

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2024
NAME OF PROVIDER OR SUPPLIER  White Blossom Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1990 Fruitdale Avenue San Jose, CA 95128	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42819</b></p> <p>Based on interview and record review, the Social Service Director (SSD) failed to inform the responsible party (RP, person designated to make decisions on behalf of a resident) of one of two sampled residents (Resident 1) regarding Resident 1's appointment with a psychologist. This failure had the potential to affect the ability of the RP to participate in Resident 1's treatment.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated she was admitted on [DATE] and had diagnoses of Hemiplegia and Hemiparesis following Cerebral Infarction (weakness or complete paralysis on one side of the body due to a stroke), Aphasia (loss of ability to understand or express speech), dementia (mental disorder caused by brain disease or injury), Parkinsonism (brain conditions that cause slowed movements, stiffness and tremors), Major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest), Bipolar Disorder (mental illness that causes unusual shifts in a person ' s mood, energy, activity levels, and concentration). The clinical record indicated Resident 1 was not self-responsible but had a designated RP.</p> <p>Review of Intake Information, dated 4/18/24, indicated, A psychologist . saw her on April 10 .I told him that I didn ' t find out about his session with my mom in time to be able to attend .</p> <p>Review of the social service note, dated 3/28/24, indicated, SSD received verbal permission from RP to sign consent to treat for psych eval. Referral sent. However, there was no documentation in the clinical record indicating that Resident 1's RP was informed about the date of Resident 1 ' s psychologist appointment.</p> <p>During a concurrent interview and record review with the SSD on 6/12/24, at 1:40 p.m., the SSD stated that she informed the RP via phone call about the date of Resident 1 ' s psychologist appointment but did not document it in the social service notes. The SSD acknowledged that this information should have been documented.</p> <p>Review of facility document, titled, Job description: Social Services Director, dated 10/2016, indicated, Assist in making outpatient appointments as ordered and schedule on-site ancillary patient services to include optometry, podiatry, dentistry and psychiatric services.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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