

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Santa Paula Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 March St Santa Paula, CA 93060	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40560 Based on observation, interview, and record review, the facility failed to follow a physician order, and a care planned intervention, for ensuring a wheelchair tab alarm was in place, for one of two sampled residents (Resident 1). This failure had the potential to lead to negative outcomes for Resident 1. Findings: During a review of Resident 1's Admission Record undated, indicated in part, Resident 1 was admitted to the facility on [DATE], with diagnoses including a lack of coordination, difficulty in walking, and repeated falls. During a concurrent observation and interview, on 5/16/24, starting at 4:40 p.m., with the Assistant Director of Nursing (ADON 1), outside the facility's main entrance, Resident 1 was seated in a wheelchair, at a table. The Resident 1's wheelchair was observed without a wheelchair tab alarm. The ADON 1 examined Resident 1's wheelchair and confirmed there was no wheelchair tab alarm. The ADON 1 verbalized there should have been a wheelchair tab alarm on Resident 1's wheelchair. During an interview on 5/16/24, starting at 5:12 p.m., with Licensed Nurse (LN 1), the LN 1 confirmed Resident 1 should have had a wheelchair tab alarm in place, while seated in Resident 1's wheelchair, but did not. During a review of Resident 1's medical record, Resident 1's physician orders were reviewed. The Resident 1 had an active physician order, with an order date of 5/3/24, which indicated in part Tab alarm while in bed/wheelchair Q (every) shift to alert resident (Resident 1) when getting out of bed unassisted. During a review of Resident 1's Order Summary Report undated, indicated in part, an order dated 2/26/24, for Tab alarm while in bed/wheelchair Qshift to alert resident (Resident 1) when getting out of bed unassisted. During a review of Resident 1's Care Plan undated, indicated in part Resident 1 Is at risk for fall and injury with an intervention of Personal alarm in: bed, wheelchair. Resident 1's Care Plan indicated this intervention was initiated on 2/26/24. (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: 055957	Facility ID: 055957 If continuation sheet Page 1 of 2

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure titled Care Plans, Comprehensive Person-Centered dated 3/22, indicated in part A comprehensive, person-centered care plan .is developed and implemented for each resident. The policy further indicated in part The comprehensive, person-centered care plan .describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.		