

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Canyon Springs Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 180 North Jackson Avenue San Jose, CA 95116	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide respiratory care consistent with professional standards of practice for one of four residents (Resident 1) on oxygen therapy when Resident 1's BiPAP (a breathing support method that delivers positive pressure to the lungs through a mask) application was not documented by licensed nurses. This failure had the potential to result in inadequate monitoring of the resident's condition, and the potential to negatively affect the residents' health, safety and well-being.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated she was admitted on [DATE] with diagnoses including chronic respiratory failure with hypoxia (inability to keep oxygen and carbon dioxide at normal levels), congestive heart failure (heart works less efficiently and can lead to buildup of fluid in the lungs and shortness of breath), chronic obstructive pulmonary disease (a lung disease that makes it difficult to breathe), obstructive sleep apnea (a sleep related breathing disorder that occurs when the upper airway becomes blocked during sleep), chronic pulmonary edema (excess fluid builds up in the lungs making breathing difficult), and dependence on supplemental oxygen.</p> <p>Review of Resident 1's physician order, dated 1/24/25, indicated to apply BiPAP full face large mask at bedtime for obstructive sleep apnea.</p> <p>Review of Resident 1's Respiratory Administration Record (RAR) indicated the licensed nurses applied the BiPAP at bedtime for Resident 1. Further review of the RAR indicated missing entries for the bedtime application of Resident 1's BiPAP on following dates:</p> <p>February 2025: No documentation on 2/5, 2/15, 2/22, 2/23, and 2/28;</p> <p>March 2025: No documentation on 3/3, 3/6, 3/7, 3/12, 3/19, 3/21, 3/23, 3/24, and 3/31;</p> <p>April 2025: No documentation on 4/5, 4/8, 4/12, 4/13, 4/18, 4/20, 4/23, 4/26, 4/29, and 4/30;</p> <p>May 2025: No documentation on 5/6, 5/8, 5/11, 5/15, 5/16, 5/21, 5/22, and 5/24.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and concurrent record review with director of nursing (DON), on 5/3/25 at 1:50 p.m., she reviewed Resident 1's RAR and confirmed the application of the BiPAP was not documented as completed on the above dates. The DON confirmed if the nurses applied the BiPAP at bedtime, they should document in Resident 1's RAR. The DON acknowledged that if the applications of the BiPAP were not documented, they were not done. The DON confirmed the licensed nurses should initial that the BPAP is applied at bedtime as per the physician order.</p> <p>Review of the facility's policy titled BiPAP Support , revised March 2015, indicated to document the time the BiPAP was started and to notify the physician if the resident refuses the procedure.</p>		