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| 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 07/26/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>46939</p> <p>Based on interview and record review, the facility failed to protect a resident's right to be free from any type of abuse, including corporal punishment (type of physical punishment), and neglect, that could result in, or has the likelihood to result in physical harm, pain, or mental anguish for one of two sampled Residents (Resident 1), when Resident 1 was physically abused by Resident 2.</p> <p>This failure resulted in Resident 1 being physically abused by Resident 2 and sustaining a minor injury (bruising to back of head).</p> <p>Findings:</p> <p>During a review of Resident 1's SOC 341 (Mandated Report for Elder/Dependent Adult Abuse Allegation) dated 6/14/24, indicated, and abuse allegation was reported to the California Department of Public Health (CDPH) indicating Resident 1 as the victim and Resident 2 as the abuser. Report indicated, At approx [sic] 1530 [charge nurse] reported that [Resident 2] pushed [Resident 1] to the floor while they were having an argument over a chair. Both residents were separated immediately. Investigation Initiated.</p> <p>During a review of the Facility's 5 day investigative report dated 6/18/24, report indicated, Summary on 6/14/24 at approximately 1530, it was reported that [Resident 2] hit and pushed [Resident 1], which caused this resident to fall. [Resident 1] sustained a small induration [thickening of the skin that can result from edema, inflammation] to posterior head [back of head]. The conclusion on the investigation that based on interviews and observations the Administrator was able to confirm that this incident did occur.</p> <p>During a review of Resident 1's SBAR (Change in condition form) dated 6/14/24, form indicated, Skin/Wound observation date and time 6/14/24 4 p.m., bruising or hematoma bruising site head posterior[back of head].</p> <p>During an interview with Administrator on 7/25/24 at 10 a.m., Administrator stated, we did substantiate the abuse allegation between Resident 1 and Resident 2 on 6/14/24.</p> <p>During a review of the Facility's Policy & Procedure (P&P) titled, Abuse Prevention Program, dated 2001, the P&P Indicated, Our Residents have the right to be free from abuse.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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