

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Inspire Behavioral Health		STREET ADDRESS, CITY, STATE, ZIP CODE  401 Ridge Vista Avenue San Jose, CA 95127	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46001</p> <p>Based on interview and record review, the facility failed to provide supervision to prevent one out of three sampled residents (Resident 1) from leaving the facility without staff's knowledge and permission.</p> <p>This failure had a potential risk to compromise Resident 1's health and safety, as she was found walking toward the parking lot outside the facility on 8/11/24.</p> <p>Findings:</p> <p>A review of Resident 1's medical record indicated she was admitted to the facility on [DATE] with diagnoses including unspecified schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves).</p> <p>A review of Resident 1's minimum data set (MDS, an assessment tool) dated 6/25/24 indicated his brief interview for mental status (BIMS, cognition level) score was 12 (8 to 12 points suggests moderate cognitive impairment).</p> <p>During an interview with the Program Consultant (PC) on 9/6/24 at 9:13 a.m., the PC stated that she looked through her glass window in her office around 10:46 a.m. and found Resident 1 was walking on the sidewalk pavement towards the parking lot outside the facility. She and her co-workers immediately followed Resident 1 and redirected Resident 1 back to the facility. No injury was noted. The PC confirmed Resident 1 did not have permission to leave the facility. The PC further stated that this facility was locked, and all residents coming out from the facility without permission waere not allowed.</p> <p>During an interview with the social service director (SSD) on 9/6/24 at 10:20 a.m., the SSD confirmed that Resident 1 did not have the go-out pass and should not have left the facility without permission. The SSD further stated that when staff opened the door, they should have looked back to ensure the door was locked and no resident was following them.</p> <p>A review of Resident 1's Interdisciplinary Team (IDT) notes dated 8/14/24 indicated around 11:00 a.m., on 8/11/24, A staff observed Resident 1 walking on the sidewalk just outside the facility towards the parking lot. Staff immediately followed Resident 1 on foot and provided redirection back to the facility. Resident 1 was receptive and returned safely to the facility with no issues.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Inspire Behavioral Health		STREET ADDRESS, CITY, STATE, ZIP CODE  401 Ridge Vista Avenue San Jose, CA 95127	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's undated Policy and procedure (p&amp;p) titled Preventing Elopement indicated, .staff shall not open the exit doors if a resident is in close proximity to the door. Staff shall look through the glass window to see that no resident is on the other side of the door before entering the units. The door handle shall not be released until the door latches to assure that the door has been locked .</p>		