





STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER A GRACE SUB ACUTE & SKILLED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1250 S. WINCHESTER BOULEVARD , SAN JOSE, California, 95128	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0920 SS = F Bldg. 02	Continued from page 2	K0920	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: A: 1) Resident education on proper equipment usage (ie hospital graded extension cords only) 2) Staff In-Serviced on fire safety and prevention in regards to outlets and proper power cord identification- importance of keeping residents belongings away from outlets and bringing concerns related to storage of belongings to facility leadership team 3) Daily resident room round sheet updated and to be conducted by assigned department managers. Weekly facility rounds will be conducted and every room and common area checked to ensure approved hospital grade extension cords are in place and outlet integrity is compliant by the maintenance supervisor or desginee	12/24/2025
	At 9:49 a.m., the Maintenance Supervisor was interviewed and stated that an electrical fire occurred from a power strip at approximately 2:30 a.m. on 12/8/25 in Resident Room 34. He also stated the power strip was approximately one foot away from Bed C on the ground. The resident of Bed C was interviewed and stated that a family member brought in the power strip for the phone charger.		How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system. A: Room round sheets will be turned in weekly. The Maintenance Director or designee will complete a facility wide audit weekly for 12 weeks and report the results of the audit to the Safety Committee and QA meeting for compliance evaluation x4 months and then PRN as needed.	12/24/2025
	The facility could not verify if the power strip was an approved UL 1363A or UL 60601-1 power strip.		Include dates when corrective action will be completed. The corrective action completion dates must be acceptable by the State Agency: Completion date: 12/11/2025	12/11/2025