

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2024
NAME OF PROVIDER OR SUPPLIER South Marin Health & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 South Eliseo Drive Greenbrae, CA 94904	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>27532</p> <p>Based on interview and record review, the facility failed to report allegations of a staff to resident (Resident 1) verbal altercation, and an incident between residents (Resident 2 and Resident 3) within two hours of the incidents. This failures had the likelihood for incidents of potential abuse to not get prevented, corrected, or investigated in a timely manner, and can result to physical, mental, or psychosocial harm to residents.</p> <p>Findings:</p> <p>On 3/11/24, the Department received reports from the facility of an alleged incident of potential abuse between Resident 1 and Resident 2 and an incident between Certified Nursing Assistant (CNA F) and Resident 3.</p> <p>During a concurrent review of records and interview with the Administrator and Director of Nursing (DON) on 3/18/24 at 10:42 AM at the Administrator ' s office, the incident between Resident 1 and CNA F happened on 3/10/24 at 3:00 PM. The Department received the SOC 341 (Report of Suspected Dependent Adult/Elder Abuse) from the facility by fax on 3/11/24 at 0:34 AM. The incident between Resident 1 and Resident 2 happened on 3/9/24 at 3:00 AM. The Department received the SOC 341 from the facility by fax on 3/9/24 at 9:39 AM. The Director of Nursing (DON) stated, Resident 3 reported the incident to the CNA who reported to Licensed Nurse J at 5:00 AM, that was when the SOC 341 was sent.</p> <p>A review of the facility ' s policy titled, Abuse reporting and investigation dated effective 1/1/24, indicated for the facility to promptly report all allegations of abuse to the appropriate agencies within the required tie frames. The policy further indicated, all alleged violations involving abuse ., shall be reported by telephone, email or in writing (SOC 341) immediately, within two (2) hours after the allegation is made or reported.</p> <p>Based on interview and record review, the facility failed to report allegations of a staff to resident (Resident 1) verbal altercation, and an incident between residents (Resident 2 and Resident 3) within two hours of the incidents. This failures had the likelihood for incidents of potential abuse to not get prevented, corrected, or investigated in a timely manner, and can result to physical, mental, or psychosocial harm to residents.</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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