STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555524	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Health Care Ctr at the Forum at Rancho San Antonio	23600 via Esplendor Cupertino, CA 95014

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents were informed of their rights upon admission, when the admission Agreement for Skilled Nursing Facilities was not completed for one of three residents (Resident 1 affected). This deficient practice resulted in the resident not being informed of his rights. Findings: Review of Resident 1's Face sheet (a summary document containing a Resident's personal and demographic information, including contact details and medical history) indicated Resident 1 was admitted on [DATE] and had the diagnoses of Chronic Obstructive Pulmonary Disease (COPD, an ongoing lung condition caused by damaged lungs), Essential Hypertension (increase in blood pressure), Hypothyroidism (when the thyroid gland does not make enough thyroid hormone), other viral infections. Review of Resident 1's Brief Interview for Mental Status (BIMS- a standardized cognitive screening tool used primarily in long-term care facilities to assess a resident's cognitive function), dated 3/8/26, indicated the score was 15 (a score of 0-7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 patient is cognitively intact). Review of Resident 1's clinical record indicated the admission Agreement for Skilled Nursing Facilities packet was not in Resident 1's medical record. During a concurrent interview and record review with the Director of admission and Marketing (DAM) on 3/30/26 at 1:16 p.m., the DAM confirmed Resident 1 had no admission agreement for skilled nursing facilities on file. The DAM stated that Resident 1 had not signed the admission agreement, including the resident rights. The DAM further stated that it should be documented if Resident 1 did not sign the admission agreement. During an interview with the Director of Nursing (DON) on 3/30/26 at 4:30 p.m., the DON confirmed that Resident 1 was not provided with the admission agreement packet on admission. During a review of the facility's admission Agreement policy, revised 12/2025, it indicated, All residents have a signed and dated admission agreement on file. 2. The admission agreement is signed by the resident (or resident representative) at the time of admission and filed in the resident's record. The resident also receives a copy. 4. The purpose of the admission agreement is to clarify what the facility provides in terms of characteristics, services and physical accommodation, as well as the financial obligations and responsibilities of the residents. 8. A copy of the admission agreement is provided to the resident or resident representative (sponsor) and is placed in the resident's permanent file.

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