STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056037	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Hills Post Acute	370 Noble Court Morgan Hill, CA 95037

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure to follow their policy and procedure (P&P) for hospice program (a specialized medical care and support for residents with a terminal illness who have an estimated life expectancy of six months or less) and nursing facility service agreement for one of three sampled resident (Resident 1) when: No documented evidence for coordinated plan of care between facility and hospice provider (a specialized healthcare organization that provides hospice care) for Resident 1. Above this failure had potentially affected person-centered plan of care (individual care, treatments, and goals to resident's cultural, personal values, and lifestyle), health, and psychosocial well-being for Resident 1. Findings:Review of Resident 1's face sheet (FS, a document that gives resident's information at a quick glance) indicated Resident 1 was admitted to facility on [DATE] and expired in facility on [DATE].Review of Resident 1's FS also indicated Resident 1 was self-responsible for decision making while in facility.Review of Resident 1's minimum data set (MDS, resident assessment tool) assessment dated [DATE] indicated brief interview for mental status (BIMS) score of 13/15 (score of 0-7, severely impaired cognition, 8-12, moderately impaired cognition, 13-15, intact cognition).Review of Resident 1's order summary report indicated an order for refer to hospice evaluation dated [DATE].Review of physician (medical doctor, a licensed healthcare professional trained to diagnose and treat medical conditions)'s order dated [DATE] indicated admit to hospice care with diagnosis of cerebral atherosclerosis (a condition of narrowing and hardening of arteries [blood vessels that carry blood from heart to body tissues] of the brain [the body's central command center], that restricts blood flow, causes serious medical conditions).Review of Resident 1's nursing progress notes, dated [DATE] indicated, Resident 1 was placed on hospice care.Review of a document from hospice provider for Resident 1 indicated, admit date [DATE], diagnosis of cerebral atherosclerosis. This document also indicated nurse, social worker (trained professional dedicated to help resident and families to cope with end of life challenges), chaplain (a religious support for emotional, moral and spiritual care), and nurse aide (a healthcare professional who provides basic bedside care to resident) scheduled visit information left blank and incomplete.Review of Resident 1's hospice provider's document titled, Coordinated Care Plan for Facility Patients, indicated, coordinated care between hospice provider and facility left blank, not completed. This document also indicated plan of care and coordination not reviewed and signed by Resident 1, facility staff, and hospice staff. Review of Resident 1's nursing progress notes dated [DATE] indicated, Resident 1 expired at 9:00 a.m. During an interview with licensed vocational nurse A (LVN A) on [DATE] at 2:45 a.m., LVN A stated increased risk of confusion for facility's nursing staff for meeting resident's care needs and addressing medical condition if there was no documented care coordination between facility and hospice provider.During a concurrent review of Resident 1's hospice provider's document for coordinated care plan and interview with facility's director of nursing (DON) on [DATE] at 3:10 p.m., DON confirmed there was no documented care coordination between facility and hospice provider for Resident 1. DON stated above document not completed, left blank. DON also stated hospice provider's staff should have completed care coordination document, (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reviewed with facility staff and Resident 1 when admitted Resident 1 under their care. DON further stated facility staff should have verified for completion of this document to provide plan of care between facility's staff and hospice provider's staff for Resident 1.During an interview with facility's administrator (ADMN) on [DATE] at 3:16 p.m., ADMN stated hospice provider should have completed documentation for care coordination between facility and hospice provider and reviewed with resident and facility's staff before admitted Resident 1 to hospice care.Review of facility's P&P titled, Hospice Program, revised [DATE], the P&P indicated, Hospice providers who contract with this facility:must have a written agreement with the facility outlining (in detail) the responsibilities of the facility and the hospice agency. Collaborating with hospice representative and coordinating facility staff participation in the hospice care planning process for residents receiving these services.Review of facility's contract with hospice provider titled, Nursing Facility Service Agreement, dated [DATE], this contract indicated, Coordination of Care.2.4.2 Design of Plan of Care. In accordance with applicable federal and state laws and regulations, Facility shall coordinate with Hospice in developing a Plan of Care for each Hospice patient. Hospice retains primary responsibility for development of the plan of care.