

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055854	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2024
NAME OF PROVIDER OR SUPPLIER  Santa Rosa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4650 Hoen Avenue Santa Rosa, CA 95405	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46132</p> <p>Based on interviews and record reviews, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Staff were aware of what Baseline Care Plan (BCP, a plan that promotes continuity of care and communication among nursing home staff to increase resident safety) was, or its completion time frame.</li> <li>2. BCP was completed timely for five out of five sampled residents (Residents 1, 2, 4, 7 and Anonymous 5).</li> </ol> <p>These failures had the potential to put residents' safety at risk and for residents not receiving the care that they need.</p> <p>Findings:</p> <p>A review of Resident 1's face sheet (demographics) indicated he was initially admitted to the facility on [DATE]. His diagnoses included Heart Failure (HF, occurs when the heart muscle doesn't pump blood as well as it should), Vitamin B12 deficiency Anemia (your body doesn't have enough healthy red blood cells because you're low in vitamin B12, a nutrient that helps keep your body's blood and nerve cells healthy) and Parkinson's Disease (PD, a movement disorder that causes tremors, stiffness, and slow movement). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) dated 3/27/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 10 indicating moderately impaired cognition (all of the conscious and unconscious processes involved in thinking, perceiving, and reasoning). A review of his Baseline Care Plan indicated the nursing services section was completed on 3/28/24.</p> <p>A review of Resident 2's face sheet indicated she was admitted on [DATE] and had a diagnoses of Migraine (a type of headache characterized by recurrent attacks of moderate to severe throbbing and pulsating pain on one side of the head), and Atrial Fibrillation (Afib, an irregular and often very rapid heart rhythm). Her MDS dated [DATE] BIMS score was 15 indicating intact cognition. A review of her BCP indicated it was completed on 8/13/23.</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 4's face sheet indicated she was admitted on [DATE] and had a diagnoses of Essential Hypertension (HTN, high blood pressure), Multiple Sclerosis (a condition that can affect the brain and spinal cord, a tube that connects your brain to your lower back) and Pain. Her MDS dated [DATE] BIMS score was 15 indicating intact cognition. Her MDS indicated she was dependent on staff assistance during dressing, showering and toileting. A review of her BCP indicated it was completed on 4/22/22.</p> <p>A review of Resident 7's face sheet indicated she was admitted on [DATE] and had a diagnoses of HTN and Asthma (a condition in which your airways narrow and swell and may produce extra mucus which could make breathing difficult). Her MDS dated [DATE] BIMS score was 14 indicating intact cognition. A review of her BCP indicated it was completed on 2/20/22.</p> <p>During an interview on 4/10/24 at 8:20 a.m., Anonymous 5 stated she could not recall having a baseline care planning meeting. Anonymous 5 stated it would be nice if she could be a part of making health decisions regarding her care.</p> <p>During an interview on 4/11/24 at 10:05 a.m., Licensed Staff A stated she was not sure about the completion timeframe for BCP. Licensed Staff A stated care planning was important because it tells the staff what the needs of the residents were and it helped staff to ensure they were providing safe and adequate care for the residents.</p> <p>During an interview on 4/11/24 10:17 a.m., Licensed Staff B stated she was not aware of the BCP completion time frame. Licensed Staff B stated if BCP was not done timely it could be a safety risk and residents needs might not be met.</p> <p>During a telephone interview on 4/18/24 at 1:23 p.m., the Social Services Director (SSD) stated BCP should be completed within 48 hours of admission per regulation and per facility policy. SSD stated BCP was important to ensure residents needs were identified and met. SSD stated if BCP were completed after 48 hours of admission, then the facility was not in compliance and the policy and regulation was not followed. The SSD stated if BCP were completed late it could put residents at risk for not getting their needs met.</p> <p>During a telephone interview on 4/18/24 at 1:40 p.m., the Dietary Manager (DM) stated BCP should be completed within 72 hours of admission. She stated if a BCP was not completed timely it could lead to staff not knowing what residents needs or preferences were. The DM stated it becomes a safety issue.</p> <p>During a telephone interview on 4/19/24 at 9:14 a.m., the Director of Nursing stated BCP should be completed within 48 hours of admission.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Care Plans - Baseline, revised 12/2022, the P&amp;P indicated Baseline plan of Care should be developed for each resident within 48 hours of admission.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46132</p> <p>Based on observation and interviews, the facility failed to ensure the facility was adequately staffed when seven out of seven residents (Residents 1,2, 4, 6, 7, Anonymous 3 and 5) complained the facility was short staffed. This failure resulted in residents feeling upset, frustrated, scared and worried staff would not get to them on time in case of an emergency. This failure had the potential to put residents at risk for late provision of care or care not being rendered at all.</p> <p>Findings:</p> <p>A review of Resident 1's face sheet (demographics) indicated he was initially admitted to the facility on [DATE]. His diagnoses included Heart Failure (HF, occurs when the heart muscle doesn't pump blood as well as it should), Vitamin B12 deficiency Anemia ( your body doesn't have enough healthy red blood cells because you're low in vitamin B12, a nutrient that helps keep your body's blood and nerve cells healthy) and Parkinson's Disease (PD, a movement disorder that causes tremors, stiffness, and slow movement). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) dated 3/27/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 10 indicating moderately impaired cognition (all of the conscious and unconscious processes involved in thinking, perceiving, and reasoning).</p> <p>A review of Resident 2's face sheet indicated she was admitted on [DATE] and had a diagnoses of Migraine (a type of headache characterized by recurrent attacks of moderate to severe throbbing and pulsating pain on one side of the head), and Atrial Fibrillation (Afib, an irregular and often very rapid heart rhythm). Her MDS dated [DATE] BIMS score was ---indicating ---cognition.</p> <p>A review of Resident 4's face sheet indicated she was admitted on [DATE] and had a diagnoses of Essential Hypertension (HTN, high blood pressure), Multiple Sclerosis (a condition that can affect the brain and spinal cord, a tube that connects your brain to your lower back) and Pain. Her MDS dated [DATE] BIMS score was 15 indicating intact cognition. Her MDS indicated she was dependent on staff assistance during dressing, showering and toileting.</p> <p>A review of Resident 6's face sheet indicated he was admitted on [DATE] and had a diagnoses of Weakness, Pain and Paresthesia of the skin (an abnormal sensation of the skin (tingling, pricking, chilling, burning, numbness) with no apparent physical cause. His MDS dated [DATE] BIMS score was 14 indicating intact cognition</p> <p>A review of Resident 7's face sheet indicated she was admitted on [DATE] and had a diagnoses of HTN and Asthma (a condition in which your airways narrow and swell and may produce extra mucus which could make breathing difficult). Her MDS dated [DATE] BIMS score was 14 indicating intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/10/24 at 8:03 a.m., Resident 2 stated the facility was understaffed and did not have enough staff to care for all the residents at the facility. Resident 2 stated she had to wait for about 20 minutes up to an hour before staff answers her call light. Resident 2 stated they were receiving their meals late because there were not enough staff to distribute the residents' trays. Resident 2 stated knowing the facility was understaffed worried her because she might have a medical emergency and staff would not get to her on time.</p> <p>During an interview on 4/10/24 at 8:10 a.m., Resident 4 stated the facility did not have enough staff to care for the residents at the facility and the facility was frequently short staffed. Resident 4 stated she knew the facility was short staffed because staff would tell them they had up to 12 residents to care for on morning shift, up to 15 residents each on afternoon shift and up to 33 residents to care for on night shift. Resident 4 stated due to short staffing, staff was always on a rush to finish their task, were not able to answer call lights timely nor deliver their meal trays on time. Resident 4 stated staff took forever to answer her call light, she stated this made her feel angry.</p> <p>During an observation on 4/10/24 at 8:17 a.m., room [ROOM NUMBER]'s call light was on.</p> <p>During an interview on 4/10/24 8:20 a.m. Anonymous 5 stated the facility was frequently short staffed. Anonymous 5 stated due to short staffing, staff usually takes about 30 minutes up to an hour before staff answers her call light. Anonymous 5 stated it was very frustrating for her to wait a long time because she depended on staff to assist her with her needs. Anonymous 5 stated she was also scared to think what could happen to her if she had a medical emergency and staff could not get to her on time because the facility was short staffed.</p> <p>During an interview on 4/11/24 at 8:23 a.m., Anonymous 3 stated the facility was short staffed. Anonymous 3 stated it took staff forever to answer her call light. Anonymous 3 stated about a month ago, she sat on a soiled brief for a long time. Anonymous 3 stated when she asked the staff why it took her a while to answer her call light, she was told they were busy and was short staffed. Anonymous 3 stated it was very uncomfortable sitting on a soiled brief and very undignified.</p> <p>During an observation on 4/11/24 at 8:37 a.m., Unlicensed Staff D answered room [ROOM NUMBER]'s call light. Total wait time was 20 minutes.</p> <p>During an interview on 4/11/24 at 8:38 a.m., Unlicensed Staff D stated call light should be answered as soon as possible at least within 1 minute. Unlicensed Staff D stated it would be a safety issue for the resident if a call light was answered after it was on for a while. Unlicensed Staff D stated a wait time of 20 mins was not acceptable. Unlicensed Staff D stated this meant residents' needs were not met timely. When asked if short staffing could have contributed for staff to not be able to answer call light timely, Unlicensed Staff D stated yes. Unlicensed Staff D stated not answering call light as soon as possible could lead to falls, accidents and residents getting upset and angry because they would feel nobody wants to take care of them.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/11/24 9:32 a.m., Resident 7 stated the facility was frequently short staffed. Resident 7 stated the facility need to schedule more certified nursing assistants (CNAs) on the floor. Resident 7 stated the facility was short staffed and they do not have enough staff to distribute meal trays on time and that's probably why their food was cold all the time. Resident 7 stated she also knew the facility was short staffed because the facility only had 3 CNAs assigned on night shift sometimes. Resident 7 stated she could not recall the exact dates on when she was left sitting on a soiled brief due to staff not answering her call light timely, but she knew it was on multiple occasions. Resident 7 stated she had to wait for over 2 hours before staff answered her call light because the facility was short staffed. Resident 7 stated when she would ask staff why it took them forever to answer call light, staff would say they were busy and were short staffed. Resident 7 stated she was concerned that a medical emergency could happen and there will be no staff to attend to her on time.</p> <p>During an interview on 4/11/24 at 9:43 a.m., Resident 6 stated the facility was frequently short staffed and would take forever to answer his call light. Resident 6 stated it was frustrating to be waiting for staff for a long time to assist him with his needs. Resident 6 stated he was so over it though because nothing changed in this facility, so now, he just didn't use the call light for staff to help him with his needs. When asked if he felt safe not asking staff to assist him with his needs, Resident 6 stated he doesn't care, the facility was short staffed, and they would not get to him in time to help him with his needs anyway.</p> <p>During an interview on 4/11/24 10:05 a.m., Licensed Staff A stated everyone was in charge of answering call lights and call lights should be answered as soon as possible. Licensed Staff A stated it was not acceptable to answer call light after 10 minutes. When asked if short staffing could have been a factor on why staff could not answer a call light timely, Licensed Staff A stated yes. Licensed Staff A stated not answering a call light timely was a safety risk and could result to falls, accidents and injury. Licensed Staff A stated short staffing could result to late provision of care or care not being rendered at all.</p> <p>During an interview on 4/11/24 at 10:17 a.m., Licensed Staff B stated short staffing was a safety risk as it could result to inadequate care, late provision of care or care not being rendered at all. Licensed Staff B stated call lights should be answered immediately and it was not acceptable to answer call light after 10 minutes. Licensed Staff B stated there was no reason residents call light could not be answered promptly since everyone was in charge of answering call lights. Licensed Staff B stated not answering call light promptly could put residents at risk for falls and injury.</p> <p>During an interview on 4/11/24 at 10:26 a.m., the Staffing Coordinator (SC) stated she ensured there were 11 to 14 CNAs in the morning shift, 10 to 11 CNAs in afternoon shift and 4-5 CNAs in night shift to consider the building fully staffed. The SC stated short staffing was a safety issue and could result in call lights not being answered timely, falls, accidents and injuries.</p> <p>During an interview on 4/11/24 10:48 a.m., Unlicensed Staff C stated it was not acceptable to answer a call light after 10 minutes because call light should be answered immediately. When asked if short staffing could be a contributing factor on why a call light was not answered timely, Unlicensed Staff C responded yes. Unlicensed Staff C stated short staffing could lead to accidents and falls. When asked if they were short staffed this morning, Unlicensed Staff C was silent.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/11/23 at 11:10 a.m., the Director of Nursing (DON) stated everyone was responsible for answering call light and call lights should be answered as soon as practicable, in under 15 mins. When asked if it was acceptable to answer call lights in 20 or more minutes, she stated it depends. When asked if whether answering call lights in 20 minutes or more after it was turned on by a resident posed a safety risk, the DON stated it depends, but there would be a safety component such as falls.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Staffing-Sufficient revised 8/2022, the P&amp;P indicated the facility provide sufficient numbers of nursing staff necessary to provide nursing and related care and services for all residents.</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46132</p> <p>Based on interviews and record reviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure dietary staff were aware the facility had a vegan (strict vegetarian, vegan diet completely excludes anything that comes from an animal) menu.</li> <li>2. Ensure one out of two sampled residents (Resident 1) was receiving a vegan meal per his and his responsible party (RP, someone who is able to act on behalf of the resident) preference.</li> </ol> <p>These failures led to Resident 1 to not receive a vegan meal per his preference. This failure also had the potential for Resident 1 to not meet the recommended daily intake (RDI, the average daily dietary intake level that is sufficient to meet the nutrient requirements of nearly all (97-98 per cent) healthy individuals in a particular life stage and gender group) for certain nutrients like protein or vitamins which could further compromise his medical status.</p> <p>Findings:</p> <p>A review of Resident 1's face sheet (demographics) indicated he was initially admitted to the facility on [DATE]. His diagnoses included Heart Failure (HF, occurs when the heart muscle doesn't pump blood as well as it should), Vitamin B12 deficiency Anemia ( your body doesn't have enough healthy red blood cells because you're low in vitamin B12, a nutrient that helps keep your body's blood and nerve cells healthy) and Parkinson's Disease (PD, a movement disorder that causes tremors, stiffness, and slow movement). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) dated 3/27/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 10 indicating moderately impaired cognition (all of the conscious and unconscious processes involved in thinking, perceiving, and reasoning). Resident 1's functional status indicated he needed moderate assistance of staff when eating. Resident 1 was dependent on staff toileting, showering dressing and putting on/ taking off footwear. A review of the diet sheet dated 4/10/24 indicated Resident 1 was a Vegan/Vegetarian. A review of Resident 1's Physician Order Summary report dated 3/27/24 indicated Resident 1 did not have the capacity to make healthcare decision and that his wife was the responsible party (RP, someone who is able to act on behalf of the resident).</p> <p>During an interview on 4/10/24 at 7:32 a.m., [NAME] 1 stated the facility had no vegan menu or plant-based menu. [NAME] 1 stated she knew of 1 male resident who was a vegan but could not recall his name. When asked how they provide plant-based meal for this resident, [NAME] 1 stated they just try their best. When asked if she knew whether this resident was receiving adequate amount of nutrition compared to residents on regular diet, she was silent.</p> <p>During an interview on 4/10/24 at 7:34 a.m., [NAME] 2 stated the facility did not have a plant-based menu and recipes.</p> <p>During an interview on 4/10/24 at 7:56 a.m., [NAME] 2 stated the Registered Dietician (RD) did not check the nutritional value of food they were serving to residents who were vegan.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/11/24 at 8:44 a.m., the Dietary Manager (DM) verified the facility did not have a plant-based menu and recipes. When asked why, the DM responded, that was a good question. When asked if the facility currently had a resident on vegan diet, she stated there was 1 resident who reported to be vegan. The DM stated the physician order was originally vegetarian and there was no order for vegan diet. She stated the dietary information for Resident 1 was updated to reflect vegan diet as requested by Resident 1's wife, however, the facility did not contact the physician to change the diet from vegetarian to vegan diet. The DM stated she communicated this to nursing multiple times however the order was still unchanged up to this time. When asked if the diet should be changed to vegan diet, the DM stated yes. When asked if it was important to have a plant-based menu and recipes for staff to follow, she stated yes. When asked why, the DM stated to ensure residents on vegan diet receive an appropriate amount of nutrients, the same amount of nutrients resident on regular diet was receiving. The DM stated having a plant-based menu on hand would also be helpful for staff to prepare varied, adequate and nutritious vegan meal to the residents. When asked if Resident 1 was receiving the same amount of nutrients per meal compared to a resident receiving a regular diet, she stated, she was not sure, but they do the best they could. When asked if staff not following a plant-based menu and recipes could put Resident 1 at risk for not receiving his preferred diet and not receiving adequate nutrients, she stated yes. The DM stated they do not really know if the meal they were preparing for Resident 1 was of equal nutritional value as with residents that were receiving regular diet.</p> <p>During an interview on 4/11/24 at 9:22 a.m., Resident 1 verified he was a vegan. He said he and his wife had communicated to staff on multiple occasions that he was a vegan, but he continued to receive food from the kitchen that he was not supposed to have. Resident 1 stated he did not like the fact he is receiving food items that he was not supposed to have, he stated he tried to ignore it, but it was frustrating.</p> <p>During an interview on 4/11/24 at 10:05 a.m., Licensed Staff A stated if a resident was receiving meals that was not their preferred diet, resident may not eat it. Licensed Staff A stated this could be a safety risk that could result to impaired nutrition and weight loss.</p> <p>During an interview on 4/11/24 at 10:17 a.m., Licensed Staff B stated residents should be receiving food they preferred, and their preferred diet should be communicated to the physician so they could get the right order for a resident's diet based on their preference and limitations. Licensed Staff B stated resident not receiving their preferred diet during meals could result to resident not eating their meal which could lead to weight loss and inadequate nutrition.</p> <p>During an interview on 4/11/24 at 10:48 a.m., Unlicensed Staff C stated if residents were not receiving their preferred diet, residents might not want to eat the food and residents could get upset. Unlicensed Staff C stated this could result in residents getting sick, weight loss and inadequate nutrients in the body.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/11/24 at 11:20 a.m., the Administrator and the Director of Nursing (DON) stated the facility did not have a plant-based menu. The Administrator stated menus and recipes should always be followed to ensure residents were receiving adequate nutrition. The DON stated Resident 1 was a vegetarian and had a vegetarian order. When told Resident 1 stated he was a vegan, the DON stated it was the wife who told staff Resident 1 was a vegan. The DON stated Resident 1 had the capacity to make decisions. When told the DM had a record that indicated Resident 1 was a vegan and that she had communicated this to the nursing department, but nothing had changed and the resident continue to receive vegetarian meal, the DON was silent. The Administrator stated they would talk to the resident and honor his preference. A review of Resident 1's Physician Order Summary report dated 3/27/24, indicated Resident 1 did not have the capacity to make healthcare decision and that his wife was the responsible party (RP, someone who is able to act on behalf of the resident).</p> <p>During an interview on 4/16/24 at 10:15 a.m., the DM stated that it would have been almost a week now since we last discussed Resident 1's diet, however his diet was still not changed to vegan diet per his preference. When asked why, she stated the physician order had not been changed. She stated the registered dietician (RD) had sent a note to the physician to change Resident 1's diet to vegan but the physician had not responded yet.</p> <p>During a telephone interview on 4/18/24 at 1:45 p.m., the RD stated that previously, the facility staff did not know they have a plant-based menu however upon further investigation by the DM, they were now aware the facility had a vegan menu and recipes. The RD stated the facility only had 1 resident who was a vegan. The RD stated the resident who was a vegan was served a vegetarian meal because his diet order stated he was a vegetarian. When told there was note from the DM indicating Resident 1 was a vegan and Resident 1 had stated he was vegan, the RD was silent. The RD stated they were now aware of these issues and was now working to ensure these issues were resolved.</p> <p>The facility did not have a policy and procedure specific for plant-based menu.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Menu, revised 10/2017, the P&amp;P indicated the menus are developed and prepared to meet residents ' choices including religious, cultural and ethnic needs while following established national guidelines for nutritional adequacy .menus meet the nutritional needs of residents in accordance with the recommended dietary allowances of Food and Nutrition Board (National Research Council National Academy of Sciences) .menus are planned to consider religious, cultural and ethnic needs of the residents as well as input received from residents .input from the resident is considered in menu planning .menus provide a variety of foods from the basic daily food group and indicate standard portions at each meal</p>		

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NAME OF PROVIDER OR SUPPLIER  Santa Rosa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4650 Hoen Avenue Santa Rosa, CA 95405	
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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>46132</p> <p>Based on interviews and record reviews, the facility failed to ensure there was a qualified staff with the appropriate competencies and skill sets to carry out food and nutrition services when a dietary manager (DM) who was not certified was put in place to oversee dietary services when the Registered Dietician (RD) was not employed full-time (staff that works 35 or more hours per week).</p> <p>Findings:</p> <p>During an interview on 4/11/24 8:44 a.m., the DM verified she was not a certified Dietary Manager but was currently enrolled to get her certification. The DM stated she also was not a certified food service manager. The DM stated she had no certification at this facility. The DM stated she was not done in school yet and had not gotten certified as a dietary manager. The DM stated RD came in 3 times a week. The DM stated she oversees the kitchen and dietary needs of the residents if the RD was not in the building. When asked what the facility's policy was with regard to hiring a DM, she was silent. When asked if she should have been certified prior to being hired as a dietary manager, she was silent. When asked if there were any risks for the residents since she was not certified as DM, she was silent.</p> <p>During an interview on 4/11/24 at 9:18 a.m., the Director of Nursing (DON) verified current DM was not certified. The DON stated the RD was only working part time. When asked who oversees the dietary department if the RD was not in the building, the DON stated it was the DM that oversaw the dietary department in the absence of the RD.</p> <p>During an interview on 4/11/24 at 11:18 a.m., the Administrator and the DON stated they both knew the current Dietary Manager was not certified. The Administrator stated the DM was currently working on getting her certification.</p> <p>During an interview on 4/16/24 at 10:15 a.m., the DM stated the facility did not have a full time RD, and the facility only had a part time RD that comes in 3 times a week. The DM stated part of her job was to train staff, order all supplies, make copies of the menus, print out recipes, complete baseline and quarterly assessment, check temperature books and logs. The DM stated she oversaw the dietary department.</p> <p>During a telephone interview on 4/18/24 at 1:45 p.m., the RD verified she was not a full time RD and she only go the facility 2 to 3 times a week averaging about 20 hours per week. The RD stated current DM was not a certified DM. The RD stated, in her absence, it was the DM who oversaw the dietary department. When asked if they were in compliance with the regulation, she stated she did not know. When asked what the risk for the residents were if the DM was not certified, the RD did not respond.</p> <p>The facility did not have a policy and procedure regarding hiring a certified DM.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46132</b></p> <p>Based on observations, interviews and record reviews, the facility failed to ensure food served to seven out of seven sampled residents (Residents 1, 2, 4, 6, 7, Anonymous 3 and 5) were palatable, and at an appetizing temperature. These failures could lead to Gastrointestinal Disease such as Diarrhea and vomiting and could result in residents not eating their meal, feeling frustrated and upset.</p> <p>Findings:</p> <p>A review of Resident 1's face sheet (demographics) indicated he was initially admitted to the facility on [DATE]. His diagnoses included Heart Failure (HF, occurs when the heart muscle doesn't pump blood as well as it should), Vitamin B12 deficiency Anemia ( your body doesn't have enough healthy red blood cells because you're low in vitamin B12, a nutrient that helps keep your body's blood and nerve cells healthy) and Parkinson's Disease (PD, a movement disorder that causes tremors, stiffness, and slow movement). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) dated 3/27/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 10 indicating moderately impaired cognition (all of the conscious and unconscious processes involved in thinking, perceiving, and reasoning).</p> <p>A review of Resident 2's face sheet indicated she was admitted on [DATE] and had a diagnoses of Migraine (a type of headache characterized by recurrent attacks of moderate to severe throbbing and pulsating pain on one side of the head), and Atrial Fibrillation (Afib, an irregular and often very rapid heart rhythm). Her MDS dated [DATE] BIMS score was ---indicating ---cognition.</p> <p>A review of Resident 4's face sheet indicated she was admitted on [DATE] and had a diagnoses of Essential Hypertension (HTN, high blood pressure), Multiple Sclerosis (a condition that can affect the brain and spinal cord, a tube that connects your brain to your lower back) and Pain. Her MDS dated [DATE] BIMS score was 15 indicating intact cognition.</p> <p>A review of Resident 6's face sheet indicated he was admitted on [DATE] and had a diagnoses of Weakness, Pain and Paresthesia of the skin (an abnormal sensation of the skin (tingling, pricking, chilling, burning, numbness) with no apparent physical cause). His MDS dated [DATE] BIMS score was 14 indicating intact cognition.</p> <p>A review of Resident 7's face sheet indicated she was admitted on [DATE] and had a diagnoses of HTN and Asthma (a condition in which your airways narrow and swell and may produce extra mucus which could make breathing difficult). Her MDS dated [DATE] BIMS score was 14 indicating intact cognition.</p> <p>During a concurrent observation and interview on 4/10/24 at 7:35 a.m., [NAME] 1 was requested to provide me a copy of the temperature log form for today's breakfast. [NAME] 1 was seen scribbling something on the form. [NAME] 1 was reminded to not write anything on the form after I already requested a copy from her. [NAME] 1 stated she only wrote the date for today.</p> <p>During an interview on 4/10/24 at 7:37 a.m., [NAME] 2 was asked if she took the temperature of the food items for breakfast before plating, she stated no. When asked why, [NAME] 1 was silent.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 4/10/24 at 7:39 a.m., [NAME] 1 took the temperature of the sample tray. Egg omelet was at 143 degrees, pureed bread at 145 degrees, and hot cereal was at 130 degrees. [NAME] 1 stated hot foods should remain hot at 155 degrees. [NAME] 1 stated the hot cereal was not in range because it should be at 150 degrees. When asked if these temperatures were acceptable, [NAME] 1 stated no. She stated the food was cold probably due to the aircon fan blowing to the food. When reminded that the food was a few feet away from where it was being plated and the food was covered prior to her taking the temperature and the plate warmer lid was not removed until she was ready to take the temperature of the food, she nodded her head in agreement. The egg omelet and pureed egg was cold and tasted bland, lacking in flavor, and the cereal was cold.</p> <p>During an interview on 4/10/24 at 7:46 a.m., [NAME] 1 stated it was important for the staff to take the temperature of food prior to serving it to the residents for safety purposes so residents do not get sick.</p> <p>During an interview on 4/10/24 at 7:56 a.m., [NAME] 2 verified she did not take the temperature of the food prior to serving it to the residents. When asked if it was important to take the food temperature prior to serving it to the residents, she stated yes, to ensure resident does not get sick from gastrointestinal illness or food borne illness. [NAME] 1 stated residents were high risk patients. [NAME] 1 stated staff should ensure food being served to the residents were at right temperature to prevent illness. [NAME] 1 stated the facility 's policy to take the temperature of the food were not followed when she did not take the food temperature before serving the food to the residents. [NAME] 2 stated it was a safety risk for the residents.</p> <p>During an interview on 4/10/24 at 8:03 a.m., Resident 2 stated food arrived cold this morning and often they were served foods that were cold. Resident 2 stated food were never hot and tasted terrible. Resident 2 stated food was bland, lacked flavor and vegetables were served mushy. Resident 2 stated it irritated her and was not happy when receiving food that were cold and had no flavor.</p> <p>During an interview on 4/10/24 8:10 a.m., Resident 4 stated the food arrived cold today and the food was mostly cold when it gets to them. Resident 4 stated she was not happy about it. Resident 4 stated the facility knew about this concern however nothing had changed, and it was frustrating. Resident 4 stated food is bland, does not taste good and sometimes not even cooked thoroughly. Resident 4 stated about a month ago she also received a raw hotdog and again, the hotdog was cold. Resident 4 stated she reported this to the DM, and she apologized. Resident 4 stated she also received undercooked chicken while at the facility. Resident 4 stated it took her a long time to get over this fact and took her a while to eat chicken again. Resident 4 stated that most of the time, she does not eat her food and rely on her sister to bring her food from outside.</p> <p>During an interview on 4/10/24 8:20 a.m., Anonymous 5 stated food often comes in cold. Anonymous 1 stated it was not a surprise the food arrived cold this morning. Anonymous 5 stated the food served at the facility tasted terrible, it had no taste, vegetables were mushy, and the fish smelled. Anonymous 5 stated sometimes food served to the residents were not cooked thoroughly. Anonymous 5 stated most of the time she disliked eating the food served at the facility not only because it was served cold and had no taste, but because of concerns for food poisoning.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/11/24 8:23 a.m., Anonymous 3 stated she does not care for the food at the facility because it tasted terrible. Anonymous 3 stated food had no taste, was bland and often served cold. Anonymous 3 stated the facility also served her chicken that was not thoroughly cooked. Anonymous 3 stated she got sick just thinking of it. Anonymous 3 stated it took her a long time to be able to eat chicken again. Anonymous 3 stated it was exhausting and frustrating to have the same issue with food repeatedly.</p> <p>During an interview on 4/11/24 at 8:44 a.m., the Dietary Manager (DM) verified it was the facility ' s policy to ensure temperature of food items were taken prior to serving to the residents. The DM stated it was important to ensure food was at the right temperature while being prepared and held prior to residents consumption. The DM stated it was important that food was at the right temperature to prevent gastrointestinal illness (GI, refer to diseases involving the gastrointestinal tract, namely the esophagus, stomach, small intestine, large intestine and rectum) and to prevent bacteria to form in the food. The DM stated not taking the food temperature before serving it to the residents was a big safety issue. The DM stated ensuring food temperature was taken prior to serving it to the residents could prevent food poisoning. The DM stated she was aware about residents ' concerns regarding receiving food that were already cold. The DM stated, she and the Administrator had discussed a plan to make sure food gets to the resident at the right temperature and not cold. The DM stated the plan was to have a dedicated staff to start distributing tray to the residents once the cart was out of the kitchen. The DM stated this plan was discussed about a week ago, however, was not implemented yet. When asked why, the DM stated she was not sure. When asked what could happen if the food served to the resident had no taste, not palatable, looked unappetizing and served cold, the DM stated residents would not eat the food, they could be at risk for weight loss, malnutrition and inadequate nutrition which could further add to residents multiple medical issues.</p> <p>During an interview on 4/11/24 at 9:22 a.m., Resident 1 stated his food arrived cold this morning just like the previous days. Resident 1 stated not only was the facility serving him the wrong diet, his food were cold most of the time. Resident 1 stated it was frustrating.</p> <p>During an interview on 4/11/24 at 9:32 a.m., Resident 7 stated the food arrived cold for breakfast. Resident 7 stated most of the time, food was not good, lacked flavor and tasted terrible. Resident 7 stated it was upsetting to receive cold food.</p> <p>During an interview on 4/11/24 at 9:43 a.m., Resident 6 stated he received his food cold this morning. Resident 6 stated food was sometimes okay but mostly it was terrible and had no taste.</p> <p>During an interview on 4/11/24 at 10:05 a.m., Licensed Staff A stated food should be at right temperature when it gets to the resident. Licensed Staff A stated if a residents' food was cold, had no flavor and had no taste, residents may not eat it. Licensed Staff A stated this could be a safety risk that could result to impaired nutrition and weight loss.</p> <p>During an interview on 4/11/24 at 10:17 a.m., Licensed Staff B stated it was not acceptable for residents to be receiving their food cold. Licensed Staff B stated residents receiving foods that were cold, bland, had no taste could lead to residents not eating their meal which could lead to weight loss and inadequate nutrition.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/11/24 at 10:48 a.m., Unlicensed Staff C stated if residents were receiving their food cold, had no taste and not their preferred diet, residents might not want to eat the food and residents could get upset. Unlicensed Staff C stated this could result to weight loss and inadequate nutrients in the body.</p> <p>During a telephone interview on 4/18/24 at 1:45 p.m., when asked if it was important food temperature was taken when held and prior to plating or serving to the resident, the Registered Dietician stated yes. The RD stated it was important to ensure food was safe for the residents to eat.</p> <p>A review of the facility policy and procedure (P&amp;P) titled Food Preparation and Service, revised 11/2022, the P&amp;P indicated the food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices .identification of potential hazards in the food preparation process and adhering to critical control points can reduce the risk of food contamination and thereby minimizer the risk of food borne illness .potentially hazardous food or food that requires time/temperature control for safety to limit the growth of pathogens (bacterial or viral organisms capable of causing disease or toxin) .</p>		