STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055866	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Plum Tree Care Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to address the residents' discharge needs when Resident 1's durable medical equipment (DME, medically necessary devices prescribed for everyday use to manage illnesses, injuries, or disabilities at home) was not available upon discharge. This failure had the potential for compromising the resident's well-being and safety.Review of Resident 1's record indicated he was admitted on [DATE] and had diagnoses including cerebral infarction (the death of brain tissue caused by a blocked or severely restricted blood supply) and abnormalities of gait and mobility. Review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 5/4/26, indicated his Brief Interview for Mental Status (BIMS) was 10, indicating he had moderate cognitive impairment in daily decision-making skills. Review of Resident 1's physician order, dated 5/1/26, indicated may discharge home with medications including narcotics (medications to relieve pain and induce sleep) and psychotropic medications (prescription drugs that alter brain chemistry, affecting mood, and behavior) and home health services for physical therapist (PT, a healthcare discipline that uses movement and physical techniques to treat illnesses)/occupational therapist (OT, a healthcare discipline that helps individuals with participate in everyday activities)/home health agent (HHA, a type of medical care provided in a resident's home to function independently)/registered nurse (RN)/social worker (SW) and DME as needed. Review of Resident 1's care plan of discharge plan indicated, Obtain needed equipment, medication and supplies. Review of Resident 1's Plan of Care Note, dated 5/1/26, written by the director of rehabilitation (DOR) indicated, Approached the resident with the SSD [social service director], .Resident is excited to discharge to home on Monday [5/4/26]. DME needs FWW [front wheel walker] and BSC [bedside commode]. During phone interview with a family member on 5/14/26 at 9:36 a.m., she stated the facility did not provide a walker when Resident 1 was discharged home. During an interview and record review with the DOR on 6/11/26 at 10:31 a.m., she confirmed the above Plan of Care Note dated 5/1/26. The DOR stated FWW and BSC were recommended to Resident 1 for safe discharge. During an interview with the SSD on 6/11/26 at 11:18 a.m., he confirmed that he was with the DOR when the DOR explained needed DME at home to Resident 1 on 5/1/26. The SSD stated he ordered FWW for Resident 1 on 5/4/26 and did not order BSC. The SSD stated Resident 1 said he has a walker at home, but the facility did not confirm whether he has walker at home or not. During an interview and record review with the director of nursing (DON) on 6/11/26 at 12:00 p.m., she confirmed the DOR recommended FWW and BSC as DME for Resident 1's discharge. The DON stated FWW and BSC should have been available when Resident 1 was discharged home. The DON stated the SSD should have initiated the DME preparation when Resident 1's discharge home on 5/4/26 was planned. During an interview and record review with the DON on 6/11/26 at 12:51 p.m., she confirmed Resident 1's BIMS was 10. The DON stated the facility should have ensured FWW was available for Resident 1 when he was discharged home even though he said he has a walker at home. During phone interview with the family member on 6/17/26 at 2:55 p.m., she stated Resident 1 did not have a walker at home, and she informed the facility Resident 1 did not have a walker at home. The family member further stated (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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1 was forgetful, and the facility should not have relied on his statement. Review of the facility's policy and procedure (P&P), dated 6/2016, titled Discharge Planning Process indicated The facility has a discharge planning process which addresses each resident's discharge goals and needs .