

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2020
NAME OF PROVIDER OF SUPPLIER SKYLINE HEALTHCARE CENTER - SAN JOSE		STREET ADDRESS, CITY, STATE, ZIP 2065 FOREST 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 F 0550	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to promote dignity for one of three sampled residents (Resident 1) when the facility staff provided a concave mattress (a mattress with raised perimeter and hollowed rounded inward in the middle) instead of a regular mattress in Resident 1's bed. This failure caused movement limitation for Resident 1 while in bed and had the potential to negatively affect his health, safety, and well-being. Findings: Review of Resident 1's clinical records indicated he was initially admitted to the facility on [DATE] and was readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident 1's minimum data set (MDS, an assessment tool) dated 2/13/2020, indicated his cognition was intact. He needed extensive assistance and two person assist in bed mobility however, he did not have impairment of both upper and lower extremities. During an observation on 3/4/2020 at 8:30 a.m., Resident 1 was observed lying in bed with a concave mattress. On a concurrent interview with the Resident 1, he stated he was placed by facility's staff in a bed with a concave mattress since he was admitted on [DATE]. Resident 1 further stated he was uncomfortable because he could not move around while lying on a concave mattress. He also stated it was not fair for him to be put in a concave mattress. During an observation and interview with the licensed vocational nurse A (LVN A) on 3/4/2020 at 9:00 a.m., she confirmed Resident 1 was lying on a concave mattress in his bed. During an interview and record review with the director of nursing (DON) on 3/4/2020 at 9:06 a.m., she confirmed there was no evidence of documentation that Resident 1's physician instructed to put Resident 1 in a concave mattress. Furthermore, there was no evidence of documentation in Resident 1's care plan that he needed a concave mattress in his bed. The DON acknowledged the facility staff should have provided Resident 1 with a regular mattress in his bed and not a concave mattress. Review of the facility's policy and procedures, dated 12/18/2002, Resident Dignity & Personal Privacy, indicated the facility provides care for resident in a manner that respects and enhances resident's dignity and individuality.</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.