DEPÀRTMENT OF HEALTH AND HUMAN SERVICES 'CENYERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER SAN JOSE HEALTHCARE & WELLNESS CENTER 3TREET ADDRESS, GITY, STATE, ZIP CODE 75 N. 13TH STREET SAN JOSE, CA 95112 PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH DEPTICATIVE WILLTER PRECEDED BY PULL RESULATORY OR LISC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of an entity reported incident conducted on 3/28/1/2 and 3/27/1/2. For Entity Reported Incident CA00303556 regarding Resident Abuse, a Federal deficiency was identified (see F241). Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health 20259, Health Facilities evaluator Nurse. F241 SS-D The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignify and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility must promote care for residents (1) with respect when a certified nurse assistant (CNA A) swore at the resident after giving her a snack. Swearing at a resident can potentially cause emotional distress. Findings: Resident 1 was admitted to the facility with diagnoses including end stage renal disease (complete or almost complete failure of the kidneys to function). Record review of her	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
SAN JOSE HEALTHCARE & WELLINESS CENTER 75 N. 13TH STREET SAN JOSE, CA 95112 SAN JOSE, CA 95112 SAN JOSE, CA 95112 SAN JOSE, CA 95112 PREPIX (EACH DEPRICIENCY MUST SEP PRECEDED BY FULL TAX) REGULATORY OR LISC DENTIFYING INFORMATION) FOOD INITIAL COMMENTS The following reflects the findings of the California Department of Public Heath during an investigation of an entity reported incident conducted on 3/26/12 and 3/27/12. For Entity Reported Incident CA00303556 regarding Resident Abuse, a Federal deficiency was Identified (see F241). Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Heath through a full inspection of the facility. Representing the California Department of Public Heath: 29259, Health Facilities Evaluator Nurse. 15 241 SS=D The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's sisgnment and was given addiction with the state of the facility. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility with respect when a certified nurse assistant (CNA A) swore at the resident after giving her a snack. Swearing at a resident can potentially cause emotional distress. Findings: Resident 1 was admitted to the facility with diagnoses including end stage renal disease (complete or almost complete failure of the	055388				· · · · · · · · · · · · · · · · · · ·			
FREENT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of an entity reported incident conducted on 372712. For Entity Reported Incident CA00303556 regarding Resident Abuse, a Federal deficiency was identified (see F241). Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 29259, Health Facilities Evaluator Nurse. 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each residents' dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to treat one of three sampled residents (1) with respect when a certified nurse assistant (CNA A) swore at the resident after giving her a snack. Swearing at a resident can potentially cause emotional distress. Findings: Resident 1 was admitted to the facility with diagnoses including and stage renal disease (complete or almost complete failure of the	•	•	VELLNESS CENTER		751	N. 13TH STREET		
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LABORATORY DIRECTORS OF PROMOCROSIDES IED DEDDESCRITATIVES SIGNATURE (X8) DATE	F 241 SS=D	The following reflection california Department investigation of an econducted on 3/26/. For Entity Reported regarding Resident was identified (see Inspection was limitincident investigate findings of a full instruction of a full instruction of a full instruction of a full instruction of the action of the acti	cts the findings of the ent of Public Health during an entity reported incident 12 and 3/27/12. I Incident CA00303556 Abuse, a Federal deficiency F241). Ited to the entity reported d and does not represent the pection of the facility. California Department of Public 11th Facilities Evaluator Nurse. AND RESPECT OF Comote care for residents in a environment that maintains or ident's dignity and respect in its or her individuality. NT is not met as evidenced or and record review, the facility of three sampled residents (1) a certified nurse assistant the resident after giving her a resident can potentially stress. Findings: mitted to the facility with g end stage renal disease it complete failure of the lace of t	AK ON OSY	ALCON TO THE MENT OF THE PARTY	Correction are not an admission An agreement with the stated d To remain in compliance with al Federal and State Regulations, the facility has taken or will take set forth in the following Plan of Planse accept this Plan of Correct the facility's allegation of complished for the patient lid to have been affected by the depractice. CNA was immediately removed the resident's assignment and wigiven a disciplinary action. She is no longer an employee of Facility. Resident 1 was interviewed by the Director of Nurses on 3/1 to ensure that resident feels saf with current placement and emotional support and reassura was provided. Social Service director did a follow up with resident 1 on a daily basis for 72 hour to provide reassurance and emotional support. She did verbalize any further issue relate to the incident.	to or eficiencies. I actions Correction. I ction as lance have entified eficient the 19/12 e nce	3/19/IZ

Any deficiency statement enough with an asterisk () denotes a denote of 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CQ6H11

Facility ID: CA070000061

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
05		055388	B. WING			C 03/27/2012		
NAME OF PROVIDER OR SUPPLIER SAN JOSE HEALTHCARE & WELLNESS CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 75 N. 13TH STREET SAN JOSE, CA 95112				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T	OULD BE	(X5) COMPLETION DATE	
F 241	minimum data sets dated 3/1/12 indica intact. Record review on 3 notes indicated she CNA on 3/18/12 at resident, she saw asked her what sna A stated she had a pudding. The reside some pudding. CN slammed them onto room, called her a to a family member and the family member and overheard som the was talking to and overheard som During a telephone 3/2712 at 1:23 p.m. Resident 1 an applitude room. She deninames. A review of the facile Procedure, date resident shall be free facile.	(MDS) an assessment tool ted Resident 1 was cognitively w/26/12 of Resident 1's nursing made a complaint about a 8:15 p.m. According to the CNA A passing snacks and acks she had on the cart. CNA pples, cakes, Jello and ent asked for an apple and A A brought her the snacks, o her tray, and, as she left the bitch. Resident 1 was speaking on the telephone at the time ober overheard the CNA call	F 24	11	How the facility will identify oresidents having the potential affected by the same deficient Practice and what corrective active taken: All residents have the potential to affected by the same alleged deficient Department heads interviewer Residents to esure they are treated with respect and dignit by staff. No other resident was affected same alleged deficiency. What measure will be put into place or what systemic will make to enter that the deficient practice does not recur changes the facility: Facility Staff are to be in-serviced the Director of Nurses/designed on or before 3/22/12. Administrator or designed will income Residet's dignity and respect of individuality as one of the topics of Discussed at the Monthly staff measure compliance.	to be t on will be be clency. d ty d by the ace not by on y lude to be eeting	3/22/12	

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F 241		ge 2 t not be subjected to abuse by out not limited to facility staff"	F 24		ent uncil or its solutions o e			
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