

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2024
NAME OF PROVIDER OR SUPPLIER  Mountain View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place Mountain View, CA 94040	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37409</p> <p>Based on interview and record review, the facility failed to provide care that allowed one of three residents (1) to remain safe when Resident 1 was a bariatric resident and only one certified nursing assistant (CNA) working with her. This failure resulted in Resident 1 fell off her bed and to the floor.</p> <p>Findings:</p> <p>Review of Resident 1's Admission Record indicated she was admitted to the facility on [DATE] with severe obesity diagnosis.</p> <p>Review of Resident 1's Minimum Data Set (MDS, a clinical assessment tool), dated 3/8/24, indicated her range of motion was impaired on one side for her upper and lower extremity, and she needed maximal assistance for rolling left and right in her bed.</p> <p>Review of Resident 1's Change of Condition Report, dated 3/4/24, at 7:51 a.m., indicated on 3/4/24, at 7:15 a.m., when one CNA was repositioning Resident 1 in bed during a change, Resident 1 rolled off the bed and onto the floor.</p> <p>During an interview with assistant director of nursing A (ADON A) on 7/8/24, at 3:40 p.m., she stated the CNA worked with Resident 1 by herself. The CNA turned Resident 1 to the side to cleanse the back of her body. Resident 1's leg slid off the bed, and Resident 1 fell to the floor. ADON A stated the CNA should not work with Resident 1 alone because Resident 1 was a bariatric resident. The facility always educated staff that two persons were needed when working with a bariatric resident. ADON A stated the CNA should have called another CNA to work with her on Resident 1.</p> <p>Review of the facility's policy, Care and Treatment of Bariatric Residents, dated 6/1/23, indicated Bariatric residents have special needs. This facility will provide the necessary care and treatment that allows the bariatric resident to remain safe . 5. Care will be provided with the number of staff needed to ensure safety of the resident and the staff.</p> <p>Based on interview and record review, the facility failed to provide care that allowed one of three residents (1) to remain safe when Resident 1 was a bariatric resident and only one certified nursing assistant (CNA) working with her. This failure resulted in Resident 1 fell off her bed and to the floor.</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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