

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Sonoma Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  678 2nd Street West Sonoma, CA 95476	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to provide services that met professional standards of quality for one resident (Resident 1) of three sampled residents when prescriber order to hold a blood pressure (BP - the force of your blood pushing against blood vessels) medication when BP measurement was below a certain parameter was not followed. This failure had the potential for Resident 1 to become hypotensive (low blood pressure) and experience dizziness, lightheadedness, fatigue, visual disturbances, and/or fainting, especially when standing up quickly. Findings: A review of Resident 1's admission record indicated admission to the facility on 6/6/25 with diagnoses including lung cancer, chronic lung disease, heart failure, and hypertension (HTP- high blood pressure). A record review of Resident 1's Medication Administration Record (MAR) dated June and July 2025 indicated an order for doxazosin mesylate (a medication used to control high blood pressure) oral tablet 2 milligrams (mg - a unit of measure), give 1 tablet by mouth at bedtime for HTN, hold if Systolic Blood Pressure (SBP - the higher number on a blood pressure reading) was less than 100 or pulse (P - heart rate) was less than 60. These MARs also indicated doxazosin mesylate was administered to Resident 1 on the following days: 6/23/25 with an SBP of 99; on 6/25/25 with an SBP of 93; and, on 7/2/25 with an SBP of 96. During a concurrent interview and record review on 7/18/25 at 1:28 p.m., Licensed Nurse A (LN A) stated parameters for BP medication were provided to prevent a resident's BP from becoming too low. LN A stated symptoms of low BP included lethargy and/or dizziness. When shown a copy of Resident 1's MAR dated June 2025 and July 2025, LN A stated she would have held the doxazosin mesylate on 6/23/25, 6/25/25, and 7/2/25 because the resident's SBP was below the ordered parameter for administration. LN A further stated it was important to follow the physician's orders, especially for critical medications. LN A stated BP medications were considered critical medications. During a concurrent interview and record review on 7/18/25 at 1:50 p.m., the Director of Nursing (DON) stated LNs were expected to check the resident's BP before administering BP medications for accuracy. The DON stated the physician wrote parameters because some BP medications can drop the BP and/or the heart rate. The DON stated signs of hypotension were dizziness, lethargy, and/or fainting. When shown Resident 1's MAR dated June 2025 and July 2025, the DON stated she expected the doxazosin to have been held on 6/23/25, 6/25/25, and 7/2/25. The DON further stated the LN did not follow the physician's orders if the doxazosin mesylate had been administered despite SPB being outside of the ordered parameters. A record review of the facility's policy titled, Administering Medications revised in April 2019, indicated, The director of nursing services supervises and directs all personnel who administer medications and medications are administered in accordance with prescriber orders.</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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