 1's medical record indicated she was admitted on [DATE] and had diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and schizophrenia (a mental illness that is characterized by disturbances in thought). Review of Resident 1's physician orders indicated she had an order, dated 9/28/25, to, refer to psych consult. Review of Resident 1's Progress Note, dated 10/10/25, indicated, Referral sent for in-house psych consult. Psych will arrive 10/13/25. There was no documentation in the medical record that a psych consult was completed for Resident 1 on 10/13/25. Review of an email between the facility and the in-house psych provider, dated 10/24/25, indicated the facility followed up on the psych consult that needed to be completed for Resident 1. Further review of the email indicated the in-house psych provider replied and asked the facility to, Please provide the reasons for each referral. There was no documentation in the email, or in Resident 1's medical record, that indicated the facility provided the in-house psych provider with the reason for Resident 1's referral. Further review of Resident 1's medical record indicated there was no further documentation regarding Resident 1's psych consult until 12/1/25 (more than a month after the in-house psych provider asked the facility to provide the reason for Resident 1's referral). Review of Resident 1's Progress Note, dated 12/1/25, indicated, Resident was referred for psych consult but denied due to insurance. Asked to refer to DMH [Department of Mental Health]. There was no documentation in the medical record that indicated the facility ever sent a referral for Resident 1 to DMH. During an interview and concurrent record review with social services staff A (SS A) on 5/27/26, at 11:19 a.m., SS A confirmed the following: There was no documentation that a psych consult was completed for Resident 1 as planned on 10/13/25;There was no documentation that the facility replied to the in-house psych provider's emailed request, dated 10/24/25, asking the reason for Resident 1's referral. According to SS A, the in-house psych provider must have a valid reason to evaluate the resident;There was no documentation that the facility sent a referral to DMH after Resident 1's psych consult was denied due to insurance as indicated in the Progress Note dated 12/1/25; and,There was no documentation of any further follow-ups regarding Resident 1's psych consult after 12/1/25.During the same interview, SS A explained that if a resident's in-house psych consult is denied due to insurance, there are other things the facility can do: 1.) The facility can reach out to psych providers outside the facility and ask if they can evaluate the resident; 2.) The facility can ask the resident or responsible party if they would be willing to pay out-of-pocket for the psych consult and schedule an appointment accordingly; and 3.) The facility itself can pay for the in-house psych consult by signing a letter of agreement (LOA) with the in-house psych provider. SS A confirmed there was no documentation that indicated any of these things were attempted for Resident 1. SS A further confirmed there was no documentation that a psych consult was completed for (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1 after 9/28/25 (the date of the psych consult order). Review of the facility's policy titled Referrals, Social Services, dated 2001, indicated, Social services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician.