

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 11/21/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>46258</p> <p>Based on interview, record review, and facility document and policy review, the facility failed to ensure a Level I Preadmission Screening and Resident Review (PASRR) was updated to reflect a newly diagnosed serious mental disorder for 1 (Resident #11) of 6 residents reviewed for PASRR requirements.</p> <p>Findings included:</p> <p>A facility policy titled Admission Criteria, updated on 10/24/2024, specified, c. The facility designated staff will complete a new PASRR for residents with new diagnosis of mental illness and/or significant change of condition and refer them to the appropriate state-designated authority for Level II PASRR evaluation.</p> <p>An Admission Record indicated the facility admitted Resident #11 on 10/04/2007. According to the Admission Record, the resident had a medical history that included diagnoses of major depressive disorder and mood disorder, both with an onset date of 01/14/2019. Per the Admission Record, Resident #11 also had a diagnosis of psychotic disorder, with an onset date of 06/21/2023.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/11/2024, revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident had active diagnoses of depression, bipolar disorder, psychotic disorder, and mood disorder.</p> <p>Resident #11's care plan included an undated focus area that indicated the resident required an anti-depressant medication for major depressive disorder with psychotic features manifested by angry outbursts and physical aggressiveness. The care plan also included additional undated focus areas that indicated the resident was at risk for mood and behavioral disturbances, had episodes of aggressive behavior toward other residents, had episodes of inappropriate, disruptive, and combative behaviors toward staff that included throwing water, hitting, yelling, kicking, false allegations, and being sexually inappropriate, and required a mood stabilizing medication for manic episodes, which were manifested by angry, verbal outbursts and physical aggressiveness.</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #11's Preadmission Screening and Resident Review (PASRR) Level I Screening, dated 03/16/2022, indicated the screening was performed due to a Suspected MI [mental illness]. The Level I Screening indicated the resident had a diagnosed mental disorder, such as Depression, Anxiety, Panic, Schizophrenia/Schizoaffective Disorder, Psychotic, Delusional, and/or Mood Disorder and indicated the resident received Depakote for major depressive disorder with psychotic features. The Level I screening was positive, and a Level II evaluation was required.</p> <p>A letter from the State of California - Health and Human Services Agency Department of Health Care Services, dated 03/16/2022, revealed Resident #11's Level II evaluation was not completed, because Resident #11 had no serious mental illness. The letter directed the facility to submit a new Level I screening should the case need to be reopened.</p> <p>A Psychiatry Diagnostic Interview note, dated 06/08/2023, revealed Resident #11 had a primary psychiatric diagnosis of major depressive disorder, recurrent, severe with psychotic symptoms and a secondary diagnosis of other psychotic disorder not due to a substance or known physiological condition. The note directed staff to add the diagnosis of psychotic disorder to the resident's record.</p> <p>Resident #11's medical record revealed no evidence of an updated Level I PASRR following the resident's new diagnosis of psychotic disorder in 06/2023.</p> <p>During an interview on 11/21/2024 at 12:54 PM, MDS Licensed Vocational Nurse (LVN) #3 said when Resident #11 received a new mental illness diagnosis, an updated PASRR should have been completed.</p> <p>During an interview on 11/21/2024 at 1:59 PM, the Director of Nursing (DON) stated a new PASRR should have been completed for Resident #11.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>39714</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure Preadmission Screening and Resident Review (PASRR) Level I screenings accurately reflected the presence of diagnosed serious mental disorders and failed to ensure new PASRR Level I screenings were submitted on the 31st day of admission to the skilled nursing facility following an exempted hospital discharge for 2 (Resident #127 and Resident #25) of 6 residents reviewed for PASRR requirements.</p> <p>Findings included:</p> <p>A facility policy titled Admission Criteria, updated on 10/24/2024, specified, 9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) [another acronym for PASRR] process. a. The discharging hospital conducts a Level I PASARR screen for all potential Skilled Nursing Facility (SNF) admissions, regardless of payer source, to determine if the individual meets the criteria for a MD, ID or RD. b. When/if the level I screen indicates that the individual may meet the criteria for MD, ID, or RD, he or she is referred to the state PASARR representative by the system for the Level II (evaluation and determination) screening process.</p> <p>1. An Admission Record indicated the facility originally admitted Resident #127 on 09/11/2024 and most recently admitted the resident on 10/07/2024. According to the Admission Record, Resident #127 had a medical history that included a diagnosis of schizoaffective disorder.</p> <p>A hospital Discharge Summary, for a date of service of 09/11/2024, revealed Resident #127 was discharged from the hospital on 09/11/2024 with discharge diagnoses that included schizoaffective disorder and schizophrenia. The Discharge Summary also reflected the resident was discharged from the hospital with orders for risperidone (an antipsychotic medication) for psychotic symptoms.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/17/2024, revealed Resident #127 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. According to the MDS, the resident had an active diagnosis of schizophrenia and received an antipsychotic medication during the assessment look-back period.</p> <p>Resident #127's Preadmission Screening and Resident Review (PASRR) Level I Screening, completed on 09/09/2024 at a local hospital, indicated the screening type was an Initial Preadmission Screening (PAS). The Level I screening indicated the resident did not have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance; however, a separate section of the screening that addressed psychotropic medications indicated the resident was receiving risperidone for schizoaffective disorder. The screening indicated the resident met the criteria for an Exempted Hospital Discharge, and the case was closed.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A letter from the California Department of Health Care Services, dated 09/09/2024, revealed Resident #127's Level I screening was negative, and a Level II evaluation was not required. The letter also indicated the reason was due to an Exempted Hospital Discharge. The letter directed the facility to submit a new Level I screening on the 31st day if the resident remained in the facility greater than 30 days.</p> <p>Resident #127's medical record revealed no documented evidence the facility submitted a new Level I screening for Resident #127 due to inaccurate information on their initial Level I screening or when the resident remained in the facility greater than 30 days.</p> <p>During an interview on 11/21/2024 at 11:29 AM, Admissions Director #4 stated the hospital completed PASRRs prior to each resident's admission to the facility. Admissions Director #4 said medical records staff would notify them if any information in the PASRR was incorrect.</p> <p>During an interview on 11/21/2024 at 12:43 PM, the Medical Records Director stated residents who were admitted from the hospital brought their PASRRs with them, and if they did not, someone from the Medical Records Department would notify the Admissions Department, so they could reach out to the hospital for it. The Medical Records Director said medical records staff audited all admission paperwork, including PASRRs, for accuracy, but the MDS Department was responsible for ensuring the PASRRs were accurate.</p> <p>During an interview on 11/21/2024 at 12:57 PM, MDS Registered Nurse (RN) #2 said MDS staff reviewed the PASRR when completing the admission MDS to ensure it was accurate. MDS RN #2 confirmed a new Level I screening should have been completed for Resident #127.</p> <p>During an interview on 11/21/2024 at 2:00 PM, the Director of Nursing (DON) stated he expected MDS staff to ensure PASRRs were accurate.</p> <p>During an interview on 11/21/2024 at 2:20 PM, the Administrator stated he expected MDS and medical records staff to ensure PASRRs were accurate.</p> <p>46258</p> <p>2. An Admission Record indicated the facility originally admitted Resident #25 on 05/29/2015 and most recently admitted the resident on 05/08/2024. According to the Admission Record, the resident had a medical history that included diagnoses of schizophrenia, major depressive disorder, bipolar disorder, anxiety disorder, and borderline personality disorder.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/29/2024, revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident had active diagnoses of anxiety disorder, depression, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), and borderline personality disorder and received antipsychotic medications during the assessment look-back period.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #25's care plan included a focus area, initiated on 05/10/2024, that indicated the resident was at risk for altered mood related to their overall health status, including diagnoses of schizophrenia, PTSD, bipolar disorder, borderline personality disorder, and severe rheumatoid arthritis. Another focus area, initiated on 05/10/2024, indicated the resident required the antipsychotic medications Abilify and perphenazine related to bipolar disorder and schizophrenia as evidenced by visual hallucinations and extreme mood swings.</p> <p>Resident #25's Preadmission Screening and Resident Review (PASRR) Level I Screening, completed on 05/07/2024 at a local hospital, indicated the screening type was an Initial Preadmission Screening (PAS). The Level I screening indicated the resident did have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance. The screening specified that the resident had a diagnosis of schizophrenia; however, the resident's other diagnosed mental illnesses were not reflected. The screening indicated the resident met the criteria for an Exempted Hospital Discharge, and the case was closed.</p> <p>A letter from the State of California - Health and Human Services Agency California Department of Health Care Services, dated 05/07/2024, revealed Resident #25's Level I screening was negative, and a Level II evaluation was not required. The letter also indicated the reason was due to an Exempted Hospital Discharge. The letter directed the facility to submit a new Level I screening on the 31st day if the resident remained in the facility greater than 30 days.</p> <p>Resident #25's medical record revealed no documented evidence the facility submitted a new Level I screening for Resident #25 due to inaccurate information on their initial Level I screening or when the resident remained in the facility greater than 30 days.</p> <p>During an interview on 11/21/2024 at 12:54 PM, MDS Licensed Vocational Nurse (LVN) #3 stated she did not know PASRRs had an option for exempted hospital discharges. MDS LVN #3 said the facility should have submitted a new Level I screening for Resident #25.</p> <p>During an interview on 11/21/2024 at 1:59 PM, the Director of Nursing (DON) stated the facility should have submitted a new Level I screening for Resident #25.</p>		