

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Santa Maria Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 820 W Cook St Santa Maria, CA 93458	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>45741</p> <p>Based on observation, interview, and record review, the facility failed to provide an environment free from restraints for one of two sampled residents (Resident 1) when the facility raised all four side rails.</p> <p>This failure had the potential to negatively affect the Resident 1's physical mobility and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, Use of Restraints, dated 4/17, the P&P indicated in part, Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including: a. using bedrails to keep a resident from voluntary getting out of bed as opposed to enhancing mobility while in bed.</p> <p>During a review of Resident 1's Consent for use of siderails, dated 7/30/19, the Consent indicated, I DO NOT consent to the use of side rail(s) recommended above and understand the related liabilities was marked.</p> <p>During an observation of Resident 1's room on 3/21/2024 at 10:40 a.m., Resident 1 was observed in the bed with all four bed side rails up.</p> <p>During an interview on 3/21/2024 at 10:43 a.m. with a Certified Nursing Assistant (CNA 1), CNA 1 stated that Resident 1 was ambulatory but had fallen in the past when attempting to use the bathroom. CNA 1 further stated they had raised all four bed side rails to prevent Resident 1 from getting out of bed.</p> <p>During an interview on 3/21/24 at 11 a.m. with Director of Nursing (DON), DON stated that staff should not use bed side rails to prevent residents from getting out of bed as they are considered restraints.</p> <p>During a concurrent interview and record review on 3/21/24 at 11:24 a.m. with Administrator (Admin), Residents 1's health records were reviewed. When asked about all four bed side rails being up when Resident 1 was in bed, Admin verbalized, having all four bed side rails up is considered a restraint. Admin further stated Res 1 should not have the side rails up as the resident did not consent.</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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