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	06/02/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to notify the responsible party (RP, an individual who controls, manages, and directs the care received by the resident in the facility) in a timely manner for one of three sampled residents (Resident 2) when the resident had a change in skin condition. This failure resulted in a delay concerning the RP's involvement in the provision of care for Resident 2.Findings: A review of Resident 2's clinical records indicated he had diagnoses that included type 2 diabetes mellitus (a chronic metabolic condition characterized by persistent high blood sugar) without complications; unspecified dementia (a decline in mental abilities), unspecified severity, with agitation; Alzheimer's disease (a brain disorder that slowly destroys a person's memory and thinking skills), unspecified; chronic systolic (congestive) heart failure (the heart cannot pump enough blood). Resident 2 was diagnosed with right partial traumatic amputation of right great toe during a subsequent encounter on 2/10/26. Resident 2's daughter was designated as the responsible party (RP). A review of Resident 2's progress note dated 1/1/26 22:00, the EMAR - Order Administration Note indicated, Patient [resident] assessed with diabetic ulcer to the right hallux [the big toe] wound cleansed using appropriate wound cleanser and aseptic technique. Furthermore, the progress note dated 1/1/26 22:00 did not prompt the Change in Condition (CIC/COC) in the SBAR [Situation, Background, Assessment, Recommendation - standardized communication tool] and there was no indication that the RP was informed until 1/15/26 12:10 SBAR. During an interview with the license nurse (LN) A on 5/26/26 at 11:49 a.m., LN A confirmed that he did not initiate the change in skin condition in the SBAR nor inform the RP, as he thought it had already been addressed. LN A further stated that nurses are expected to complete a COC. During a concurrent interview and record review on 6/2/26 at 3:51p.m. with the Director of Nurses (DON), Resident 2's progress note was reviewed. The progress note indicated, on 1/1/26 22:00, LN A mentioned assessment and treatment of the right hallux. The DON stated that the progress notes also did not indicate RP notification and did not have SBAR until 1/15/26 12:10. The DON further stated that if there is any change in resident's condition, the nurse should prepare an SBAR and inform the resident or responsible party within 24 hours, to reflect in resident medical record. A review of the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, revised February 2021, the P&P indicated, the facility shall promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. The Policy further indicated, Except in medical emergencies, notifications will be made within twenty-four (24) hours of change occurring the resident's medical/medical condition or status, and the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by Interact SBAR Communication Form.

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