

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Salinas Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37686 Based on interview and record review, the facility failed to accurately complete a Minimum Data Set (MDS, an assessment tool) for one of three sampled residents (Resident 1), when Resident 1's MDS weight and continence were inaccurately documented. Failure to accurately assess had the potential to compromise the facility's ability to develop and implement interventions to meet the resident's needs. Findings: 1. Review of Resident 1's medical record indicated the resident was admitted on [DATE] and had diagnoses including femur fracture (a break in the thigh bone), sepsis (an extreme bodily response to an infection), obesity (a disorder that involves having excessive body fat), and kidney disease. Review of Resident 1's Weights and Vitals Summary indicated Resident 1 weighed 231.4 pounds (lbs, unit of weight measurement) on 7/17/24. The Weights and Vitals Summary further indicated Resident 1 weighed 220.8 lbs on 7/22/24. Resident 1's MDS, dated [DATE], was reviewed. Section K0200 was designated to document the resident's most recent weight. The individual who completed the MDS documented that Resident 1 weighed 231 lbs. During an interview and concurrent record review with the registered dietician (RD) on 8/22/24, at 12:40 p.m., the RD reviewed Resident 1's medical record and confirmed the resident's most recent weight was 220.8 lbs. During an interview and concurrent record review with the Minimum Data Set Coordinator (MDSC) on 8/22/24, at 2:06 p.m., the MDSC confirmed Resident 1's MDS, dated [DATE], was not accurate. The MDSC confirmed the individual who completed the MDS should have documented Resident 1's most recent weight in section K0200. The Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (RAI Manual, MDS coding instructions), dated 10/2023, indicated for section K0200, Base weight on most recent measure in last 30 days. (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055739	Facility ID: 055739 If continuation sheet Page 1 of 2

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident 1's MDS, dated [DATE], was reviewed. Section H of the MDS was designated to indicate whether the resident was continent (able to control urination and defecation) or incontinent (unable to control urination and defecation). The individual who completed the MDS coded 0 to indicate Resident 1 was Always continent with both urination and defecation. Review of Resident 1's Documentation Survey Report indicated from 7/21/24 to 7/27/24, Resident 1 was incontinent with urination 15 times and was continent six times. The Documentation Survey Report further indicated for the same time frame, Resident 1 was incontinent with defecation nine times and was continent zero times. During an interview and concurrent record review with the MDSC on 8/22/24, at 2:06 p.m., the MDSC reviewed Resident 1's medical record and confirmed the resident was incontinent with both urination and defecation from 7/21/24 to 7/27/24. The MDSC confirmed Resident 1's MDS, dated [DATE], was not accurate. The MDSC stated the individual who completed the MDS should have indicated Resident 1 was frequently incontinent with urination and always incontinent with defecation. Review of the RAI Manual, dated 10/2023, indicated for section H, Code 2, frequently incontinent: if during the 7-day look-back period, resident was incontinent of urine during seven or more episodes but had at least one continent void [urination]. The RAI Manual further indicated, Code 3, always incontinent: if during the 7-day look-back period, the resident was incontinent of bowel for all bowel movements [defecation] and had no continent bowel movements.		