

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER HERMAN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2295 PLUMMER AVENUE SAN JOSE, CA 95125	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was treated with respect and dignity when the certified nursing assistant (CNA) used foul language toward Resident 1. This failure had the potential to negatively affect the resident's psychosocial well-being. Findings: Review of Resident 1's clinical record indicated he was admitted on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS, an assessment tool) dated 3/15/2020, indicated Resident 1 had a BIMS (brief interview of mental status) score of 15. A BIMS score of 13-15 means cognition is intact. Review of Resident 1's progress notes dated 4/14/2020, indicated he had severe agitation, episodes of yelling and cursing, using profanities, and pointed finger towards the CNA. The notes also indicated Resident 1 called the CNA stupid and the CNA answered back to Resident 1, I am not stupid, it is you. During an interview with Resident 1 on 6/16/2020 at 10:15 a.m., he acknowledged the above alleged verbal altercation between himself and the CNA. Review of the five-day facility reported event dated 4/14/2020, indicated Resident 1 used profane, vulgar, and humiliating words towards the CNA. The CNA admitted his feelings were hurt and he reacted impulsively by saying that he was not stupid and maybe Resident 1 was the one.		

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.