

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Herman Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2295 Plummer Avenue San Jose, CA 95125	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46939</p> <p>Based on interview and record review, the facility failed to provide care according to professional standards of practice for two of two residents (Resident 1 & Resident 2), when nursing staff failed to order two medications timely. This failure had the potential for negative health outcomes related to not receiving prescribed medications as ordered.</p> <p>During a review of Resident 1's Physician Orders dated March 2024, Orders indicated, Hydroxyzine [Antihistamine that can treat anxiety] HCL[hydrochloride] 25MG [milligrams] tablet. Give 1 tablet by mouth every 12 hours for anxiety.</p> <p>During a concurrent interview and record review on 3/19/24, at 2:32 p.m., with Licensed Vocational Nurse (LVN) A, Resident 1's Medication Administration Record (MAR) dated March 2024 was reviewed. The MAR indicated, Resident 1 did not receive Hydroxyzine on 3/18/24 for the AM dose or the PM dose. Resident 1 also did not receive Hydroxyzine for 3/19/24 AM dose. LVN A stated, I was working yesterday, when I went to give Resident 1 the Hydroxyzine for the AM dose, I noticed we were out of the medication, so I could not give it for the AM dose on 3/18/24 and had to order the medication. I worked a double shift and was working the PM shift as well. Resident 1 did not receive the PM dose of Hydroxyzine on 3/18/24. LVN A stated Resident 1 did not receive her AM dose of Hydroxyzine today because we do not have the medication. LVN A stated when the medications are low, we are supposed to take the label of the medication and place it on the order form and fax it to the pharmacy, so this medication ran out because it was not ordered.</p> <p>During a review of Resident 2's Physician Orders dated March 2024, Orders indicated, Clozapine [medication used to treat schizophrenia] 50MG tablet give three tabs PO [by mouth] daily at bedtime for schizoaffective disorder, bipolar type.</p> <p>During a concurrent interview and record review on 3/19/24, at 2:32 p.m., with LVN A, Resident 2's MAR dated March 2024 was reviewed. The MAR indicated, Resident 2 was not given Clozapine on 3/11/24. LVN A stated, we ran out of Clozapine for Resident 2, so I could not give it for her PM dose on 3/11/24. I had to order the medication because it was not ordered.</p> <p>During an interview on 5/8/24 at 1:54 p.m., with the Director of Nursing (DON), the DON stated, the nurses are responsible for ordering all medications when they run low, the pharmacy does not automatically refill any medications.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled Medication Ordering and Receiving From Pharmacy, dated 2008, the P&P indicated, 2.If not automatically refilled by pharmacy, repeat medications (refills) are written on a medication order form/ordered by peeling the bottom part of the pharmacy label and placing it in the appropriate area on the order form provided by the pharmacy for that purpose and ordered as follows:</p> <p>A. Reorder medication five days in advance of need to assure an adequate supply is on hand.</p>