

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Mission Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Parkside Drive Fremont, CA 94536	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40214</p> <p>Based on interview and record review the facility failed to provide services which met professional standards for one resident (Resident 1) of three sampled residents when nursing staff did not document physician's orders were carried out.</p> <p>This failure contributed to formation and worsening of Resident 1's sacrococcyx (the backside area between a person ' s hips and down to the tailbone) wound.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated an initial admitted [DATE] with diagnoses which included mitral valve insufficiency (a condition in which the valve between two heard chambers does not close tightly, which allows blood to flow backward in the heart) and traumatic hemorrhage of the cerebrum (trauma to the head which results in blood intermixing with brain tissue).</p> <p>A review of Resident 1's Braden Scale (an assessment tool used for predicting pressure injury risk) assessment dated [DATE] at 6:22 p.m. indicated a score of 9 which indicated Resident 1 was at very high risk for developing a pressure injury.</p> <p>A review of Resident 1's history and physical written by a physician dated 2/16/23 at 1:13 p.m. indicated, SNF [Skilled Nursing Facility] Admission .Skin- SC [sacroccoccyx] Stage 1 [injury of the skin as a result of continuous pressure characterized by superficial reddening that when pressed does not turn white] redness . Assessment and Plan .Decubitus [laying down area] ulcer: recommendation(s) barrier cream, foam dressing, position changes .</p> <p>A review of a care plan which focused on Resident 1's Stage 1 pressure injury on the coccyx (tailbone), initiated on 2/21/23, indicated nursing staff would, provide proper skin care to assist Resident 1 to reach her goal of preventing further deterioration of skin integrity.</p> <p>A review of Resident 1's Treatment Administration Record (TAR) dated February 2023 indicated staff did not document the physician's order, Barrier cream with foam dressing to redness to coccyx .change every day with diaper change and/or .when soiled .every shift . was carried out on: the day and night shifts of 2/17/23, on the day and evening shifts of 2/19/23, day shift of 2/20/023, and the evening shift of 2/23/23.</p> <p>A review of Resident 1's TAR dated March 2023 indicated the following physician's orders:</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cleanse coccyx area noted with redness with NS [normal saline, a solution used to cleanse wounds], pat dry and apply .paste .every shift . was not carried out on: night shift of 3/6/23, day shift of 3/12/23, night shifts of 3/15/23 and 3/16/23, day shift of 3/20/23, evening shift of 3/21/23, and night shifts of 3/23/23 to 3/27/23;</p> <p>Air mattress every shift was not carried out on: night shift of 3/6/23, day shifts of 3/10/23 and 3/11/23, night shifts of 3/15/23 and 3/16/23, day shift of 3/20/23, evening shift of 3/21/23, and night shifts of 3/24/23 to 3/27/23; and,</p> <p>Apply barrier cream with every diaper change and PRN [as needed] when soiled .every shift for peri-care . was not carried out on: night shift of 3/6/23, day shift of 3/12/23, night shifts of 3/15/23 and 3/16/23, day shift of 3/20/23, evening shift of 3/21/23, and night shifts of 3/24/23 to 3/27/23.</p> <p>A review of Resident 1's TAR dated April 2023 indicated the following physician's orders:</p> <p>Cleanse coccyx area noted with redness with NS, pat dry and apply .paste .every shift . was not carried out on: evening shift of 4/15/23, night shift of 4/16/23, evening shift of 4/19/23, evening shift of 4/21/23, day and evening shifts of 4/22/23, day shift of 4/24/23, day shift of 4/26/23, evening shift of 4/28/23, and day shift of 4/29/23;</p> <p>Air mattress every shift was not carried out on: evening shift of 4/15/23, night shift of 4/16/23, evening shift of 4/19/23, evening shift of 4/21/23, day and evening shifts of 4/22/23, day shift of 4/24/23, day shift of 4/26/23, evening shift of 4/28/23, and day shift of 4/29/23; and,</p> <p>Apply barrier cream with every diaper change and PRN when soiled .every shift for peri-care . was not carried out on: evening shift of 4/15/23, night shift of 4/16/23, evening shift of 4/19/23, evening shift of 4/21/23, day and evening shifts of 4/22/23, day shift of 4/24/23, day shift of 4/26/23, evening shift of 4/28/23, and day shift of 4/29/23.</p> <p>A review of Resident 1's TAR dated May 2023 indicated the following physician's orders:</p> <p>Cleanse coccyx area noted with redness with NS, pat dry and apply .paste .every shift . was not carried out on: day shift of 5/3/23, day and evening shifts of 5/6/23, night shift of 5/10/23, day shift of 5/12/23, evening shifts of 5/15/23 and 5/16/23, day shift of 5/17/23, evening shift of 5/18/23, evening shifts of 5/21/23 to 5/23/23, and day shift of 5/24/23;</p> <p>Air mattress every shift was not carried out on: day shift of 5/3/23, day and evening shifts of 5/6/23, night shift of 5/10/23, day shift of 5/12/23, evening shifts of 5/15/23 and 5/16/23, day shift of 5/17/23, evening shift of 5/18/23, evening shifts of 5/21/23 to 5/23/23, and day shift of 5/24/23; and,</p> <p>Apply barrier cream with every diaper change and PRN when soiled .every shift for peri-care . was not carried out on: day shift of 5/3/23, day and evening shifts of 5/6/23, night shift of 5/10/23, day shift of 5/12/23, evening shifts of 5/15/23 and 5/16/23, day shift of 5/17/23, evening shift of 5/18/23, evening shifts of 5/21/23 to 5/23/23, and day shift of 5/24/23.</p> <p>A review of Resident 1's TAR dated June 2023 indicated the following physician's orders:</p> <p>(continued on next page)</p>		

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