

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055212	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  The Vineyards Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  76 Fenton Street Livermore, CA 94550	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51682</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a licensed nurse, who was not certified to perform cardiopulmonary resuscitation (CPR), did not perform CPR on a resident who had a do not resuscitate (DNR) code status. This deficient practice affected 1 (Resident #236) of 6 sampled residents reviewed for advance directives.</p> <p>Findings included:</p> <p>A facility policy titled, Emergency Procedure - Cardiopulmonary Resuscitation, revised ,d+[DATE], indicated, 6. If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is verified in CPR/BLS [cardiopulmonary resuscitation/basic life support] shall initiate CPR unless: a. It is known that a Do not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillator exists for that individual; or b. There are obvious signs of irreversible death.</p> <p>An Admission Record indicated the facility admitted Resident #236 on [DATE]. According to the Admission Record, the resident had a medical history that included diagnoses of type 2 diabetes mellitus, dysphagia following cerebral infarction, dementia, asthma, acute ischemic heart disease, atherosclerotic heart disease, and hypertensive chronic kidney disease.</p> <p>Resident #236's Physician Orders for Life-Sustaining Treatment (POLST), signed by the patient or legally recognized decision-maker on [DATE] and the physician/nurse practitioner/physician assistant on [DATE], indicated do not attempt resuscitation (DNR), allow natural death.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [DATE], revealed Resident #236 had a Brief interview of Mental Status (BIMS) of 4, which indicated the resident had severe cognitive impairment. The MDS indicated the resident had a California POLST that indicated the resident desired to have DNR code status.</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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on [DATE] at 6:36 PM, Registered Nurse (RN) #8 stated on [DATE], when Resident #236 quit breathing and did not have a pulse, she checked the resident's POLST which indicated the resident was a DNR, called 911, and started CPR. RN #8 stated she felt that she needed to do something to try and save the resident's life because she knew that is what the resident's family wanted her to do. According to RN #8, when emergency medical services (EMS) arrived, they took over CPR and she left the resident's room. Per RN #8, when EMS left the resident's room, they stated the resident was unable to be resuscitated and the resident was pronounced deceased in the facility.</p> <p>During an interview on [DATE] at 2:32 PM, the Director of Staff Development (DSD) stated there was no guarantee that there was a staff member certified to perform CPR on each shift. The DSD acknowledged RN #8's CPR certification expired in ,d+[DATE].</p> <p>RN #8's Basic Life Support certification indicated RN #8 successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED [automated external defibrillator] Program, with an issue date of [DATE]. Per the certification, RN #8 needed to renew their certification by ,d+[DATE].</p> <p>During an interview with the Director of Nursing (DON) and Administrator on [DATE] at 3:04 PM, the DON stated she expected staff to follow a resident's POLST in the event of an emergency. The DON stated she expected all licensed nurses to maintain CPR certification. Per the DON, a licensed staff that a was not CPR certified should not be involved in a CPR code. According to the DON, it was the DSD's responsibility to ensure licensed staff were certified to perform CPR. The Administrator stated she referred her expectation for a resident's code status to nursing.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39438</p> <p>Based on observation, interview, and the facility policy review, the facility failed to ensure food items were not stored on the floor in the dry storage room. This deficient practice affected all residents who received food from the kitchen.</p> <p>Findings included:</p> <p>An undated facility policy titled, Canned and Dry Goods Storage, revealed, All the food and non-food items purchased by the Department of Food and Nutrition services will be stored properly. The policy specified, 2. Food will be stored above the floor, on shelves, racks or other surfaces that facilitate thorough cleaning, best practice is using stainless steel shelving. Per the policy, Food and supplies should also be stored 6 inches off the floor.</p> <p>During an observation of the dry storage room on 12/02/2024 at 9:10 AM, the surveyor observed the following items on the floor: one case of potato pearls, two cases of poultry gravy mix, one case of dessert mix, one case of sandwich cookies, one case of pasta, two cases of juice, 10 cans of tomato soup, and one case of nectar thickened lemon water.</p> <p>During an interview on 12/02/2024 at 9:15 AM, the Dietary Manager (DM) confirmed the items were on the floor. Per the DM, there was limited space and the last option was to store the food items on the floor.</p> <p>During an interview on 12/06/2024 at 3:13 PM, the Director of Nursing and Administrator stated it was not okay to store food items on the floor.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51682</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff implemented enhanced barrier precautions for 1 (Resident #14) of 2 sampled residents reviewed for urinary catheters. The facility further failed to ensure staff implemented contact precautions for 1 (Resident #26) of 3 sampled residents reviewed for transmission based precautions.</p> <p>Findings included:</p> <p>1. A facility policy titled, Enhanced Barrier Precautions, revised 09/18/2024, indicated Policy Interpretation and Implementation 1. Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant (MDROs) to residents. 2. EBPs employ targeted gown and gloves during high contact resident care activities when contact precautions do not otherwise apply. a. Gown and gloves are applied prior to performing the high contact resident care activity (as opposed to before entering the room). The policy specified, 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and h. wound care (any skin opening requiring a dressing).</p> <p>An Admission Record indicated the facility admitted Resident #14 on 06/17/2024. According to the Admission Record, the resident had a medical history that included diagnoses of Alzheimer's disease, retention of urine, and chronic kidney disease, stage 4.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/06/2024, revealed Resident #14 had a Staff Assessment for Mental Status (SAMS) that indicated the resident was severely impaired in cognitive skills for daily decision making. The MDS revealed the resident was dependent on staff for toileting hygiene and had an indwelling catheter.</p> <p>During an observation on 12/03/2024 at 7:55 AM, the surveyor signage on Resident #14's room door that indicated the resident was on EBPs.</p> <p>During a concurrent observation and interview on 12/03/2024 at 8:03 AM, the Assistant Director of Nursing (ADON) entered Resident #14's room, without the use of a gown or gloves and proceeded to manipulate the resident's indwelling catheter in an attempt to explain to the surveyor how staff should check for proper catheter tubing placement. The ADON acknowledged it was not normal practice to touch the resident's catheter without gloves or a gown on since the resident was on EBPs.</p> <p>During a concurrent observation and interview on 12/03/2024 at 8:40 AM, Certified Nursing Assistant #1 entered Resident #14's room and rolled the resident side to side. CNA #1 did not wear a gown and acknowledged the resident was on EBPs and he should have worn a gown and gloves. CNA #1 stated he did not think to put a gown on.</p> <p>During an interview on 12/06/2024 at 3:04 PM, the Director of Nursing stated staff should wear a gown and gloves when they touched a patient who was on EBP. The Administrator stated she referred all her expectations for EBP to nursing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39438</p> <p>2. A facility policy titled, Isolation - Categories of Transmission-Based Precautions, revised 09/2022, revealed, Contact Precautions 1. Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The policy specified, 7. Staff and visitors wear gloves (clean, non-sterile) when entering the room.</p> <p>An Admission Record revealed the facility admitted Resident #26 on 06/20/2020. According to the Admission Record, the resident had a medical history that included diagnoses of Alzheimer's disease and need for assistance with personal care.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/26/2024, revealed Resident #26 had a Staff Assessment for Mental Status (SAMS) that indicated the resident was severely impaired in cognitive skills for daily decision making.</p> <p>Resident #26's Order Summary Report which contained active orders as of 12/03/2024, revealed an order dated 12/02/2024, for contact precautions secondary to a diagnosis of skin rash.</p> <p>Resident #26's care plan included a focus area initiated 12/02/2024, that indicated contact precautions were required. Interventions directed staff to utilize personal protective equipment (PPE), a gown and gloves, during high-contact resident care activities, including the cleaning the resident's environment.</p> <p>During an observation on 12/02/2024 at 11:18 AM, Housekeeper (HK) #12 did not put on a gown or gloves when she entered Resident #26's room to clean the resident's room. HK #12 was noted to move the resident's water pitcher that was located next to the resident's bedside table,</p> <p>During an interview on 12/05/2024 at 2:38 PM, the Housekeeping Supervisor stated she expected staff to wear goggles, face shields, gowns, and gloves when they entered the room of resident who was on contact precautions.</p> <p>During an interview on 12/06/2024 at 9:14 AM, Infection Preventionist #13 stated HK #12 should have worn a gown, gloves, a face shield, and a mask when she entered a resident's room who was on contact precautions.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39438</p> <p>Based on observation, interview, document review, and facility policy review, the facility failed to ensure residents' rooms measured at least 80 square (sq) feet (ft) per resident in 18 (Rooms 100, 102, 104, 106, 108, 110, 112, 114, 118, 120, 122, 124, 126, 128, 130, 134, 136, and 138) of 30 resident rooms in the facility.</p> <p>Findings included:</p> <p>During an interview on 12/04/2024 at 10:30 AM, Resident #2 stated they did not have enough space in their room. An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/09/2024, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>During an interview on 12/04/2024 at 10:32 AM, Resident #21 stated they did not have enough space in their room. A quarterly MDS, with an ARD of 09/23/2024, revealed Resident #21 had a BIMS score of 15, which indicated the resident had intact cognition.</p> <p>During a concurrent review of a document titled Client Accommodation Analysis, and observation on 12/05/2024 at 11:01 AM, the Maintenance Director and Maintenance Assistance measured the following rooms and confirmed the following dimensions:</p> <ul style="list-style-type: none"> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> <li>- In room [ROOM NUMBER], there was 73 sq ft for each resident</li> </ul> <p>(continued on next page)</p>		

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