

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055800	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2025
NAME OF PROVIDER OR SUPPLIER Stonebrook Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 350 DE Soto Drive 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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review, the facility failed to ensure to post the daily staffing information daily. This failure had the potential to result in nurse staffing misinformation to residents, families, and visitors. Findings: During an observation on 12/29/25 at 9 a.m., the Census and Direct Care Service Hours Per Patient Day (DHPPD-a form containing daily staffing information) form dated 12/10/25 (19 days past) was posted in the hallway next to the facility's entrance lobby. During an interview and observation with licensed vocational nurse (LVN) A on 1/29/25 at 9:16 a.m., LVN A confirmed the observation. LVN A stated the infection preventionist (IP, a specialized healthcare professional who prevents the spread of germs and infections in the facility)) nurse who was the one in charge of initiating, posting, and updating the DHPPD postings was on vacation since 12/11/25, and LVN A was covering the duty during the IP nurse's vacation period. LVN A further stated he forgot to update the facility's current DHPPD daily. LVN A acknowledged the facility should have updated and posted the DHPPD daily. During an interview with the administrator (ADM) on 12/29/25 at 1:01 p.m., the ADM stated the facility should post the DHPPD daily. During a review of the facility's policy and procedure (P&P) titled Staffing, Sufficient and Competent Nursing, revised 8/2022, the P&P indicated, Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) are posted in the facility for every shift.</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
---	-------	-----------