| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055957 | A. Building<br>B. Wing | 05/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Santa Paula Post Acute Center | 250 March St<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40560<br><br>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).<br><br>This failure had the potential to lead to negative outcomes for Resident 1.<br><br>Findings:<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>(continued on next page) |



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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 055957 | A. Building<br>B. Wing | 05/24/2024 |

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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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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. |