STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A277	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inspire Behavioral Health	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37409 Based on interview and record review, the facility failed to prevent two of three residents (1 and 2) from elopement when the staff and visitors did not look around to make sure Resident 1 and Resident 2 were not close by in the area when they opened the locked exit door to prevent the residents from exiting the locked door immediately when the door was opened. This failure placed the residents at risk for accident and injury. Findings: Review of Resident 1's Admission Record indicated she was admitted to the facility on [DATE] with schizoaffective disorder (a mental health condition that is marked by a mix of seeing things or hearing voices that others don't observe, believing things that are not real, persistent feeling of sadness and loss of interest, and having great excitement and occasionally violent behavior) diagnosis. Review of Resident 1's Risk for Elopement, dated 12/20/23 and 1/7/24, indicated Resident 1 was high risk of elopement. Review of Resident 1's Change in Condition Evaluations, dated 12/20/23, 1/8/24, and 1/27/24, indicated she eloped from the facility on 12/20/23, 1/7/24, and 1/27/24. Review of Resident 1's Interdisciplinary Team (IDT, a group of professionals from various fields who work together to treat patients) Notes, dated 12/26/23, indicated around 10:12 a.m. on 12/20/23, Resident 1 quickly ran out of the exit door when the staff entered, pushed staff away from the lobby door and ran towards the street. Resident 1 walked unsafely on the street, entered a bank, got on and off the bus, and walked in the plaza. Law enforcement was notified and helped to bring Resident 1 back to the facility. Review of Resident 1's IDT Notes, dated 1/10/24, indicated around 3 p.m. on 1/7/24, Resident 1 bustled and moved through the exit door when she saw it opened, ran down the street and away from the facility. Review of Resident 1's IDT Notes, dated 1/31/24, indicated around 6:25 p.m. on 1/27/24, Resident 1 was standing near the exit door and quickly followed a staff out. Resident 1 walked on the street and attempted to get on the bus. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A277	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inspire Behavioral Health	401 Ridge Vista Avenue San Jose, CA 95127

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 2's Admission Record indicated she was admitted to the facility on [DATE] with schizoaffective disorder diagnosis. Review of Resident 2's Change in Condition Evaluation, dated 5/24/24, indicated she eloped from the facility on 5/24/24. Review of Resident 2's IDT Notes, dated 5/29/24, indicated around 1 p.m. on 5/24/24, Resident 2 walked out of the exit door when nursing students entered the unit. Resident 2 walked unsafely on the street, walked into a store, and attempted to get matches and cigarettes. Law enforcement was notified and assisted. During an interview with the director of nursing (DON) on 10/11/24, at 2:45 p.m., he stated the nursing instructor opened the exit door for the nursing students to enter the unit, and Resident 2 walked out the door; the nursing instructor and students had already had orientation about the residents' elopement and absence without leave (AWOL) when they came to the facility for clinical rotation. The DON stated the staff and visitors should look around to make sure the residents were not close by in the area when they opened the locked exit door. Review of the facility's undated policy and procedure, Elopement and AWOL, indicated . Prevention: . 6. Staff shall not open the exit doors if a resident is in the close proximity of the door. 7. Staff shall look through the glass window to see that no resident is on the other side of the door before entering the units.