

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/29/2026
NAME OF PROVIDER OR SUPPLIER Los Altos Post-Acute		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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review, the facility failed to ensure needed care and services were provided in accordance with the resident's goals of care and professional standards of practice for one resident (Resident 1), when Resident 1's blood pressure (BP, the force of the blood pushing against the walls of the arteries as the heart pumps it through the body) was not checked prior to administering BP medication on 4/5/26, 4/6/26, 4/8/26, 4/11/26 and 4/12/26 and Resident 1's BP was not rechecked on 4/4/26 and 4/7/26 after an episode of low BP reading (A low blood pressure [hypotension] range is defined as any reading below 90/60 mmHg [a unit of measurement]). These failures put Resident 1 at risk for clinical decline and delayed clinical response and support. A review of Resident 1's medical records indicated an admission date of 4/1/26 and discharge date of 4/13/26. Resident 1's diagnoses included but were not limited to unspecified atrial fibrillation (an irregular and often very rapid heart rhythm); depression, unspecified (a serious mood disorder that causes persistent sadness, hopelessness, and a loss of interest in activities once enjoyed); malignant neoplasm of colon, unspecified (an uncontrolled growth of abnormal cells forming in the inner lining of the large intestine); and presence of urogenital implants (medical devices or materials surgically placed in the body to help the urinary and reproductive systems work properly). A review of Resident 1's Physician Orders included, Metoprolol Succinate ER Oral Tablet Extended Release 24 hour 25 MG [milligram, a unit of measurement] Give 1 tablet by mouth two times a day for HTN [hypertension, high BP] Hold for SBP [systolic blood pressure, the top number in a blood pressure reading. It measures the maximum force the blood exerts against the artery walls when the heart beats and actively pumps blood out into the body] < [less than] 110 and HR [heart rate] < 60 started on 4/1/26. During an interview on 6/29/30 at 2:00 p.m. with Licensed Vocational Nurse (LVN) A, LVN A stated blood pressure must be checked prior to administering the medication Metoprolol. LVN A also stated the nurse must check if there were parameters set by the doctor. LVN A stated for BP in the range of 80/50 mmhg, the doctor must be made aware and the BP must be monitored every 15 to 30 minutes. During a concurrent interview and record review of Resident 1's MAR and recorded BP readings with the Director of Nursing (DON) on 6/29/26 at 2:16 p.m., the DON verified Metoprolol was scheduled to be given twice a day. The DON also verified Resident 1's blood pressure was only checked once on 4/5/26 at 3:31 p.m., 4/6/26 at 6:59 a.m., 4/8/26 at 6:59 a.m., and 4/11/26 at 4:21 p.m. The DON also verified Resident 1 had a low BP reading of 94/56 mmhg on 4/4/26 at 9:35 p.m. and the BP was rechecked the next day on 4/5/25 at 3:31 p.m. The DON verified another low BP reading of 80/54 mmhg on 4/7/26 at 4:09 pm and the next BP check was the following day on 4/8/26 at 6:59 a.m. with 98/68 mmhg. The DON also verified there was no BP check done on 4/12/26. The DON stated, the nurse should have rechecked and monitored the blood pressure more frequently if there was an episode of low BP. The DON also stated, blood pressure must be checked prior to administering the medication Metoprolol. A review of Resident 1's Medication Administration Record (MAR) for April 2026 indicated that Metoprolol was scheduled to be given at 9 a.m. and 4 p.m. Metoprolol was given twice on 4/5/26, 4/6/26, 4/11/26 and 4/12/26. A review of facility's job description for Licensed Practical Nurse revised August 2024 indicated, .Resident Care Functions.Obtain and document resident vital signs as needed.Duties and Responsibilities.Administer (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 056116	If continuation sheet Page 1 of 2

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications within the scope of practice and according to practitioner orders and report adverse consequences, side effects or any medication errors A review of facility's job description for Registered Nurse revised July 2024 indicated, .Duties and Responsibilities. Administer medications within the scope of practice and according to practitioner orders and report adverse consequences, side effects or any medication errors A review of facility's undated policies and procedures (P&P) entitled Vital Sign Policy indicated, .3. Vital signs will be obtained by the nurse or therapist, as indicated, when administering certain medications, or monitoring for effectiveness of medications or therapies. For example, a. Certain cardiac drugs are given only when a resident's pulse or blood pressure is within a certain range.		