| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555068 | A. Building<br>B. Wing | 03/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| White Blossom Care Center | 1990 Fruitdale Avenue<br>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) |
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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure supervision was provided for one of three residents (Resident 1) when Resident 1 was left in the hallway unattended.This failure resulted to Resident 1 falling from her wheelchair. Resident1 sustained abrasion in the left elbow.Findings:Review of Resident 1's admission Record indicated she was admitted to the facility on [DATE], with diagnoses including hemiplegia (loss of strength in the arm, leg, and sometimes face on one side of the body) and hemiparesis (a relatively mild loss of strength in the arm, leg, and sometimes face on one side of the body), type II diabetes mellitus (high levels of sugar in the blood), muscle wasting (the loss of muscle tissue, strength, and mass) and atrophy (the partial or complete wasting away of a body part or tissue).During an interview with the Occupational Therapist (OT), on 11/25/25 at 1:35 p.m., the OT stated Resident 1 was placed outside the room after therapy. The OT also stated he informed a nurse and a Certified Nursing Assistant (CNA) that Resident 1 was in the hallway. The OT further stated that he does not remember if the nurse and CNA acknowledged when he said the resident was in the hallway.During an interview with the Director of Nursing (DON), on 11/25/25 at 2:05 p.m., the DON stated the resident who witnessed the incident was the resident who caused Resident 1 to fall. The resident was discharged and unavailable for interview. The DON also stated the resident saw Resident 1's wheelchair tipped to the side. The DON stated the resident's backpack that was hanging at the back of the wheelchair got caught to Resident 1's wheelchair. During an interview with Licensed Vocational Nurse (LVN) A, on 12/4/25 at 10:03 a.m., LVN A stated she was across the hallway when the OT placed Resident 1 in the hallway in front of the room. LVN A also stated she acknowledged when the OT told her Resident 1 was back and dropped off Resident 1 in the hallway. LVN A further stated Resident 1 was left in the hallway for about 2 minutes. LVN A stated she turned her back to Resident 1 who was in the hallway to speak to another resident in another room.During an interview with CNA B, on 12/4/25 at 10:18 a.m., CNA B stated she was in another resident's room when she heard a sound like something hit the floor and went out to check. CNA B saw Resident 1 was on the floor on her side facing away from the wheelchair. CNA B also stated the wheelchair was on its side. CNA B resigned from the facility on 1/12/26.Review of Resident 1's Nurse's Note, dated 11/12/25, indicated Resident 1 came back from Good Samaritan Hospital, noted with abrasion to left elbow.Review of Interdisciplinary team (IDT, a group of healthcare professionals from different fields that work together towards a common goal for a patient) note, dated 11/14/25, indicated therapy had just completed a session with Resident 1 approximately 3 minutes before the incident and left Resident 1 in the hallway. Therapist endorsed to nurse who was doing med pass at that time.Review of the facility's policy and procedure, titled Resident Rights, undated, indicated Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence . |

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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