

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055099	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Creekside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Church Lane San Pablo, CA 94806	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38534</p> <p>Based on interview and record review, the facility failed to ensure the care plan was reviewed and revised by the interdisciplinary team after an identified concern for one of three sample selected residents (Resident 1) when Resident 1 informed the staff of the facility about his sensitivity to the scents. The facility did not make a care plan and follow up with Resident 1's concern.</p> <p>This failure resulted in frustration for Resident 1 and having to inform each of the staff himself about his issue with scents.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet indicated Resident 1 was admitted to the facility with multiple diagnoses including acute bronchospasm (happens when the muscles that line your airways in your lungs tighten) and Chronic Obstructive Pulmonary Disease (COPD, a condition involving constriction of the airways and difficulty or discomfort in breathing).</p> <p>During an interview on 4/10/24 at 10:25 a.m. with Resident 1, Resident 1 stated that he had high sensitivity to fragrances and scents and when he was admitted to the facility, he told every staff and administrator about his issue and none of the staff listened to him. He stated he is still receiving care from staff with the smell of cologne or smoke. Furthermore, Resident 1 stated that he had an accident that he had a respiratory issue and had to go through a lot of treatment because of smell of cologne before.</p> <p>During a concurrent interview and record review on 4/11/24 at 9:00 a.m. with the Administrator (ADM), ADM stated Resident 1 complained to her about staff wearing fragrances and ADM became aware of Resident 1's sensitivity to scents. ADM stated because she did not find any allergy history on Resident 1's medical records, ADM did not take the complaint seriously. Furthermore, ADM reviewed the care plan and confirmed there was no care plan for Resident 1's issue with scents.</p> <p>A review of Resident Progress Note indicated on 3/29/24 . he (Resident 1) said I told you people do not wear perfume . and on 3/16/24 . sensitive to smell .</p> <p>A review of Grievance/complaint Report, dated 3/19/24, indicated Resident 1 complained to the ADM about his sensitivity to scents.</p> <p>(continued on next page)</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Care Plan indicated the facility did not make a care plan for Resident 1's sensitivity to scents.</p> <p>A review of Employee Handbook Union, dated 2018, indicated .Employee should exercise personal hygiene including the absence of body odors and limit the use of strong perfumes and colognes .</p> <p>A review of the facility's policy and procedure Comprehensive Plan of Care, undated, indicated . Re-evaluate and modify care plans: as necessary to reflect changes in care, services and treatment .</p>