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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056212 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2024 |
| NAME OF PROVIDER OR SUPPLIER The Redwoods Post-Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 1267 Meridian Avenue San Jose, CA 95125 | |

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) |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46553</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure to develop a comprehensive person-centered care plan (plan that identifies residents' needs and outlines the care and services to be provided to meet those needs) for one of two sampled residents (Resident 1) to address management of onychomycosis (fungal infection of the nails). This failure had the potential to result in Resident 1 not receiving necessary care and services.</p> <p>Findings:</p> <p>Review of Resident 1's face sheet indicated the following diagnoses: paraplegia (the lower body is paralyzed), schizoaffective disorder (a mental health condition that can cause hallucinations, delusions, and mood disorder), and tinea unguium (onychomycosis).</p> <p>During an interview and concurrent record review with the Director of Nursing (DON) on 12/14/23 at 2:02 p.m. , the DON reviewed</p> <p>Resident 1's clinical record and confirmed there was no care plan to address management of onychomycosis.</p> <p>The facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 3/2022 indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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