

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2026
NAME OF PROVIDER OR SUPPLIER The Ridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 Clayton Road San Jose, CA 95127	
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 observation, interview and record review, the facility failed to ensure dignity for one of three sampled residents (Resident 1) when Resident 1 was called hardheaded or stubborn by a facility staff during ADL (Activities of daily living, are the fundamental self-care tasks individuals must perform daily to live independently and maintain their well-being) care. This failure had the potential for adverse effects on the psychosocial well-being and health of Resident 1. Findings: A review of Resident 1's clinical record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including altered mental status, unspecified and heart failure (progressive condition where the heart muscle weakens or stiffens, preventing it from pumping enough oxygen-rich blood to meet the body's needs), unspecified. Review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 4/6/2026, indicated Resident 1's brief interview for mental status score was 12 (BIMS, an assessment to test a person's cognitive level, a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 cognitively intact). During an interview on 5/22/26 at 2:51 p.m., in Resident 1's room, Resident 1 stated there was one staff member that she doesn't like, she stated she made a complaint about the staff. Resident 1 stated Certified Nursing Assistant A (CNA) A, was helping her by changing briefs. Resident 1 stated it takes her some time to turn to her left because of her right shoulder, instead of supporting her right shoulder CNA A called her a name which is not good to her, in English it means hardheaded. Resident 1 stated she is not a kid, she is 95 y/o. During an interview on 5/22/26 at 2:51 p.m., with Certified Nursing Assistant A (CNA) A stated she was doing the regular rounds, helping Resident 1 change the briefs, she stated Resident 1 is like covering herself and she called her Nanay (means mother, in Tagalog) and talked to resident in Tagalog, in a nice way like please. She stated she didn't know the meaning in English is stubborn, she stated Resident 1 got mad at her. CNA A stated she called the Nurse on duty immediately and she did not come back inside Resident 1's room. CNA A further stated she didn't know that Resident 1 would get mad. During a phone interview on 6/8/26 at 3:45 p.m., with the Director of Staff Development (DSD), the DSD stated the staff called resident by their first name or last name, the DSD was asked if facility staff can call residents hardheaded or stubborn, the DSD stated it's not allowed. During a review of facility's policy and procedure (P&P) titled, Dignity Revised February 2021, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 1. Residents are treated with dignity and respect at all times. 2. The facility supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident's facility stay. 8. Staff speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not labeling or referring to the resident by his or her room number, diagnosis, or care needs.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555799	Facility ID: 555799
		If continuation sheet Page 1 of 1