

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2025
NAME OF PROVIDER OR SUPPLIER  Saratoga Retirement Community Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14500 Fruitvale Avenue Saratoga, CA 95070	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>48590</p> <p>Based on observation, interview, and record review, the facility failed to ensure the nurse staffing information was posted clearly visible in a prominent place that was readily accessible to residents and visitors. This failure had the potential to result in nurse staffing misinformation about resident's care.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/25/25, at 11:33 a.m., with the Director of Nursing (DON), in nurse station 1 (NS 1), the nurse staffing information was posted on the wall behind the nurse's station. The DON confirmed the observation and stated the location of the nurse staffing information was not visible to the residents and should be in front of the nurse's station. The DON further stated that the nurse staffing information should be visible for all the residents to see.</p> <p>During a concurrent observation and interview on 4/25/25, at 11:37 a.m., with the DON, in nurse station 2 (NS 2), the nurse staffing information was posted behind on the wall behind the nurse's station. The DON confirmed the observation and stated it should not be posted on the wall but in front of the nurse's station.</p> <p>During an interview on 4/25/25, at 11:47 a.m., with the Certified Nursing Assistant (CNA), she stated she posted the nurse staffing information on the wall behind the nurse's station. The CNA stated she usually post the nurse staffing information in front of the nurse's station, but some residents was removing the nurse staffing information.</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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