

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  09/24/2024
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>37409</p> <p>Based on interview and record review, the facility failed to conduct performance review at least once every 12 months for three of three certified nursing assistants (CNA A, CNA B, and CNA C). This failure resulted in unidentified the needed training for the CNAs to improve their skills in resident care every year.</p> <p>Findings:</p> <p>Review of CNA A's personnel file indicated she was hired on 8/14/20, and she did not have the performance review done in the year 2021, 2022, and 2023.</p> <p>During an interview with the director of staff development (DSD) on 9/23/24 at 4:10 p.m., she reviewed CNA A's personell file and confirmed that CNA A did not have the performance review done in the year 2021, 2022, and 2023.</p> <p>Review of CNA B's and CNA C's personnel files indicated they were hired on 4/15/13 and 8/22/12, and they did not have the performance review done in the year 2021 and 2022.</p> <p>During an interview with the DSD on 9/24/24 at 11:45 a.m., she reviewed CNA B's and CNA C's personnel files and confirmed that CNA B and CNA C did not have the performance review done in the year 2021 and 2022. The DSD stated the performance of the CNAs should be reviewed every year.</p> <p>Review of the facility's Employee Handbook, dated 2/2024, indicated . Performance Evaluations: . The first performance evaluation may be after completion of the Introductory Period. After that review, performance evaluations may be conducted annually, on or around their anniversary date.</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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