

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055866	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Plum Tree Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2580 Samaritan Drive San Jose, CA 95124	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>Based on interview and record review the facility failed to follow its policy titled, Release of Information, for one of 3 sampled residents (Resident 1), when the facility failed to comply with a medical records request for Resident 1's Medical Record within the 2 day time period stated in the policy. This failure resulted in Resident 1's family to receive the medical records outside the mandated time period. During an interview on 7/30/25, at 9:12 a.m., with Medical Records (MR), MR stated, she received a medical records request signed by Resident 1's family on 4/30/25 via email. MR stated she sent the medical records via email to the requestee on 5/9/25. During a review of emails to MR dated 4/30/25-5/9/25 indicated, a medical record request was emailed to the facility on 4/30/25 for Resident 1. Emails indicated on 5/9/25 medical records were emailed to the requestee by MR. During an interview on 7/30/25, at 10:05 a.m., with Administrator (Admin) Admin stated, the facility policy states we have to send medical record requests in two business days. Admin stated, she saw the email request dated 4/30/25 from the requestee for Resident 1's medical records. Admin stated, according to the emails MR sent the medical records on 5/9/25. During a review of the facility's policy and procedure (P&P) titled, Release of information dated 2001, the P&P indicated, A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such a request.</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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