

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER Los Altos Sub-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 809 Fremont Avenue Los Altos, CA 94024	

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 observation, interview and record review, the facility failed to ensure needed care and services were provided when call lights were not answered promptly and urgently.</p> <p>This failure had the potential to put residents at risk for physical, emotional and psychosocial distress.</p> <p>The census during the abbreviated survey was 134.</p> <p>Findings:</p> <p>During an observation on 6/12/25 at 3:26 p.m., call light was on for room [ROOM NUMBER]. Two licensed nurses were doing report by the medication cart along the hallway outside the room next to room [ROOM NUMBER].</p> <p>During an interview on 6/12/25 at 3:32 p.m. with Registered Nurse (RN) A, RN A verified room [ROOM NUMBER]'s call light was on while she was getting report (change of shift endorsement) from another nurse. RN A stated nurses can answer call lights even during report.</p> <p>During a concurrent observation and interview on 6/12/25 at 3:39 p.m. with the Director of Nursing (DON), the DON verified call lights were on for several rooms and staff were in the hallway and nurse station. The DON stated call lights must always be answered by staff even during report.</p> <p>During an interview on 6/12/25 at 3:40 p.m. with Registered Nurse (RN) B, RN B stated staff must answer call lights and check on the residents.</p> <p>A review of facility's policy and procedure (P&P) entitled Call Lights: Accessibility and Timely Response dated October 2022, the P&P indicated, .10. To facilitate timely call light response, all staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified .</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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