

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 08/28/2024
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46132</p> <p>Based on observation, interviews and record reviews, the facility failed to:</p> <p>Ensure residents were consistently able to communicate with their Responsible party (RP, the individual who directs someone else's care) and loved ones via the facility phone after 5 p.m., and on the weekends, for two out of two sampled residents (Resident 4 and Anonymous Resident 5 (AR 5)).</p> <p>In addition, two out of two Anonymous family members 6 and 7 (A FM 6 and 7) complained of staff not picking up the facility phone at the nursing station and not being able to talk to their loved ones after 5 p.m., at nighttime, and on the weekends, and Licensed Nurses (LNs) and Certified Nursing Assistants (CNAs) stated receiving complaints from family members and residents in general, about how they were not able to communicate with each other when they called the facility phone after 5 p.m., and on the weekends.</p> <p>These failures resulted in Resident 4 and AR 5 feeling frustrated and at risk for depression and self-isolation.</p> <p>Findings:</p> <p>A review of Resident 4 ' s face sheet (demographics) indicated Resident 4 was admitted on [DATE]. Resident 4 ' s diagnoses included Muscle Weakness, Multiple Sclerosis (MS, a chronic, or long-lasting, disease that can affect your brain, spinal cord, and the optic nerves in your eyes), and Pain. A review of Resident 4 ' s Minimum Data Sheet Assessment (MDS, a standardized assessment tool that measures health status in nursing home residents), dated 7/17/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive (conscious intellectual activity such as thinking, reasoning, or remembering) condition of residents) score was 15, indicating intact cognition. The MDS further indicated Resident 4 require moderate assistance (staff lifts, holds, or supports trunk or limbs, but provides less than half the effort) up to dependence (staff performs the activity for the resident) on staff for provision of personal care.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/28/24 at 11: 34 a.m., Resident 4 stated the phone at the nursing station was useless. Resident 4 stated no one would pick up the phone after 5 p.m., and on the weekend too. Resident 4 stated the facility advertised they were open 24 hours a day but one could not get a hold of any staff to answer the phone after 5 p.m. Resident 4 stated her sister came to visit often but had experienced the same thing when she tried to call the facility phone after 5 p.m., and on the weekend. Resident 4 stated her sister seldom called the facility because she already knew no one would pick up the phone anyway and they were just over it, they were just exhausted and frustrated. Resident 4 stated she wondered about the other residents who relied on the facility phone to communicate with their family.</p> <p>During an interview on 8/28/24 at 12:50 p.m., AR 5 stated residents in the facility knew that nobody answered the phone after 5 p.m., in the facility. AR 5 stated she recalled once she had called the facility phone after 5 p.m., because it was taking a long time for staff to answer her call light and thought to call the nursing station to ask them to send a CNA to help her. AR 5 stated there was no answer to her phone call. AR 5 stated it was frustrating. AR 5 stated she wondered what could happen if the phone call was a medical emergency. AR 5 stated she felt bad for residents who relied on the facility phone to communicate with their loved ones.</p> <p>During an interview on 8/28/24 at 1:15 p.m., LN E stated it could not be denied there was an issue about the timeliness of the facility phone being answered or sometimes not being answered at all. LN E stated she had experienced family members and residents in general, getting upset because nobody was answering the facility phone at the nursing station. LN E stated it was even worse at night and on the weekends because there were less staff during those times. LN E stated family members and residents in general, had expressed frustration and anger due to not being able to communicate with each other when the family or RP called the facility phone. LN E stated it was also quite depressing and isolating for residents who did not own a cell phone (CP), not to be able to talk to their family and loved ones via facility phone if they wanted to, anytime they wanted to, especially if the reason was because there was no staff available to answer the phone while the nurses were busy ensuring medications were passed on time, assessing residents, and ensuring residents' safety.</p> <p>During an interview on 8/28/24 at 3 p.m., A FM 6 stated calling the facility phone multiple times and not getting an answer. A FM 6 stated she was calling to check on AR 8. A FM 6 stated sometimes she was calling to find out from nurses what was going on with AR 8. A FM 6 stated she would call the facility phone and then no one picked up. A FM 6 stated it asked the caller to leave a message and after that was done, no one would call back. A FM 6 stated it did not matter how many times you called, it was horrible. A FM 6 stated calls were only answered Mondays through Fridays, roughly between 8 a.m. to 4:30 p.m., and it was frustrating. A FM 6 stated it was even worst at night and on the weekends.</p> <p>During an interview on 8/28/24 at 3:03 p.m., A FM 7 stated it was hard to call the facility because nobody answered the phone. A FM 7 stated it was especially hard to call at night and over the weekends. A FM 7 stated it was quite frustrating. A FM 7 stated she could not reach AR 8 unless it was on a weekday between 8 a.m. to 4:30 p.m. A FM 7 stated sometimes lunch time was not a good time to call the facility as well. A FM 7 stated it was hard if one could not get a hold of anyone at the facility when one called the phone and there was an emergency.</p> <p>(continued on next page)</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/28/24 at 3:06 p.m., Receptionist 1 verified she came in Mondays, Tuesdays, Wednesdays, Thursdays, and another receptionist came in on Fridays. Receptionist 1 stated they were both scheduled to work as a Receptionist from 8 a.m. up to 4:30 p.m. Receptionist 1 stated, before 8 a.m., and after 4:30 p.m., onwards and on the weekends, nurses were expected to answer calls from the facility phone.</p> <p>During an interview on 8/28/24 at 3:09 p.m., LN F stated answering the phone at all or timely had always been a problem. LN F stated the nurses were assigned to answer the facility phone after 5 p.m., and on the weekends. LN F stated it was difficult to answer the facility phone when the nurses were busy passing medications, assessing residents and ensuring residents' safety. LN F stated RP ' s and residents got upset and angry at the nurses for not picking up the phone because they wanted to talk to their loved one, but it was even harder when residents got emotional when they thought their loved one had forgotten about them.</p> <p>During an interview on 8/28/24 at 3:45 p.m., the SSD stated she was aware there was an issue with the timeliness of staff answering the phone.</p> <p>During an interview on 8/28/24 at 3:54 p.m., LN H stated the issue with the facility phone not being answered timely or not being answered at all had been ongoing, and often family members and residents got mad and upset if they were not able to communicate with each other when the RP or family member called the facility phone. LN H stated not being able to talk to your loved one or your family when they called the facility phone put the residents at risk for isolation and depression. LN H stated it was a resident's right to be able to talk to their loved ones in person or via facility phone, when they wanted to if it did not present a risk to the resident or the other residents. LN H stated the lack of staff answering the facility phone after 5 p.m., onwards or on the weekends and expecting the nurse to answer the facility phone while the nurses were in the middle of medication pass, providing treatments to residents, assessing residents, discharging residents, preventing residents from falling or hurting themselves, or preventing residents from eloping, was challenging. LN H stated it was all about honoring residents' rights to communicate and patient safety. LN H stated it was hard because there was no one really to answer the facility phones after 5 p.m., and staff got busy at that time. LN H stated it was even worse on the weekend. LN H stated residents and family members got frustrated if they were not able to communicate with each other when the family member or RP called the facility phone. LN H stated RP ' s wants an update with what was going on with their loved ones, and residents wanted to hear from their family. LN H stated, not being able to talk to loved ones put the residents at risk for depression and self-isolation.</p> <p>During an interview on 8/28/24 at 4:15 p.m., CNA I stated she had heard residents and family members complain about the facility phone not being answered, especially after 5 p.m., at night and on the weekends. CNA I stated nurses were left to answer the phones or sometimes the CNAs, once the Receptionist left the facility. CNA I stated residents got upset because they missed the call from their family, and family got upset because they could not get a hold of their loved ones or they could not talk to the nurses if they had questions about their care.</p> <p>During an observation on 8/29/24 at 4:40 p.m., a telephone call was made to Santa [NAME] Post Acute, the phone continued to ring but there was no answer.</p> <p>During an observation on 9/3/24 at 7:54 a.m., a telephone call was made to Santa [NAME] Post Acute, the phone continued to ring but there was no answer.</p> <p>(continued on next page)</p>		

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