

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 04/08/2025
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)
<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>50657</p> <p>Based on record review and interview, the facility failed to ensure an employee working as a certified nursing assistant (CNA- a healthcare professional who provides basic patient care and support) at the facility held a valid and up-to-date license.</p> <p>This failure had the potential to result in an unlicensed CNA providing direct care to residents without proper certification and put residents' safety at risk.</p> <p>Findings:</p> <p>During a review of the facility's Employee Spreadsheet Roster (ESR) dated 3/17/25, indicated CNA 1 was hired on 7/7/23 with a job title of CNA. No CNA license number was documented on the ESR.</p> <p>During a review of facility's Nursing Assistant (CNA/RNA (restorative nursing assistant)) job description dated 11/21/23, indicated in part, Education and Work Experience Requirements .Must have current state certification.</p> <p>During a review of the facility's policy and procedure (P&P), titled Background Screening Investigations, dated March 2019, the P&P indicated, in part, 3. For any individual applying for a position as a Certified Nursing Assistant, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property, have been entered into the applicant's file. 4. For any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board is contacted to determine if any sanctions have been assessed against the applicant's license.</p> <p>During an interview on 3/17/2025 at 14:15 p.m. with the Director of Staff Development (DSD), the DSD indicated the monitoring and licensure tracking of the CNAs is the DSD ' s responsibility, and further indicated, an applicant would not be hired without having an active license.</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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