STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056026	A. Building B. Wing	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Empress Care Center, LLC	1299 S. Bascom Avenue San Jose, CA 95128

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 49345 Based on interview and record review, the facility failed to ensure an alleged violation involving abuse was reported immediately to administrator or other officials in accordance with State law for one (Resident 1) out of three residents. This failure had the potential to cause further psychosocial and/or physical harm to the residents. Findings: A review of Resident 1's medical records indicated diagnoses including dementia (loss of mental functioning such as thinking, remembering, and reasoning), weakness and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a concurrent record review and interview on 10/14/24 at 10:38 a.m. with the Director of Staff Development (DSD), DSD stated that on 10/6/24, Certified Nurse Aide (CNA) A reported an alleged abuse on 10/4/24 to Resident 1 from CNA B. DSD also stated that according to CNA A's report, CNA A witnessed CNA B shove graham crackers to Resident 1's mouth and pulled Resident 1's right ear. DSD stated that when CNA A was asked why it was not reported immediately, CNA A reported she was intimidated by CNA B. DSD stated that upon receiving the report, she immediately went to check Resident 1, and no injuries were noted. According to the DSD, they have to report any abuse immediately within two hours and they will send the alleged abuser home until further investigation. DSD confirmed that CNA A had Abuse Training done upon hire on 5/7/24. During an interview on 10/14/24 at 1:36 p.m. with the Director of Nursing (DON), DON stated that the DSD informed them of the alleged abuse report on 10/6/24 and they reported it immediately to the ombudsman and California Department of Public Health. DSD also stated it is in their policy that alleged abuse must be reported within two hours and was highly emphasized with staff. A review of undated facility provided policies and procedures (P&P) titled, Abuse, Neglect, Mistreatment and Misappropriation of Resident Property, the P&P indicated, G. Reporting and Response 'Abuse' Policy Requirements: .All alleged violations of abuse .must also be reported by the facility to officials in accordance with State Law, including the State Survey Agency a. Immediately, but not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury b. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment or misappropriation of resident property and does not result in serious bodily injury.

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