

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER WHITE BLOSSOM CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1990 FRUITDALE AVENUE SAN JOSE, CA 95128	
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 0624 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a safe discharge for one of three sampled residents (Resident 1) when the facility did not determine the level of home care the family could provide for the resident and did not provide proper caregiver training to the family. These failures could compromise the safety of the resident. Findings: Review of Resident 1's clinical record indicated he was admitted on [DATE] with the following [DIAGNOSES REDACTED].</p> <p>Review of Resident 1's minimum data set (MDS, an assessment tool) dated 4/20/2020, indicated he had a brief interview for mental status (BIMS, a structured cognitive test) score of 8 (moderately impaired cognition), required assistance with activities of daily living (ADL's) such as bed mobility, transfer, ambulation, dressing, toileting, personal hygiene, and bathing. Review of Resident 1's physical therapy discharge summary dated 5/4/2020, indicated Resident 1 was discharged home on[DATE] with 24-hour care and assistance with ADL's. There was no evidence proper caregiver training was provided to the family. During an interview with the physical therapist (PT) on 6/2/2020 at 10:14 a.m., he stated Resident 1 was independent before he went to the acute hospital. The PT confirmed Resident 1 required assistance with his ADL's and 24-hour care. The PT stated he gave the caregiver training handout to Resident 1. However, he was not sure if the family could provide the level of home care for the resident. During an interview with the social services director (SSD) on 6/2/2020 at 10:23 a.m., she stated she was not sure if caregiver training was provided to the family. The SSD confirmed Resident 1 should have proper caregiver training, which included the level of home care the family would provide. Review of the facility's 12/2006 policy, Discharge Summary and Plan, indicated post discharge plan was develop by the interdisciplinary team (IDT, a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient) with the assistance of the resident, his family which include the level of caregiver or support person availability.</p>		

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.