STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on observation, interview, and record review, the facility failed to ensure the proper use of side or bed rails (SR/BR, adjustable rigid bars attached to the side of the bed) for 30 out of 30 residents when:1.There was no documentation that indicated the facility conducted an accurate routine bed inspection following the Food and Drug Administration (FDA, a federal agency within the U.S. Department of Health and Human Services responsible for protecting public health by ensuring the safety, efficacy [the power to produce a desired result], and security of human and animal drugs, biological products [substances derived from living organisms and used in medicine for prevention, diagnosis, or treatment], medical devices, our nation's food supply, cosmetics, and products that emit radiation [like smoke detectors, microwave ovens, or wireless devices) entrapment zones for the facility's beds and side rails of 30 out of 30 residents (Residents 19, 13, 26, 6, 17, 21, 25, 5, 23, 16, 2, 18, 28, 1, 29, 27, 22, 12, 24, 4, 11, 9, 14, 8, 15, 10, 3, 7, 32, and 20), (with bed rails installed in their beds);2.There was no documentation that indicated the risk of entrapment (a situation where an individual can become caught by their head, neck, chest, or other body parts in the tight spaces around the bed rail) assessment from bed rails was completed prior to installation for 30 of 30 residents (Residents 19, 13, 26, 6, 17, 21, 25, 5, 23, 16, 2, 18, 28, 1, 29, 27, 22, 12, 24, 4, 11, 9, 14, 8, 15, 10, 3, 7, 32, and 20; 3. There was no documentation that indicated alternatives were offered and/or attempted prior to the use of side rails for 15 of 15 residents (Residents 19, 13, 26, 6,17, 16, 18, 29, 22, 7, 20, 14, 15, 4, and 8) who used them;4. There was no physician's order indicated the use of side/bed rails for 13 (Residents 19, 13, 26, 6, 17, 18, 29, 22, 7, 20, 14, 15, and 4) of 15 residents;5. There was no person-centered care plans related to side/bed rail used for 15 of 15 residents (Residents 19, 13, 26, 6,17, 16, 18, 29, 22, 7, 20, 14, 15, 4, and 8);6. Bed Rail Assessment for Residents 21, 25, 5, and 20 had no indication for their use;7. There was no side/bed rail assessment form completed for 12 (Residents 23, 2, 28, 1, 27, 12, 24, 9, 11, 3, 32, and 10) of 30 residents; and8. There was no updated Bed Rail Assessment, completed for Residents 18 and 29.These failures had the potential to place the residents at risk of entrapment and serious injury.1.During an interview with Plant Operations Manager (POM) on 7/25/2025 at 11:25 a.m., POM confirmed all 30 beds in the facility had bed rails and stated he stopped checking the bed measurements since the director of nursing (DON) told him that the state regulation has changed. POM stated he used to measure the space between the mattress and side/bed rails, the space between the mattress and headboard and the space between the mattress and the footboard.During a concurrent interview with POM and record review on 7/25/2025 at 1:19 p.m., POM reviewed the bed's quarterly inspection and confirmed he inspected all the beds from January 2025 to July 2025. POM confirmed there was no bed measurements for each bed, and he only documented, YES to each bed which indicated, All side rails have an opening of less than 4 inches. POM stated he only measured all four sides of the spaces between the mattress and side rails.During a concurrent observation and interview with POM together with two other nurse surveyors on 7/25/2025 at 1:30 p.m., inside Resident 28's room, there was an upper left and right bed rails installed in the bed and POM confirmed the observation. POM (continued on next page)

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
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	demonstrated how he did the bed inspection and stated he measured the space between the mattress and the bed rail to the left and right side. POM further stated, he also measured the spaces between the mattress and the headboard and between the mattress and the footboard. When asked if he followed the FDA's recommended entrapment zones, POM was unable to demonstrate the other zones to be assessed or measured in the bed.During a review of the FDA's guidance document titled, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated 8/23/20218, indicated, Key Areas of Concern and Recommendations: Zone 1: Within the Rail: Open spaces within the bed rail perimeter can pose a head entrapment risk. The FDA recommends a space of less than 43/4 inches. Zone 2: Under the Rail, Between Rail supports: The gap under the rail and above the mattress can be a dangerous entrapment zone. Zone 3: Between the Rail and the Mattress: The space between the inside of the rail and the mattress should be minimized to prevent entrapment. Zone 4: Under the Rail at the Ends of the Rail: The gap between the mattress and the bottom of the rail can cause neck entrapment. The FDA recommends a space of less than 2 3/8 inches. Zone 5: Between Split Bed Rails: When using partial-length rails, the space between them can be a risk zone. Zone 6: Between the End of the Rail and the Side Edge of the Head or Foot Board: The gap here can also pose a risk of entrapment.During a review of the facility's policy and procedure titled, Bed Safety and Bed Rails, date revised 8/2022, indicated, Bed frames, mattresses and bed rails are checked for compatibility and size prior to use. Bed dimensions are appropriate for the resident's use. Regardless of mattress type, width, length, and/or depth, the bed frame, bed rail and mattress will leave no gap wide enough to entrap a resident's head or body. Any gaps in the bed system are within the safety dimensions established by the FDA. Maintenance staff routinely inspects all bed and related equipment to identify risks and problems including potential entrapment risks. The Maintenance department provides a copy of inspections to the administrator and report results to the QAPI [Quality Assurance and Performance Improvement] committee for appropriate action. Copies of the inspection results and QAPI committee recommendations are maintained by the administrator and/or safety committee.2. During a concurrent observation and interview with minimum data set nurse (MDSN) on 7/23/2025 at 1:37 p.m., inside Resident 19 and Resident 13's room, Resident 19's bed had two upper bed rails installed in the bed and the right side/bed rail was in upright position. MDSN confirmed the above observation. At 1:39 p.m., Resident 13 was observed seated on her wheelchair and her bed had two upper bed rails installed but they were not in an upright position. MDSN confirmed Resident 13's bed rail could be pulled up if needed. At 1:40 p.m., Resident 13 stated she used the right upper bed rail when she was in bed to access the bed remote which was located at the right upper bed rail.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:43 p.m., inside Resident 26's room (Resident 26 was not present), Resident 26's bed had four installed bed rails (upper and lower), and the two upper BRs were in an upright position. MDSN confirmed the above observation.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:45 p.m. inside Resident 6's room, Resident 6 was in bed and had four BRs installed. All four BRs were not in use and MDSN confirmed the observations.During a concurrent observation and interview with MDSN and Resident 17 on 7/23/2025 at 1:46 p.m., inside Resident 17's room, Resident 17 was seated on a chair in front of his computer and his bed had two upper bed rails in place. The left upper bed rail was in an upright position and MDSN confirmed the observations. Resident 17 stated he used the left BR to help him to reposition in bed and with transfer out of bed.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:48 p.m., inside Resident 21's room, Resident 21's had two upper BRs installed in bed. Both upper BRs could be pulled up as needed and MDSN confirmed the observations.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:49 p.m., inside Resident 25's room, Resident 25 had two upper BRs installed in bed and could be pulled up as needed. MDSN confirmed the observations. MDSN stated bed rails were already installed in resident's bed upon admission, and they had to complete the bed rail assessment to determine if the bed rails were indicated to use.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:55 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	p.m., inside Residents 5 and 23's room, both residents were not in the room, and their beds had upper and lower bed rails in place. MDSN confirmed the above observation.During a concurrent observation and interview with MDSN on 7/23/25 at 2:00 p.m., inside Resident 16's room, Resident 16 was sitting in her wheelchair and verbalized that she was using her side rails, if needed. She had two upper side rails attached to her bed. MDSN verified that Resident 16 would sometimes use her right-side rail if needed.During a concurrent observation and interview with MDSN on 7/23/25 at 2:03 p.m., inside Resident 2 and Resident 18's room, Resident 2 was lying in her bed, confused and could not answer questions. MDSN verified that Resident 2 had bilateral half (2 upper) side rails attached to her bed. Resident 18 was lying in bed, alert and verbally responsive. MDSN verified that Resident 18 had her bilateral half side rails up and she used them.During a concurrent observation and interview with MDSN on 7/23/25 at 2:07 p.m., inside Resident 28's room, Resident 28 had four half side rails attached to her bed. MDSN verified that Resident 28 had four half side rails attached to her bed.During a concurrent observation and interview with MDSN on 7/23/25 at 2:10 p.m., inside Resident 1's room, Resident 1 had four side rails attached to the bed. MDSN verified that Resident 1 had four side rails attached to her bed. During a concurrent observation and interview with MDSN on 7/23/25 at 2:12 p.m., Resident 29's had bilateral half side rails attached to the bed. MDSN verified that Resident 29 had been using either of his side rails, when he's getting up in bed.During a concurrent observation and interview with MDSN on 7/23/25 at 2:15 p.m., inside Resident 27 and Resident 22's room, Resident 27 had four side rails attached to her bed. MDSN verified that Resident 27 had four side rails attached to her bed. Resident 22's bed had the right-side rail in upright position. MDSN verified that Resident 22 had been using her right-side rail.During a concurrent observation and interview with MDSN on 7/23/25 at 2:18 p.m., inside Resident 12's room, Resident 12 had bilateral half side rails attached to her bed. MDSN verified that Resident 12 had bilateral half side rails attached to her bed. During a concurrent observation and interview with MDSN on 7/23/25 at 2:20 p.m., inside Resident 24's room, Resident 24 had bilateral half side rails attached to her bed. MDSN verified that Resident 24 had bilateral half side rails attached to her bed. During a concurrent observation and interview with MDSN on 7/23/25 at 2:22 p.m., inside Resident 4 and 11's room, both residents were sleeping. Resident 4 had the right upper and lower side rails raised and both left upper and lower side rails down. Resident 11 had both upper side rails down. MDSN confirmed the above observation. During a concurrent observation and interview with MDSN on 7/23/25 at 2:23 p.m., inside Resident 9's room, both upper and lower side rails were down. MDSN confirmed the above observation.During a concurrent observation and interview with MDSN on 7/23/25 at 2:24 p.m., inside Resident 14 and 8's room, both residents were not in the room. Resident 14 had both upper side rails down. Resident 8 had both upper and lower side rails raised. MDSN confirmed the above observation.During a concurrent observation and interview with MDSN on 7/23/25 at 2:26 p.m., inside Resident 15's room, Resident 15 was not in the room, and the bed had both upper and lower side rails down. MDSN stated Resident 15 used the left upper side rails. MDSN confirmed the above observation.During a concurrent observation and interview with MDSN on 7/23/25 at 2:28 p.m., inside Resident 10's room, Resident 10 was sleeping, and the bed had both upper side rails down. MDSN confirmed the above observation. During a concurrent observation and interview with MDSN on 7/23/25 at 2:30 p.m., inside Resident 3's room, Resident 3 was not in the room, and the bed had both upper side rails down. MDSN confirmed the above observation. During a concurrent observation and interview with MDSN on 7/23/25 at 2:32 p.m., inside Resident 7 and 32's room. Resident 7 was not in the room, and the bed had both upper and lower side rails down. MDSN stated the side rails were used to transfer Resident 7 from bed to wheelchair. Resident 32 was in the room sleeping, and the bed had both upper and lower side rails down. MDSN confirmed the above observation.During a concurrent observation and interview with MDSN on 7/23/25 at 2:33 p.m., inside Resident 20's room, the resident was sitting in the wheelchair, and the bed had both upper and lower side rails down. Resident 20 stated she does not use the side rails. MDSN confirmed the above observation. During a concurrent interview with MDSN and record (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	review on 7/23/2025 at 2:34 p.m., MDSN reviewed Resident 19's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/23/2025 at 2:48 p.m., MDSN reviewed Resident 13's BR assessment completed on 4/30/2025 and the SR Rational Screen completed on 5/8/2025. MDSN confirmed the documentation did not indicate an entrapment risk assessment was completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:00 a.m., MDSN reviewed Resident 6's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:12 a.m., MDSN reviewed Resident 26's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:18 a.m., MDSN reviewed Resident 17's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:22 a.m., MDSN reviewed Resident 21's BR assessment completed on 4/1/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:26 a.m., MDSN reviewed Resident 25's BR assessment completed on 3/18/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:30 a.m., MDSN reviewed Resident 5's BR assessment completed on 3/25/2025 and MDSN confirmed it did not indicate an entrapment risk assessment was also completed.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:34 a.m., MDSN reviewed Resident 23's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During the concurrent review of Resident 16's clinical records and interview with MDSN on 7/24/25 at 1:22 p.m., MDSN verified that Resident 16 did not have proper assessment for the risks of entrapment.During the concurrent review of Resident 2's clinical records and interview with MDSN on 7/24/25 at 1:25 p.m., MDSN verified that Resident 2 did not have the assessment for the risks of entrapment for the bilateral half side rails attached to the bed. During the concurrent review of Resident 18's clinical records and interview with MDSN on 7/24/25 at 1:27 p.m., MDSN verified that Resident 18 did not have the assessment for the risks of entrapment related to side rails. During the concurrent review of Resident 28's clinical records and interview with MDSN on 7/24/25 at 1:30 p.m., MDSN verified that Resident 28 did not have the assessment for the risks of entrapment for the four half side rails attached to the bed. During the concurrent review of Resident 1's clinical records and interview with MDSN on 7/24/25 at 1:32 p.m., MDSN verified that Resident 1 did not have the assessment for the risks of entrapment for the four half side rails attached to the bed. During the concurrent review of Resident 29's clinical records and interview with MDSN on 7/24/25 at 1:34 p.m., MDSN verified that Resident 29 did not have the assessment for the risks of entrapment.During the concurrent review of Resident 27's clinical records and interview with MDSN on 7/24/25 at 1:36 p.m., MDSN verified that Resident 27 did not have the assessment for the risks of entrapment for the four half side rails attached to the bed. During the concurrent review of Resident 22's clinical records and interview with MDSN on 7/24/25 at 1:38 p.m., MDSN verified that Resident 22 did not have the assessment for the risks of entrapment. During the concurrent review of Resident 12's clinical records and interview with MDSN on 7/24/25 at 1:40 p.m., MDSN verified that Resident 12 did not have the assessment for the risks of entrapment for the bilateral half side rails attached to the bed. During the concurrent review of Resident 24's clinical records and interview with MDSN on 7/24/25 at 1:42 p.m., MDSN verified that Resident 24 did not have the assessment for the risks of entrapment for the bilateral half side rails attached to the bed. During a concurrent interview and record review with MDSN, on 7/24/25 at 11:12 a.m., MDSN reviewed Resident 4's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed. During a concurrent (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	interview and record review with MDSN, on 7/24/25 at 11:17 a.m., MDSN reviewed Resident 11's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During a concurrent interview and record review with MDSN, on 7/24/25 at 11:22 a.m., MDSN reviewed Resident 3's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed. During a concurrent interview and record review with MDSN, on 7/24/25 at 11:23 a.m., MDSN reviewed Resident 9's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed. During a concurrent interview and record review with MDSN, on 7/24/25 at 11:24 a.m., MDSN reviewed Resident 32's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed. During a concurrent interview and record review with MDSN, on 7/24/25 at 11:26 a.m., MDSN reviewed Resident 14's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During a concurrent interview and record review with MDSN, on 7/24/25 at 11:28 a.m., MDSN reviewed Resident 15's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During a concurrent interview and record review with MDSN, on 7/24/25 at 11:29 a.m., MDSN reviewed Resident 7's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During a concurrent interview and record review with MDSN, on 7/24/25 at 11:32 a.m., MDSN reviewed Resident 20's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During a concurrent interview and record review with MDSN, on 7/24/25 at 11:33 a.m., MDSN reviewed Resident 8's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed.During a concurrent interview and record review with MDSN, on 7/24/25 at 11:37 a.m., MDSN reviewed Resident 10's electronic and paper documentation and MDSN confirmed there was no entrapment risk assessment completed. During a concurrent interview with the POM and DON on 7/25/2025 at 1:32 p.m., both POM and DON confirmed they did not complete an entrapment risk assessment to all the 30 residents in the facility.During a review of the facility's policy and procedure titled, Bed Safety and Bed Rails, date revised 8/2022, indicated, The resident assessment to determine risk of entrapment includes, but is not limited to: a. medical diagnosis, conditions, symptoms, and/or behavioral symptoms; b. size and weight; c. sleep habits; d. medication(s); e. acute medical or surgical interventions; f. underlying medical conditions; g. existence of delirium; h. ability to toilet self safely; i. cognition; j. communication; k. mobility (in and out of bed); and l. risk of falling.3. During a concurrent interview with MDSN and record review on 7/23/2025 at 2:34 p.m., MDSN reviewed Resident 19's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview with MDSN and record review on 7/23/2025 at 2:48 p.m., MDSN reviewed Resident 13's BR assessment completed on 4/30/2025 and the SR Rational Screen completed on 5/8/2025. MDSN confirmed the documentation did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:00 a.m., MDSN reviewed Resident 6's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:12 a.m., MDSN reviewed Resident 26's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:18 a.m., MDSN reviewed Resident 17's BR assessment completed on 5/23/2025 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview and record review with MDSN on 7/24/25 at 11:12 a.m., MDSN reviewed Resident 4's BR assessment completed on 1/21/25 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview and record review with MDSN on 7/24/25 at 11:26 a.m., MDSN reviewed Resident 14's BR (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	assessment completed on 1/24/25 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview and record review with MDSN on 7/24/25 at 11:28 a.m., MDSN reviewed Resident 15's BR assessment completed on 3/28/24 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview and record review with MDSN on 7/24/25 at 11:29 a.m., MDSN reviewed Resident 7's BR assessment completed on 3/31/25 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview and record review with MDSN on 7/24/25 at 11:32 a.m., MDSN reviewed Resident 20's BR assessment completed on 1/14/25 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.During a concurrent interview and record review with MDSN on 7/24/25 at 11:33 a.m., MDSN reviewed Resident 8's BR assessment completed on 5/13/24 and MDSN confirmed it did not indicate that they offered or attempted any alternatives prior to the use of BRs.Review of Resident 16's clinical records indicated, Resident 16 did not have documentation that alternatives were attempted prior to the installation of side rails. During the concurrent review of Resident 16's clinical records and interview with MDSN on 7/24/25 at 1:22 p.m., MDSN verified that Resident 16 did not have documentation that alternatives were attempted prior to side rails installation. Review of Resident 18's clinical records indicated, Resident 18 did not have documentation that alternatives were attempted prior to the installation of side rails. During the concurrent review of Resident 18's clinical records and interview with MDSN on 7/24/25 at 1:27 p.m., MDSN verified that Resident 18 did not have documentation that alternatives were attempted prior to side rails installation.Review of Resident 29's clinical records indicated, Resident 29 did not have documentation that alternatives were attempted prior to the installation of side rails. During the concurrent review of Resident 29's clinical records and interview with MDSN on 7/24/25 at 1:34 p.m., MDSN verified that Resident 29 did not have documentation that alternatives were attempted prior to side rails installation.Review of Resident 22's clinical records indicated, Resident 22 did not have documentation that alternatives were attempted prior to the installation of side rails.During the concurrent review of Resident 22's clinical records and interview with MDSN on 7/24/25 at 1:38 p.m., MDSN verified that Resident 22 did not have documentation that alternatives were attempted prior to side rails installation.During an interview with DON on 7/25/2025 at 1:32 p.m., DON confirmed there were no documented alternatives offered or attempted to all the 15 residents who used the BRs. During a review of the facility's policy and procedure titled, Bed Safety and Bed Rails, date revised 8/2022, indicated, Prior to the installation or use of a side or bed rail, alternatives to the use of side or bed rails are attempted. Alternatives may include: a. roll guards; b. foam bumpers; c. lowering the bed; and/or d. use of concave mattresses to reduce rolling off the bed. If attempted alternatives do not adequately meet the resident's needs the resident may be evaluated for the use of bed rails. This interdisciplinary evaluation includes: a. an evaluation of the alternatives to bed rails that were attempted and how these alternatives failed to meet the resident's needs; b. the resident's risk associated with the use of bed rails; c. input from the resident and/or representative; and d. consultation with the attending physician.4. During a concurrent interview with MDSN and record review on 7/23/2025 at 2:34 p.m., MDSN reviewed Resident 19's order summary report with active orders as of 7/1/2025, and MDSN confirmed there was no physician's order for Resident 19's BR use. MDSN stated there should have been an order for Resident 19's BR use, and the indication of use should be included in the order.During a concurrent interview with MDSN and record review on 7/23/2025 at 2:48 p.m., MDSN reviewed Resident 13's order summary report with active orders as of 7/1/2025, and MDSN confirmed there was no physician's order for Resident 13's BR use.During an interview with the DON on 7/24/2025 at 9:57 a.m., DON confirmed they did not have physician's order for the residents' (Residents 19, 13, 26, 6, 17, 18, 29, 22, 7, 20, 14, 15, and 4) use of bed rails, and she was told by the physician that the consent signed by the physician was considered an order.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:00 a.m., MDSN reviewed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Resident 6's order summary report with active orders as of 7/1/2025, and MDSN confirmed there was no physician's order for Resident 6's BR use.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:12 a.m., MDSN reviewed Resident 26's order summary report with active orders as of 7/1/2025, and MDSN confirmed there was no physician's order for Resident 26's BR use.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:18 a.m., MDSN reviewed Resident 17's order summary report with active orders as of 7/1/2025, and MDSN confirmed there was no physician's order for Resident 17's BR use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:12 a.m., MDSN reviewed Resident 4's order summary report as of 7/1/25, and MDSN confirmed there was no physician's order for Resident 4's BR use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:26 a.m., MDSN reviewed Resident 14's order summary report as of 7/1/25, and MDSN confirmed there was no physician's order for Resident 14's BR use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:28 a.m., MDSN reviewed Resident 15's order summary report as of 7/1/25, and MDSN confirmed there was no physician's order for Resident 15's BR use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:29 a.m., MDSN reviewed Resident 7's order summary report as of 7/1/25, and MDSN confirmed there was no physician's order for Resident 7's BR use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:32 a.m., MDSN reviewed Resident 20's order summary report as of 7/1/25, and MDSN confirmed there was no physician's order for Resident 20's BR use.During the concurrent review of Resident 18's order summary report with active orders as of 7/1/2025 and interview with MDSN on 7/24/25 at 1:27 p.m., MDSN verified that Resident 18 did not have a written physician's order for the use of her side rails.During the concurrent review of Resident 29's order summary report with active orders as of 7/1/2025 and interview with MDSN on 7/24/25 at 1:34 p.m., MDSN verified that Resident 29 did not have a written physician's order for the use of his side rails.During the concurrent review of Resident 22's order summary report with active orders as of 7/1/2025 and interview with MDSN on 7/24/25 at 1:38 p.m., MDSN verified that Resident 22 did not have a written physician's order for the use of her side rails. Review of the facility's informed consent used by the physician titled, PHYSICAL RESTRAINTS INFORMED CONSENT, related to bed rail use, indicated, it will be considered to treat a medical condition or symptom that endangers my physical safety or safety of other residents and will: Only be used upon the written order of my attending physician.5. During a concurrent interview with MDSN and record review on 7/23/2025 at 2:34 p.m., MDSN reviewed Resident 19's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 19's bed rail use.During a concurrent interview with MDSN and record review on 7/23/2025 at 2:48 p.m., MDSN reviewed Resident 13's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 13's bed rail use.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:00 a.m., MDSN reviewed Resident 6's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 6's bed rail use.During a concurrent interview with MDSN and record review on 7/24/2025 at 10:12 a.m., MDSN reviewed Resident 26's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 26's bed rail use. During a concurrent interview with MDSN and record review on 7/24/2025 at 10:18 a.m., MDSN reviewed Resident 17's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 17's bed rail use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:12 a.m., MDSN reviewed Resident 4's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 4's bed rail use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:26 a.m., MDSN reviewed Resident 14's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 14's bed rail use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:28 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a.m., MDSN reviewed Resident 15's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 15's bed rail use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:29 a.m., MDSN reviewed Resident 7's list of care plans and MDSN confirmed there was no person-centered care plan developed and implemented for Resident 7's bed rail use.During a concurrent interview and record review with MDSN on 7/24/25 at 11:32 a.m., MDSN reviewed Resident 20's list of care plans and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure monitoring for safety, comfort, skin integrity, and continued need of the use of physical restraints (devices or techniques used to limit a person's movement or access to their body to ensure safety or manage behavior) were provided for two of three residents (Resident 10 and 28). This failure had the potential to adversely affect the safety and wellbeing of the residents.Review of Resident 10's admission record, indicated Resident 10 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a progressive neurological disorder that affects movement) with dyskinesia (abnormal, involuntary movements), psychotic disorder with hallucinations (a mental illness where a person experiences hallucinations, which are sensory perceptions such as hearing voices or seeing things that aren't there), major depressive disorder (persistent low or depressed mood).Review of Resident 10's clinical record indicated she had a physician's order, dated 4/30/25, for personal alarm (a small, portable device that has a button or a pull-cord that emits a loud sound when activated), bed alarm (a device that alerts caregivers when someone gets out of bed), and lap buddy (a foam-covered device that provides upper body support and posture assistance while safely securing the resident in a seated position) for safety.During an observation on 7/21/25 at 9:33 a.m., Resident 10 was sitting on a wheelchair by the nurse's station with personal alarm attached to her back.During a concurrent observation and interview, on 7/22/25 at 9:00 a.m., with the Director of Nursing (DON), Resident 10 was observed to have a personal alarm attached to her back and a lap buddy placed in front of the wheelchair. The DON stated the lap buddy, and personal alarm was used to prevent Resident 10 from falling.During an interview with the DON, on 7/25/25 at 9:40 a.m., the DON stated the personal alarm and lap buddy was used to prevent sudden and abrupt movement of Resident 10. The DON confirmed there was no monitoring for safety, comfort, skin integrity, and continued need for the use of personal alarm, lap buddy, and bed alarm documented.Review of Resident 28's admission record, indicated Resident 28 was admitted to the facility on [DATE] with diagnoses including unspecified dementia (a decline in mental abilities, severe enough to interfere with daily life), essential hypertension (high blood pressure that does not have a known cause), cataract (a clouding of the natural lens of the eye, which can cause blurred vision and other vision problems).Review of Resident 28's clinical record, indicated she has a physician's order, dated 6/24/25, for personal alarm for fall alert.During an observation on 7/25/25 at 10:05 a.m., Resident 28 was sitting on a wheelchair by the nurse's station with a personal alarm attached to her back.During an interview on 7/25/25 at 10:07 a.m., with Registered Nurse (RN) C, RN C stated personal alarm was used because Resident 28 was impulsive and got out of chair.During a concurrent interview and record review with the DON, on 7/25/25 at 12:12 p.m., the DON stated there was no monitoring for safety, comfort, skin integrity, and continued need of the use of personal alarm documented.Review of the facility's policy and procedure (P&P), titled Use of Restraints, dated 2001, indicated when the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Documentation regarding the use of restraints shall include: .f. observation, range of motion and repositioning flow sheets.Review of facility's P&P, titled Use of Lap Restraint for Resident Safety, dated 1/15/2020, indicated. 5. Monitoring and Evaluation: The resident will be monitored routinely for safety, comfort, skin integrity, and continued need for the lap buddy. Documentation in the medical record will reflect ongoing assessment of effectiveness and resident tolerance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observation, interview, and record review, the facility failed to ensure 1 out of 5 sampled residents (Resident 29) was free from unnecessary psychotropic medication (drug that affects brain activities associated with mental processes and behavior) when Resident 29 received:1. PRN (as-needed) lorazepam (medication to treat agitation or anxiety) 9 times for a condition not as prescribed and without documented evidence of attempted behavioral (or non-pharmacological) interventions prior to its use; and2. PRN lorazepam order for 90 days but it was transcribed as 120 days.These failures resulted in unnecessary psychotropic medication for Resident 29 who received medication outside of the prescribed indication, without attempted behavioral interventions, and longer than prescribed.1. A review of Resident 29's clinical record indicated he was admitted to the facility with diagnoses including Alzheimer's disease (progressive disease that destroys memory and other important mental functions), general anxiety disorder (severe, ongoing anxiety that interferes with daily activities), and dementia (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).A review of Resident 29's physician's orders indicated an order, dated 4/17/25, for Ativan (lorazepam) 0.5 milligrams (mg, unit of measurement), give 1 tablet by mouth every 6 hours as needed for anxiety for 120 Days constantly looking for his wife, repeatedly asking of wanting to go home causing him distress.During a medication administration observation on 7/21/25 at 4:25 p.m., Resident 29 was observed being quiet, pleasant, and patient while Licensed Vocational Nurse (LVN) A was having trouble getting the blood pressure machine to work. The resident was compliant with LVN A's instructions and had no distress or anxiety during this observation.On 7/22/25 at 2:48 p.m., Resident 29 was observed sitting in a chair in the hallway, being quiet and engrossed in a book. No anxiety or distress was observed.On 7/23/25 at 8:50 a.m., Resident 29 was observed in the dining room eating breakfast, calm, and collective. No anxiety or distress was observed.During a concurrent interview and record review with Registered Nurse (RN) C on 7/23/25 at 10:22 a.m., she stated Resident 29 occasionally gets agitated especially when he could not find his wife, the car key, or his car. She stated the resident's behaviors have improved lately, and he has not been getting the PRN lorazepam often. She stated the nursing staff only gave lorazepam in situations when he had increased agitation, or not redirectable, or in distress. She also stated the hospice nurse would come and give him a shower and would ask the staff to give him a lorazepam dose before coming. She reviewed Resident 29's clinical record and stated she administered one dose of lorazepam the morning of 7/17/25. When asked if she had tried any non-drug interventions before giving the lorazepam, RN C stated she recalled asking the resident if he was ready for a shower, and the resident responded he was not sure about a shower. RN C stated, I gave it off of hospice request. RN C acknowledged the premedication before a shower was not part of the lorazepam order and not consistent with the physician's order.On 7/23/25, a review of Resident 29's nursing progress notes (PNs) indicated the nursing staff administered a dose of lorazepam 0.5 mg before a shower on 9 occasions from 3/27/25 to 7/17/25, during which there were no documented evidence the nursing staff implemented behavioral interventions prior to the medication administration. A review of the nursing PNs and the corresponding medication administration record (MAR) indicated the following administration and PNs: - 3/27/25 at 6:08 a.m.; the PNs indicated, given before scheduled shower- 4/1/25 at 7:34 a.m.; the PNs indicated, premedication before scheduled shower- 4/8/25 at 7:06 a.m.; the PNs indicated, Given prior to hospice aide visit for shower per hospice RN- 4/10/25 at 10:38 a.m.; the PNs indicated, Premedicating for shower with hospice CNA- 5/8/25 at 7:35 a.m., the PNs indicated, Premedicate for shower day- 5/15/25 at 7:36 a.m., the PNs indicated, premedication before shower- 5/22/25 at 7:59 a.m., the PNs indicated, Premedicate for hospice shower- 5/29/25 at 7:16 a.m., the PNs indicated, given prior shower schedule- 7/17/2025 07:38 a.m., the PNs indicated, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hospice called to inform of HHA coming for shower, requested premedication with Lorazepam.During a concurrent interview and record review with the Director of Nursing (DON) on 7/23/25 at 2:05 p.m., she acknowledged Resident 29's PRN lorazepam order did not include premedication prior to a shower; and that the resident has the right to refuse a shower. She explained that there are times when the staff approach Resident 29 with a shower, it would trigger him to have distress; he would start asking for his wife and get really distressed. When asked to show documented behavioral or non-drug interventions attempted or other methods tried before the administration of lorazepam, the DON reviewed the nursing PNs for each of the 9 medication administrations above and confirmed she could not find documented evidence that behavioral interventions were attempted and failed.During another interview and record review with the DON on 7/24/25 at 2:31 p.m., she provided some of the staff documentation of behavioral interventions but stated that they were documented at end of shift and not necessarily tied in with the time of medication administration, especially those prior to the shower by hospice.2. A review of Resident 29's clinical record indicated the consultant pharmacist made a recommendation, on 4/15/25, asking the physician to provide the duration and rationale for the continued use of PRN lorazepam order. In response, the physician gave an order for lorazepam 0.5 mg, give 1 tablet every 6 hours as needed for 90 days, dated 4/25/25.A review of the Informed Consent for Use of Psychotropic Medication form indicated Resident 29's family member consented to this order for 90 days on 4/25/25.During a concurrent interview and record review with the DON on 7/23/25 at 2:34 p.m., she reviewed the above-stated order and informed consent form and confirmed the resident's latest lorazepam order was for 90 days, not 120 days (as in the current order). During a follow-up interview on 7/23/25 at 3:39 p.m., the DON stated she reviewed further into Resident 29's record and the Ativan order is for 90 days. A review of the facility's policy and procedures titled Psychotropic Medication Use, dated July 2022, indicated the psychotropic medication management includes the duration for its use. It also indicated, non-pharmacological approaches are used (unless contraindicated) to minimize the need for medications . Psychotropic medications are not .given on a PRN basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to accurately reflect the status of residents in the assessment for 11 (Residents 26, 19, 6, 17, 18, 29, 22, 4, 14, 15, and 7) of 15 residents (residents who used side or bed rails [SR/BR, adjustable rigid bars attached to the side of the bed]) when the Minimum Data Set (MDS - a federally mandated resident assessment tool) assessment for Residents 26, 19, 6, 17, 18, 29, 22, 4, 14, 15, and 7 was coded they used SR/BRs as restraints.This failure increased the potential for inaccurate care to be provided for Residents 26, 19, 6, 17, 18, 29, 22, 4, 14, 15, and 7.For Resident 19:Review of Resident 19's Bed Rail assessment dated [DATE], it indicated the use of SR/BRs to serve as an enabler to promote independence.Review of Resident 19's annual MDS assessment dated [DATE], indicated Resident 19's brief interview for mental status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score was 13 (a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 patient is cognitively intact). Further review indicated Resident 19 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with minimum data set nurse (MDSN) on 7/23/2025 at 1:37 p.m., inside Resident 19's room, Resident 19's bed had two upper bed rails installed, and the right upper SR/BR was in upright position. MDSN confirmed the observation.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:49 a.m., MDSN reviewed Resident 19's BR assessment and the annual MDS assessment and confirmed Resident 19 used the two upper BRs only. MDSN stated restraint was anything that hinders a person's movement. MDSN further stated Resident 19 used of BR should not be coded as a restraint in MDS because the BRs did not hinder Resident 19's movement in bed, and the BRs could even help her transfer out of bed.For Resident 26:Review of Resident 26's Bed Rail assessment dated [DATE], it indicated the use of SR/BRs to serve as an enabler to promote independence.Review of Resident 26's quarterly MDS assessment dated [DATE], indicated Resident 26 had a BIMS score of 15. Further review indicated Resident 26 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:43 p.m., inside Resident 26's room (Resident 26 was not present), Resident 26's bed had four installed bed rails (upper and lower), and the two upper BRs were in an upright position. MDSN confirmed the above observation.During an interview with Resident 26 on 7/24/2025 at 1:21 p.m., Resident 26 stated he used his BRs at night to reposition himself.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:48 a.m., MDSN reviewed Resident 26's BR assessment and the quarterly MDS assessment and confirmed Resident 26 used the two upper bed rails only. MDSN stated Resident 26 used of BRs would not hinder his movement and should not be coded as a restraint in MDS. MDSN confirmed Resident 26's MDS on 4/17/2025 was inaccurate for coding bed rail as a restraint.For Resident 6:Review of Resident 6's Bed Rail assessment dated [DATE], it indicated the use of SR/BRs to serve as an enabler to promote independence.Review of Resident 6's annual MDS assessment dated [DATE], indicated Resident 6 had a BIMS score of 7. Further review indicated Resident 6 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/2025 at 1:45 p.m. inside Resident 6's room, Resident 6 was in bed and had four BRs installed. All four BRs were not in use and MDSN confirmed the observations.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:50 a.m., MDSN reviewed Resident 6's BR assessment and the annual MDS assessment and confirmed Resident 6 used the 2 upper bed rails only. MDSN further confirmed the bed rails were coded in MDS and it was not a restraint.For Resident 17:Review of Resident 17's Bed Rail assessment dated [DATE], it indicated the use of SR/BRs to serve as an enabler to promote independence.Review of Resident 17's quarterly MDS assessment dated [DATE], indicated Resident 17 had a BIMS score of 15. Further review indicated Resident 17 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN and Resident 17 on 7/23/2025 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 1:46 p.m., inside Resident 17's room, Resident 17 was seated on a chair in front of his computer and his bed had two upper bed rails in place. The left upper bed rail was in an upright position and MDSN confirmed the observations. Resident 17 stated he used the left BR to help him to reposition in bed and with transfer out of bed.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:51 a.m., MDSN reviewed Resident 17's BR assessment and the quarterly MDS assessment and confirmed Resident 17 used the left upper bed rail only. MDSN further confirmed the bed rails were coded in MDS as a restraint and stated it should not be coded in the MDS because Resident 17 could still get in and out of bed.For Resident 18:Review of Resident 18's quarterly MDS assessment dated [DATE], indicated Resident 18 had a BIMS score of 15. Further review indicated Resident 18 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/25 at 2:03 p.m., inside Resident 18's room, Resident 18 was lying in bed, alert and verbally responsive. MDSN verified that Resident 18 had her two upper bed rails in an upright position, and she used them.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:53 a.m., MDSN reviewed Resident 18's quarterly MDS assessment and confirmed the BRs were coded as a restraint in MDS. MDSN stated it should not be coded as a restraint in MDS.For Resident 29:Review of Resident 29's quarterly MDS assessment dated [DATE], indicated Resident 29 had short term (also known as working memory or primary memory, is a cognitive system that holds a limited amount of information for a short duration, typically for a few seconds to a minute) and long-term memory (refers to the system in the brain that stores information for extended periods, ranging from days to years) problems. Further review indicated Resident 29 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/25 at 2:12 p.m., Resident 29 had two side rails attached to the bed. MDSN verified that Resident 29 had been using either of his side rails, when he's getting up in bed.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:54 a.m., MDSN reviewed Resident 29's quarterly MDS assessment and confirmed Resident 29 used only the two upper bed rails and should not be coded in MDS. For Resident 22: Review of Resident 22's quarterly MDS assessment dated [DATE], indicated Resident 22's BIMS score was 5. Further review indicated Resident 22 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/25 at 2:15 p.m., inside Resident 22's room, Resident 22's bed had the right-side rail in upright position. MDSN verified that Resident 22 had been using her right-side rail.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:55 a.m., MDSN reviewed Resident 22's quarterly MDS assessment and confirmed she coded the use of BRs in MDS. MDSN stated Resident 22's used of BRs should not be coded in MDS because Resident 22 used the right BR only for mobility. For Resident 4:Review of Resident 4's quarterly MDS assessment dated [DATE], indicated Resident 4's BIMs score was 15. Further review indicated Resident 4 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/25 at 2:22 p.m., inside Resident 4's room, Resident 4 was asleep and observed her bed had the right upper and lower side rails in upright position and both left upper and lower side rails were down. MDSN confirmed the above observation. During a concurrent interview with MDSN and record review on 7/28/2025 at 9:56 a.m., MDSN reviewed Resident 4's quarterly MDS assessment and confirmed she coded the use of BRs in MDS. MDSN stated Resident 4's use of BRs should not be coded in MDS because it was not used as a restraint. MDSN further stated the BRs helped Resident 4 with mobility in bed.For Resident 14: Review of Resident 14's quarterly MDS assessment dated [DATE], indicated Resident 14's BIMS score was 14. Further review indicated Resident 14 used Bed rail daily as Physical Restraints. During a concurrent observation and interview with MDSN on 7/23/25 at 2:24 p.m., inside Resident 14 room, Resident 14 was not in the room. Resident 14 had both upper side rails were in a down position. MDSN confirmed the above observation.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:57 a.m., MDSN reviewed Resident 14's quarterly MDS assessment and confirmed she coded the use of BRs in MDS. MDSN stated Resident 14's use of BRs did not hinder his movement in bed, and he (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	could still get out of bed. MDSN further stated Resident 14's BRs helped him to reposition himself and with transfers.For Resident 15:Review of Resident 15's quarterly MDS assessment dated [DATE], indicated Resident 15's BIMS score was 9. Further review indicated Resident 15 used Bed rail less than daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/25 at 2:26 p.m., inside Resident 15's room, Resident 15 was not in the room, and the bed had both upper and lower side rails in a down position. MDSN stated Resident 15 used the left upper side rails. MDSN confirmed the above observation.During a concurrent interview with MDSN and record review on 7/28/2025 at 9:58 a.m., MDSN reviewed Resident 15's quarterly MDS assessment and confirmed she coded the use of BRs less than daily in MDS. MDSN stated Resident 15 only used the left upper SR/BR.For Resident 7: Review of Resident 9's quarterly MDS assessment dated [DATE], indicated Resident 9's BIMS score was 15. Further review indicated Resident 9 used Bed rail daily as Physical Restraints.During a concurrent observation and interview with MDSN on 7/23/25 at 2:32 p.m., inside Resident 7's room. Resident 7 was not in the room, and the bed had both upper and lower side rails in down position. MDSN confirmed the above observation. MDSN stated the side rails were used to transfer Resident 7 from bed to wheelchair. During a concurrent interview with MDSN and record review on 7/28/2025 at 9:59 a.m., MDSN reviewed Resident 7's quarterly MDS assessment and confirmed she coded the use of BRs in MDS. MDSN stated Resident 7 only used the two upper BRs to help her transfer out of bed and should not be coded as a restraint in MDS.During a review of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (LTCF RAI - a comprehensive guide for healthcare professionals, particularly in nursing homes and other long-term care facilities, on how to effectively assess and care for residents) 3.0 User's Manual , Version 1.19.1, dated 10/2024, indicated, SECTION P: RESTRAINTS AND ALARMS Intent: The intent of this section is to record the frequency that the resident was restrained by any of the listed devices or an alarm was used, at any time during the day or night, during the 7-day look back period. Assessors will evaluate whether or not a device meets the definition of a physical restraint or an alarm and code only the devices that meet the definition in the appropriate categories. DEFINITION - PHYSICAL RESTRAINTS Any manual method or physical or mechanical devices, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom or movement or normal access to one's body. Evaluate whether the resident can easily and voluntarily remove any manual method or physical or mechanical device, material, or equipment attached or adjacent to their body. If the resident cannot easily and voluntarily do this, continue with the assessment to determine whether or not the manual method or physical or mechanical device, material or equipment restrict freedom of movement or restrict the resident's access to their own body.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement comprehensive, resident-centered care plans, do timely initial assessment and develop baseline care plan for four out of sixteen sampled residents (Residents 1, 5, 8 and 28), when: 1. For Resident 1, the initial recreational activity assessment was not done in a timely manner and there was no baseline activity care plan; 2. For Resident 5, there was:a. no care plan developed for Resident 5's tardive dyskinesia (TD, an involuntary movement disorder that causes a range of repetitive muscle movements in the face, neck, arms and legs; a condition which sometimes develops as a side effect of long-term treatment with antipsychotic medications) andb. no care plan developed for dementia (a group of symptoms affecting thinking and social abilities interfering with daily functioning) care;3. For Resident 8, there was no care plan developed for the use of restraints; and 4. For Resident 28, there was no care plan developed for the use of personal alarm. These failures placed the residents at risk of not being provided with appropriate, consistent and individualized care in order to maintain their highest level of well-being. 1. During the observation of Resident 1 on 7/21/25 at 10:42 a.m., Resident 1 was laying in her bed, alert, calm, comfortable, and verbally responsive. She's able to answer simple questions when asked. Review of Resident 1’s admission record (document created when a resident is admitted to a healthcare facility, containing the vital information about the resident) indicated, she was admitted to the facility on [DATE] with the primary diagnosis of unspecified dementia (group of symptoms affecting memory, thinking and social abilities), unspecified severity with mood disturbance. Review of Resident 1’s initial recreational activity assessment indicated that it was not done on time. It was not done within 14 days from Resident 1’s admission which was 8/12/22 and the initial recreational activity assessment was done on 9/7/22. During the concurrent review of Resident 1’s activity assessments and interview with the social worker (SW, staff who helped with the resident activities) on 7/24/25 at 10:05 a.m., SW verified that the initial recreational activity assessment of Resident 1 was not done in a timely manner. He further verified that it was not done within 14 days from Resident 1’s admission which was 8/12/22 and the initial recreational activity assessment was done on 9/7/22. Review of Resident 1’s activity care plan indicated that Resident 1 did not have a baseline care plan for her activities. During the concurrent review of Resident 1’s care plans and interview with SW, on 7/24/25 at 10:05 a.m., SW verified that Resident 1 did not have a baseline care plan for her activities. He further verified that there was no baseline care plan for her activities that was initiated at all. During the interview with the director of nursing (DON) on 7/25/25 at 2:15 p.m., DON acknowledged that the recreational activity assessment of Resident 1 should have been done within 14 days from her admission date and there should have been a baseline care plan for her activities. DON then stated that she would follow up on those concerns. Review of the facility’s policy titled, “Comprehensive Assessments,” revised (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	March 2022 indicated, “admission Assessment – The admission assessment is a comprehensive assessment for a new resident and, under some circumstances, a returning resident that must be completed by the end of day 14, counting the date of admission to the nursing home as day 1……….” Review of the facility’s policy titled, “Care Plans – Baseline,” revised March 2022 indicated, “A baseline plan of care to meet the resident’s immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission……….” 2a. A review of Resident 5's clinical record indicated she was admitted to the facility with diagnoses included bipolar disorder (disorder associated with episodes of mood swings ranging from depressive lows to manic highs). A review of Resident 5's physician's orders indicated Resident 5 has been receiving: a. Fluphenazine (an antipsychotic medication) 5 milligrams (mg, unit of measurement) once daily related to bipolar disorder since 10/24/24; and b. Benztropine (medication to manage symptoms of movement disorders, including side effects caused by certain drugs such as antipsychotic medications) 1 mg once daily at bedtime for Tardive Dyskinesia since 10/23/24. A review of Resident 5's clinical record indicated no comprehensive care plan that included signs and symptoms to monitor, treatment approaches/goals, and interventions related to tardive dyskinesia despite the use of fluphenazine and benztropine. During a concurrent interview and record review with the Director of Nursing (DON) on 7/24/25 at 1:45 p.m., she stated Resident 5 is receiving benztropine for TD as the resident has been on fluphenazine for a long time. The DON stated the resident had tongue rolling, which was more severe when she first arrived in the facility. When asked if there was a care plan related to TD, the DON stated she will look up and respond later. During a follow-up interview on 7/24/25 at 2:57 p.m., the DON stated the behavioral care plan listed TD as a side effect of fluphenazine, but she did not find a care plan for TD. She stated there should have been a care plan developed for Resident 5's TD. A review of the facility's policy and procedures titled Care Plans, Comprehensive Person-Centered, dated 3/2022, indicated that the facility developed a comprehensive, person-centered care plan with measurable objectives and timeframes, expected goals and outcomes, and interventions, that reflects current recognized standards of practice for problem areas and conditions. 2b. Review of Resident 5’s clinical record titled, “admission Record,” dated 7/23/2025, indicated Resident 5 was admitted to the facility on [DATE] with diagnosis of unspecified dementia, with anxiety (with constant fear). Review of Resident 5’s physician progress note dated 7/18/2025, indicated resident 5 had a medical history of dementia with paranoia (a mental state characterized by excessive and irrational distrust and suspicion of others, often leading to the belief that others are deliberately trying to harm (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	or persecute them). Review of Resident 5’s admission minimum data set (MDS – a federally mandated resident assessment tool) assessment dated [DATE], indicated Resident 5 had a brief interview for mental status (BIMS - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 (a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 patient is cognitively intact). Further review indicated the Non-Alzheimer’s Dementia (a group of brain disorders that cause dementia but are not Alzheimer’s disease) was checked. Review of Resident 5’s quarterly MDS assessment dated [DATE], indicated Resident 5’s BIMS score was 15. Further review indicated Resident 5 had a behavior of rejection of care (with blood work, taking medications, activities of daily living [ADL - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves] assistance) which occurred 1 to 3 days and Non-Alzheimer’s Dementia was checked. Review of Resident 5’s list of care plans revealed there was no person-centered care plan related to dementia care developed and implemented for Resident 5. During a concurrent observation and interview with Resident 5 on 7/21/2025 at 3:05 p.m., at the facility’s hallway, Resident 5 observed walking with the use of a rollator walker (a mobility aid designed to assist individuals with balance and walking difficulties consisting of four wheels, adjustable handlebars, a seat and brakes), and dressed in pants and a blouse. Resident 5 stated the facility would have an upcoming event, an anniversary celebration and she planned to get her hair done for the event. During another observation and interview at the resident council meeting on 7/22/2025 at 10:45 a.m., inside the facility’s living room, Resident 5 was present at the meeting. Resident 5 participated in the meeting and tried to answer each question but would always jump to another topic like she would talk about her family, about the upcoming event at the facility, and her plan of what to wear for the event and to get her hair done. During a concurrent interview with minimum data set nurse (MDSN) and record review on 7/24/2025 at 10:39 a.m., MDSN reviewed Resident 5’s admission Record, admission and quarterly MDS assessment and list of care plans. MDSN confirmed Resident 5 had a diagnosis of dementia, it was coded in MDS and there was no care plan developed. MDSN stated dementia care plan should have been developed for Resident 5. During an interview with the director of nursing (DON) on 7/25/2025 at 1:37 p.m., the DON stated there should have been a care plan developed for Resident 5’s dementia for staff to address the specific dementia interventions needed. During a review of the facility’s undated policy and procedure titled, “Dementia-Clinical Protocol,” indicated, “The staff will monitor the individual with dementia for changes in condition and decline in function and will report these findings to the physician. The IDT [interdisciplinary team - a group of health care professionals from diverse fields who work toward a common goal for residents] will adjust interventions and the overall plan depending on the individual’s responses to those interventions, progression of dementia, development of new acute medical conditions or complications, changes in resident or family wishes, and other relevant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	factors.” During a review of the facility’s policy and procedure titled, “Care Plans, Comprehensive Person-Centered,” date revised 3/2022, indicated, “The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.” 3. Review of Resident 8’s admission record, indicated Resident 8 was admitted to the facility on [DATE] with diagnoses including generalized epilepsy (a neurological condition characterized by a tendency to have recurrent seizures [uncontrolled, abnormal electrical activity of the brain]), unspecified intellectual disabilities (a condition characterized by significant limitations in both intellectual functioning and adaptive behavior). Review of Resident 8’s clinical record, indicated Resident 8 had a physician’s order, dated 7/24/25, for full padded side rails. During an interview with the Director of Nursing (DON) on 7/28/25 at 1:00 p.m., the DON stated all the side rails were raised and considered as restraints. During a concurrent interview and record review with the DON on 7/28/25 at 1:59 p.m., the DON confirmed there was no care plan developed for the use of restraints. 4. Review of Resident 28’s admission record, indicated Resident 28 was admitted to the facility on [DATE] with diagnoses including unspecified dementia (a decline in mental abilities, severe enough to interfere with daily life), essential hypertension (high blood pressure that does not have a known cause), cataract (a clouding of the natural lens of the eye, which can cause blurred vision and other vision problems). Review of Resident 28’s clinical record, indicated she has a physician’s order, dated 6/24/25, for personal alarm for fall alert. During a concurrent interview and record review with the DON, on 7/28/25 at 1:57 p.m., the DON confirmed there was no care plan developed for the use of personal alarm. Review of the facility's policy and procedure (P&P), titled Care Plans, Comprehensive Person-Centered, dated 2001, indicated Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's condition change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that the resident care plans and assessment were reviewed and updated for effectiveness in two of sixteen sampled residents, (Residents 2 and 22), when: 1. For Resident 2, the activity care plan and hospice care plan were not reviewed and updated quarterly and2. For Resident 22, the activity assessment and activity care plan were also not reviewed and updated quarterly. These failures had the potential to result in the residents not receiving the interventions necessary to maintain their highest level of well-being.1.During the lunch observation of Resident 2 on 7/21/25 at 12:32 p.m., she was eating lunch with the assistance of the facility staff. Resident 2 was confused and could not answer questions. Review of Resident 2's admission record (document created when a resident is admitted to a healthcare facility, containing the vital information about the resident) indicated, she was admitted to the facility on [DATE] with the primary diagnosis of unspecified Alzheimer's disease (a progressive disease that destroys memory and other important mental functions). Review of Resident 2's activity care plan indicated that it was last updated on 3/25/25 and there was no update after that. During the concurrent review of Resident 2's activity care plan and interview with the social worker (SW, staff who helped with the resident activities) on 7/24/25 at 10:19 a.m., SW verified that the activity care plan of Resident 2 was not updated quarterly. He further verified that it was last updated on 3/25/25 and there was no update after that. During the interview with the director of nursing (DON) on 7/25/25 at 2:15 p.m., DON acknowledged that the activity care plan should have been updated quarterly and would follow up on it. Review of Resident 2's hospice care plan indicated that it was not updated regularly or quarterly. The last hospice care plan update was on 3/25/25. During the concurrent review of Resident 2's care plans and interview with registered nurse C (RN C) on 7/23/25 at 11:30 a.m., RN C verified that the last update of the hospice care plan of Resident 2 was on 3/25/25 and it should have been updated quarterly. During the concurrent review of Resident 2's care plans and interview with minimum data set nurse (MDSN, nurse who specializes in the assessment, monitoring, and documentation of patient care in long-term care or residential care facilities) on 7/23/25 at 2:20 p.m., MDSN verified that the last update of the hospice care plan of Resident 2 was on 3/25/25 and it should have been updated quarterly. During the interview with the DON on 7/25/25 at 2:15 p.m., DON acknowledged that the hospice care plan should have been updated quarterly and would follow up on it. 2. During the lunch observation of Resident 22 on 7/21/25 at 12:41 p.m., she was eating lunch in the dining area. Resident 22 was alert, calm and verbally responsive. Review of Resident 22's admission record indicated, she was admitted to the facility on [DATE] with the primary diagnosis of unspecified Alzheimer's disease. Review of Resident 22's activity assessment indicated that it was not updated quarterly. During the concurrent review of Resident 22's activity assessment and interview with the social worker on 7/24/25 at 10:08 a.m., he verified that the activity assessment of Resident 22 was not updated regularly or quarterly. Review of Resident 22's activity care plan indicated that it was not updated regularly or quarterly as well. During the concurrent review of Resident 22's activity care plan and interview with the social worker on 7/24/25 at 10:08 a.m., he verified that the activity care plan of Resident 22 was not updated regularly or quarterly. During the interview with the DON on 7/25/25 at 2:15 p.m., DON acknowledged that Resident 22's activity assessment and activity care plan should have been updated quarterly and would follow up on them. Review of the facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered, revised March 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.Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	condition change. The interdisciplinary team (IDT, group of professionals from different fields who work together to achieve a common goal, in healthcare) reviews and updates the care plan.at least quarterly, in conjunction with the required quarterly minimum data set (MDS, a standardized assessment tool used to evaluate the health and functional capabilities of nursing home residents) assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide care in accordance with standards of practice for two out of two residents (Resident 28, and 29) when there was no physician's order, monitoring, and policy for the use of Wander Guard (a monitoring device to alert staff when a resident approaches or exits a designated area).Review of Resident 28's admission record, indicated Resident 28 was admitted to the facility on [DATE] with diagnoses including unspecified dementia (a decline in mental abilities, severe enough to interfere with daily life), essential hypertension (high blood pressure that does not have a known cause), cataract (a clouding of the natural lens of the eye, which can cause blurred vision and other vision problems).During an interview with Registered Nurse (RN) C, on 7/25/25 at 11:13 a.m., RN C confirmed Resident 28 have wander guard.During a concurrent interview and record review with the Director of Nursing (DON), on 7/25/25 at 2:17 p.m., the DON confirmed there was no physician order and no monitoring for the use of wander guard.Review of Resident 29's admission record, indicated Resident 29 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a brain disorder that gradually impairs memory, thinking, and behavior), dementia (a decline in mental abilities, severe enough to interfere with daily life), hypertensive heart disease (heart problems that develop because of long-term high blood pressure) and chronic kidney disease (progressive loss of kidney function) with heart failure (the heart muscle can't pump enough blood to meet the body's needs) and end stage renal disease (the kidneys have lost their ability to function adequately).During a concurrent interview and record review with the DON, on 7/28/25 at 10:06 a.m., the DON confirmed Resident 29 have wander guard. The DON stated there was no physician order and monitoring for the use of wander guard. The DON further stated the facility did not have a policy for the use of wander guard.During an interview with Licensed Vocational Nurse (LVN D), on 7/28/25 at 10:53 a.m., LVN D stated we don't document the monitoring for the use of wander guard.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe food storage practices and sanitary conditions in the kitchen when three of 13 avocados were wrinkled, soft and dented, and nine of 13 cutting boards had deep cut marks and brown discoloration on their surfaces.These failures had the potential to cause food contamination and spread food-borne illnesses to residents who received their food from the kitchen. During a concurrent observation and interview on 7/21/25 at 8:53 a.m., with the Nutrition Service Director (NSD), the NSD confirmed the three pieces of avocado were wrinkled, soft and dented. The NSD stated the avocados will not be served and will be thrown out.Review of the facility's policy and procedure (P&P), titled Food Receiving And Storage of Cold Foods: Suggested Refrigerated Storage Guidelines, dated 2023, indicated Fruit - check quality.During a concurrent observation and interview on 7/21/25 at 9:02 a.m., with the NDS, the NSD confirmed the nine cutting boards had deep cut marks and dark discoloration on the surface. The NSD stated the nine cutting boards will be thrown out.Review of the The Federal Food and Drug Administration (FDA) Food Code 2022 Chapter 4-501.12, indicated surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to conduct the Certified Nursing Assistant's (CNA) Annual Performance Evaluation (a formal, documented review of an employee's work over the past year, assessing their performance against established goals and expectations) for two (CNA E and CNA F) of five sampled employees.This failure did not ensure CNA E and CNA F had the necessary job knowledge and had worked to provide safe resident care.During a review of the facility's randomly selected five employee files on 7/25/2025 at 9:45 a.m., indicated:1. * CNA E's Annual Performance Evaluation from the period 4/16/2023 to 4/16/2024 was completed and there was no Annual Performance Evaluation completed from the period 4/16/2024 to 4/16/2025 in the employee file; and2. * CNA F's Annual Performance Evaluation from the period 4/16/2023 to 4/16/2024 was completed and there was no Annual Performance Evaluation completed from the period 4/16/2024 to 4/16/2025 in the employee file.During a concurrent interview with human resources staff (HR) on 7/25/2025 at 11:28 a.m., HR reviewed CNA F's employee file and confirmed CNA F's Annual Performance Evaluation was not completed. HR stated that the director of nursing (DON) was responsible for completion of the Annual Performance Evaluation but there was a backlog (an accumulation of something, especially uncompleted work or matters that need to be dealt with).During an interview with the DON on 7/25/2025 at 2:08 p.m., DON confirmed she was the one responsible for the staff performance evaluation, and she did it yearly. DON stated, I am behind with their performance evaluation.During a concurrent interview with DON and record review on 7/28/2025 at 9:18 a.m., DON provided a copy of CNA E and CNA F's Annual Performance Evaluation completed from the period 4/16/2024 to 4/16/2025 and reviewed them. DON confirmed that both CNA E and CNA F's Annual Performance Evaluations were not updated.During a review of the facility's undated document titled Employee Handbook, indicated, Performance Reviews We want associates to know how well they are performing in their jobs. We have a performance review program, which serves as a direct channel of communication between associates and supervisors. Performance reviews, which occur annually, are meant to encourage open, two-way conversations that measure performance objectively and provide opportunities to discuss career growth.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation, interview, and document review, the facility failed to update the daily nurse staffing information posts for 7/19/2025, 7/20/2025, and 7/21/2025.This failure communicated inaccurate facility staffing information to residents and visitors.During an observation beside the facility's nurse station on 7/21/2025 at 10:15 a.m., a glass covered board was observed and the facility's daily nurse staffing information dated 7/18/2025 was posted (picture taken).During another observation on 7/21/2025 at 3:21 p.m., beside the facility's nurse station, the daily nurse staffing information posting was changed to a new one dated 7/22/2025 (picture taken).During a concurrent interview with registered nurse C (RN C) and photo review on 7/22/2025 at 2:38 p.m., RN C reviewed the pictures of the daily nurse staffing information taken on 7/21/2025. RN C confirmed the first picture was dated 7/18/2025 and the second picture was dated 7/22/2025. RN C stated the daily nurse staffing information should have been updated during the weekend and it should be updated by night shift nurses. RN C confirmed weekend staff missed to post the 7/19/2025, 7/20/2025, and the 7/21/2025 daily nurse staffing information. RN C stated it should always reflect the current date and staffing information.During an interview with the director of nursing (DON) on 7/25/2025 at 2:15 p.m., DON confirmed the daily nurse staffing information was not updated over the weekend and the evening shift tried to update it on 7/21/2025 but posted it with the wrong date. DON stated the daily nurse staffing information should reflect the current date.During a review of the facility's policy and procedure titled, Posting Direct Care Daily Staffing Numbers, dated revised 8/2022, indicated, Our facility will post on a daily basis for each shift nurse staffing data.Within two (2) hours of the beginning of each shift, the number of licensed nurses and the number of unlicensed nursing personnel directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.Shift staffing information is recorded on a form for each shift. The information recorded on the form shall include the following: a. The name of the facility; b. The current date (the date for which the information is posted).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A364	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Siena	1855 Miramonte Avenue Mountain View, CA 94040

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure an expired emergency kit (a kit/box containing medications for immediate use during a medical emergency) and a medication were replaced timely to ensure unexpired medications were available for resident use.During a visit to the medication room on 7/21/25, at 10:21 a.m., with Licensed Vocational Nurse (LVN) B, an emergency kit containing three refrigerated medications was observed in the medication refrigerator. A review of the contents list on the outside of the kit indicated the expiration date for two lorazepam vials (injectable medication to treat seizures and agitation) was 3/2025. Further inspection of the contents inside with LVN B revealed one lorazepam vial had the expiration date of 3/2025 (4 months ago), and another vial expired in 4/2025. LVN B acknowledged this finding and stated it should be replaced.On 7/21/25, at 10:37 a.m., random inspection of medications in the medication room with LVN B revealed a tube of Capzasin Quick Relief Gel (topical medication for arthritis pain) for Resident 18 had the expiration date of 5/2025. LVN B acknowledged the medication had expired and should have been removed from active stock.A review of the facility's policy and procedures (P&P) titled Emergency Pharmacy Service and Emergency Kits (E-Kits), dated 1/2025, indicated The nursing staff, consultant pharmacist and provider pharmacy designee checks the emergency kits regularly for expiration dating of contents.A review of the facility's P&P titled Storage of Medications, dated 1/2025, indicated, Outdated . medications . are immediately removed from stock, disposed of according to procedures for medication disposal.