STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055739	A. Building B. Wing	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salinas Valley Post Acute	637 East Romie Lane Salinas, CA 93901

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 38087 Based on interview and record review, the facility failed to provide skin treatments as ordered by the physician for one of three sampled residents (Resident 1). This failure put the resident as risk for developing further skin breakdown. Findings: Resident 1's physician's order, dated 4/9/24, indicated, MASD (Moisture Associated Skin Damage) to perineum (genital area or the triangle area between the thighs). Apply Calmoseptine (ointment used to provide moisture barrier that protects and helps skin heal) to affected area every shift for 21 days. Resident 1's 4/2024 treatment administration record (TAR) was reviewed. The TAR indicated that Resident 1's skin treatments with Calmoseptine were not documented as completed on 4/10/24 during the evening shift, on 4/11/24 during the day shift, on 4/13/24 during both the day and the evening shift, on 4/14/24 during the day shift, on 4/15/24 during the evening shift, on 4/17/24 during the day shift, on 4/19/24 during the evening shift, and on 4/21/24 during the day shift. Resident 1's physician's order, dated 4/17/24, indicated, MASD to coccyx (small bone at the bottom of the spine): Apply Triad Cream (topical antiseptic that helps heal minor wounds and reduce pain) to affected area every shift for 21 days. Notify MD if any worsening. Resident 1's 4/2024 treatment administration record (TAR) was reviewed. The TAR indicated that Resident 1's skin treatments with Triad cream were not documented as completed on 4/17/24 on the day shift, 4/19/24 on the evening shift, and 4/21/24 on the day shift. During an interview with the director of nursing (DON), on 5/31/24 at 11:35 a.m., he reviewed Resident 1's TAR and confirmed the skin treatments with Calmoseptine and Triad cream were not documented as completed on the above dates. The DON confirmed if the nurses performed the skin treatments, they should have documented in Resident 1's TAR. The DON acknowledged that if the treatments were not documented, they were not done. Review of the facility's policy titled, Charting and Documentation, dated 2001, indicated all services provided to the resident shall be documented in the resident's medical record. The policy further indicated documentation of treatments will include the date the treatment was provided and the name and title of the individual who provided the care.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE