

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Courtyard Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Northlake Drive San Jose, CA 95117	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46553</p> <p>Based on interview and record review, the facility failed to develop care plans for one of four sampled residents (Residents 1) when the facility failed to create a baseline fall care plan (Care plans identify the specific cares and services necessary to meet the residents' needs). Failure to develop care plans had the potential to result in the residents not receiving interventions needed to maintain their health and safety at the highest practicable level.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated he was admitted to the facility on [DATE] with a diagnoses including type 2 diabetes mellitus (when blood sugar is too high), end stage renal disease (condition which the kidneys lose the ability to remove waste and balance fluids), muscle weakness, osteoarthritis (when flexible tissue at the ends of the bones wears down).</p> <p>Fall Risk assessment dated [DATE] indicated Resident 1's score was 15, meaning Resident 1 was high risk for fall. A review of Resident 1's care plan did not address his risk for fall.</p> <p>Review of Resident 1's clinical record indicated Resident 1 had several falls in the facility. There was no care plan in Resident 1's record to address the risk for falls.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 2/21/25 at 11:36 a.m., ADON reviewed Resident 1's record and confirmed there was no care plan to address fall risk. The ADON further stated I don't see it, it should have a separate care plan for fall.</p> <p>Review of the facility's policy, titled Comprehensive Care Plan , revised dated 12/19/22, indicated, the facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and [NAME] and psychosocial needs that are identified in the resident's comprehensive assessment. 6.The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs .</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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