

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555792</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNNYVALE POST-ACUTE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1291 S BERNARDO AVENUE SUNNYVALE, CA 94087</b>	
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 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b>  Based on observation, interview and record review, the facility failed to develop care plans for three of three sampled residents (Residents 2, 3, and 4). For Resident 2, there was no communication board/binder available at bedside for staff's use during resident care and interaction, and no communication care plan developed. For Residents 3 and 4, care plans on identified skin problems were not developed. A care plan identifies residents' concerns and outlines the care and services needed to meet their needs. Findings: During an observation and concurrent interview on 8/19/2020 at 12:05 p.m., certified nursing assistant A (CNA A), was at Resident 2's bedside and was the assigned sitter (staff assigned to do close monitoring of resident's whereabouts). CNA A stated Resident 2 was non-English speaking and could not locate any communication board/binder she could use to communicate with resident. CNA A also stated it would be good to have one. During an interview and concurrent record review on 8/19/2020 at 12:10 p.m., LVN B stated she had not seen any communication board or binder for Resident 2. LVN B reviewed Resident 2's medical record and could not find any care plan on communication. During a record review and concurrent record review on 8/19/2020 at 2:15 p.m., licensed vocational nurse C (LVN C) reviewed Resident 3's progress notes dated 6/03/2020 that indicated she had an open wound to right lower leg and did not find any documentation that a care plan was developed. During a record review and concurrent interview on 8/20/2020 at 9:25 a.m., LVN C and minimum data set coordinator (MDSC) reviewed Resident 4's progress notes dated 6/20/2020, which indicated she had right hand greenish discoloration with slight swelling. Both LVN C and MDSC stated care plans were important and should have been developed when skin problems were identified. A review of the facility's 12/2016 policy and procedure, Comprehensive Person-Centered Care Plans, indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical . is developed and implemented for each resident.		
F 0745  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide medically-related social services to help each resident achieve the highest possible quality of life.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to provide medically-related social services for one of three sampled residents (Resident 1) when Resident 1's discharge planning was not initiated upon admission, and the required follow-up on resident's request of appropriate housing placement was not done timely. This failure had potentially affected the physical, mental, and psychosocial well-being of the resident. Findings: A review of Resident 1's face sheet indicated he was admitted on [DATE] and was self-responsible. The physician's orders [REDACTED]. During an interview on 8/14/2020 at 12:30 p.m., Resident 1 stated, I can take care of myself and there's nothing more they are doing for me. He verbalized feeling angry when nothing had been done after having informed the social worker multiple times of his request to be discharged from the facility. During an interview and concurrent record review on 8/14/2020 at 12:50 p.m., the social services assistant (SSA) upon review of Resident 1's social services notes, confirmed the initial discharge planning started on 6/4/19. The SSA stated, discharge planning should have started upon admission and follow-up was not done because there was no other staff in the social service department at that time. The SSA also stated she would start making follow-ups and update Resident 1 as needed. A review of Resident 1's social services notes dated 6/14/19, 7/11/19, 11/4/19, indicated Resident 1 expressed his plan to be discharged to a Board and Care (B&C) facility and requested staff's help and assistance to look for placement. A review of Resident 1's social services notes dated 1/17/2020, indicated social services faxed referral form and other documents to an independent living facility but no further follow-up was done after she left a voicemail on 4/28/2020 (after more than three months). No documentation had been found that Resident 1 was updated regarding his discharge plan. Review of the facility's undated job description Director of Social Services, indicated the social services assist with discharge planning, i.e., appropriate placement and arrangement, home health services .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.