

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER A Grace Sub Acute & Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 S. Winchester Boulevard San Jose, CA 95128	

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** 37686</p> <p>Based on interview and record review, the facility failed to complete a Morse Fall Scale (an assessment used to determine a resident's risk for falls) after a fall for one of three sampled residents (Resident 1). This failure had the potential to compromise the facility's ability to identify fall risk factors and implement interventions accordingly.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated he was admitted on [DATE] and had diagnoses including hemiplegia (one side of the body is paralyzed), disorientation (confusion), and muscle weakness.</p> <p>Review of Resident 1's Morse Fall Scale, dated 4/30/24, indicated Resident 1 was at moderate risk for falling. The instructions printed on the top of the Morse Fall Scale indicated, Complete on admission, quarterly, at change of condition, and after a fall.</p> <p>Review of Resident 1's situation, background, assessment, recommendation (SBAR, a communication tool), dated 5/10/24 and written by licensed nurse A (LN A), indicated Resident 1 was seen scooting out of bed. The SBAR indicated LN A tried to control Resident 1, but he got out in bed in sitting/lying position next to bed. The SBAR further indicated, Let resident lie down on floor safely with pillow on head and LN call for help.</p> <p>During an interview with LN A on 7/8/24, at 3:13 p.m., LN A explained what happened during the incident described in the above SBAR, dated 5/10/24. LN A stated she and another staff member saw Resident 1 sliding off his bed. LN A stated she tried to help Resident 1, but by the time she got to him, he had already slid onto the ground. LN A stated this incident was a witnessed fall.</p> <p>Further review of Resident 1's medical record indicated there was no documentation that the facility completed a Morse Fall Scale after Resident 1's witnessed fall on 5/10/24.</p> <p>During an interview and concurrent record review with LN B on 7/9/24, at 11:26 a.m., LN B confirmed the facility was supposed to complete a Morse Fall Scale after each time a resident fell. LN B reviewed Resident 1's medical record and confirmed there was no documentation that the facility completed a Morse Fall Scale after the resident fell on [DATE].</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy titled Fall Risk Assessment, revised 3/2018, indicated the facility will seek to identify risk factors for falls and establish a falls prevention plan based on relevant assessment information.</p> <p>The facility's undated document titled FALL checklist was reviewed. The document listed the things that should be done if a resident fell . The third item listed on the document was, Morse assessment.</p>