

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>05A277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DYCOR TRANSITIONAL HEALTH-SAN JOSE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>401 RIDGE VISTA AVENUE SAN JOSE, CA 95127</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> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure to implement the high risk monitoring for one of three sampled residents (Resident 1) when she tapped Resident 2 on the left arm at the side yard. This failure resulted in Resident 1 hitting Resident 3's face. Findings: Review of Resident 1's clinical record indicated she had [DIAGNOSES REDACTED]. Review of Resident 1's progress note dated on 5/31/2020, indicated Resident 1 used the back of her hand to tap Resident 2 on the left arm. Both Residents 1 and 2 were separated during the incident. Review of Resident 1's care plan for when she tapped Resident 2 on the left arm dated 5/31/2020, indicated the intervention was to place Resident 1 on high risk monitoring. Review of Resident 1's progress note dated on 6/4/2020, indicated Resident 1 hit Resident 3 on the right side of the face when he was sitting on the chair. During an interview with Resident 3 on 6/15/2020 at 2:48 p.m., he stated Resident 1 got angry and hit him on the face. During an interview with the program director on 6/17/2020 at 5:00 p.m., he stated the intervention to place Resident 1 on high risk monitoring was not implemented for the incident on 6/4/2020. Review of the facility's undated policy, Behavioral Monitoring or Check, monitoring/or check may end if resident no longer presents problematic behavior placing self or others at risk. Decision should have by the licensed nurse and program supervisor or designated personnel. Review of the facility's policy dated 12/18/2014, Care Plan Policy and Procedure, indicated to provide written guidelines for treatment team in treatment of [REDACTED].		
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.