STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055957	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Paula Post Acute Center	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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45555 Based on record review, interviews, and facility policy review, the facility failed to resubmit a Level I Preadmission Screening and Resident Review (PASRR) for 1 (Resident #73) of 2 sampled residents reviewed for PASRR requirements when the resident received new mental illness diagnoses. Findings included: A review of a facility policy titled, Admission Criteria, revised in March 2019, revealed, 9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-admission Screening and Resident Review (PASARR) process. a. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for MD, ID, or RD. A review of an Admission Record revealed the facility admitted Resident #73 on 03/21/2023 and most recently readmitted the resident on 11/29/2023. According to the Admission Record, the resident had a medical history that included diagnoses of dementia with mood disturbance and psychotic disturbance, unspecified psychosis, and major depressive disorder. Per the Admission Record, the Onset Date of these diagnoses was 11/22/2023. A review of Resident #73's Preadmission Screening and Resident Review (PASRR) Level I Screening, conducted at the time of the resident's original admission and dated 03/21/2023, revealed the results were negative and a Level II screening was not required. A review of Resident #73's Progress Notes revealed the following entries: - a Psychotropic and GDR [gradual dose reduction] Progress Note, dated 11/08/2023, that indicated an order was received to transfer Resident #73 to the hospital for aggressive behavior and non-compliant behavior toward resident/staff; and - an Admission Summary note, dated 11/22/2023, that indicated the resident was readmitted to the facility with a new medication regimen. The note indicated the resident had a medical history that included dementia, psychosis, and major depressive disorder. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055957	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Paula Post Acute Center	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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident #73's Care Plan revealed a Focus area, initiated on 11/22/2023, that indicated the resident was at risk for impaired cognitive function and impaired thought process related to mood and psychotic disturbances manifested by short- and long-term memory loss and difficulty making decisions. The Focus area also indicated the resident had depression and received psychotropic medications. Review of an annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/23/2024, revealed Resident #73 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. According to the MDS, the resident had active diagnoses of non-Alzheimer's dementia, depression, and psychotic disorder and received an antipsychotic medication in the seven days prior to the assessment. A review of an Order Recap Report revealed that when Resident #73 was readmitted to the facility on [DATE], orders included clonazepam 0.5 milligram (mg) with instructions to give one tablet by mouth every four hours as needed for anxiety for 14 days and temazepam 15 mg with instructions to give one capsule by mouth at bedtime for insomnia for 14 days. The Order Recap Report also reflected an active order dated 01/12/2024 for Risperdal 0.5 mg with instructions to give one tablet by mouth two times a day for psychosis related to dementia manifested by delusions and aggression. A review of Resident #73's electronic health record revealed a new Level I PASRR Screening had not been resubmitted for review after the resident returned from the hospital with new psychiatric diagnoses and orders for psychotropic medications. During an interview on 03/20/2024 at 2:01 PM, the Director of Nursing (DON) stated she was responsible, along with medical records staff, for ensuring a Level I PASRR was completed prior to a resident being admitted to the facility. She stated that when Resident #73 went out to the hospital, the hospital should have done a new level I PASRR. She stated the facility did not resubmit a Level I PASRR Screening when the resident returned with a new psychiatric diagnosis and orders for psychotropic medication because she did not realize they needed to. During an interview on 03/20/2024 at 2:14 PM, the Assistant Administrator (AA) stated the facility followed their policy for PASRRs, and according to their policy, they should have submitted a new Level I PASRR Screening when the resident returned from the hospital with a new diagnosis and medication. He stated follow-up should be done by nursing staff if there was a new mental illness diagnosis and new medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055957	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Paula Post Acute Center	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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 49044 Based on interviews, review of staffing data reports, and facility policy review, the facility failed to ensure staffing data based on payroll data was submitted to the Centers for Medicare and Medicaid Services (CMS) for 1 (fourth quarter) of 4 quarters reviewed for fiscal year (FY) 2023. Additionally, the facility failed to ensure accurate and valid staffing data was submitted to CMS for 1 (first quarter) of 1 quarter reviewed for FY 2024. Findings included: Review of a facility policy titled, Reporting Direct Care Staffing Information (Payroll-Based Journal), revised in August 2022, revealed, Direct care staffing information is reported electronically to CMS through the Payroll-Based Journal system. The policy indicated, 1. Complete and accurate direct care staffing information is reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS. The policy also indicated, 9. Direct care staffing information is submitted on the schedule specified by CMS, but no less frequently than quarterly. 10. Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. A review of the PBJ Staffing Data Report for the fourth quarter of FY 2023 (07/01/2023 through 09/30/2023) revealed the facility did not submit data for the quarter. A review of the PBJ Staffing Data Report for the first quarter of FY 2024 (10/01/2023 through 12/31/2023) revealed the metric for Excessively Low Weekend Staffing was suppressed for this facility and quarter. The report indicated possible reasons for suppressed data were Invalid data, Facility is too new to rate, or Special Focus Facility. During an interview on 03/21/2024 at 10:38 AM, the Accounts Payable (AP)/Payroll staff member stated that part of her role was to input payroll data that was submitted to CMS. She stated the facility used a contracted company to submit the data and did not know how they sent the information to CMS. During an interview on 03/21/2024 at 10:43 AM, the Director of Nursing (DON) stated the AP/Payroll staff member submitted the facility's payroll information to a contracted company. The contracted company then sent the information to the Assistant Administrator for approval before submitting it to CMS. The DON stated CMS had sent the facility a letter notifying them they had not submitted data. She stated the reason for the error was due to a miscommunication with the contracted company. The DON stated she expected the data to be submitted to CMS timely. During an interview on 03/21/2024 at 10:00 AM, the Assistant Administrator stated the facility was not a special focus facility, and it had been three years since the facility had a name change; therefore, he felt any issues with PBJ Staffing Data Reports would be due to the submission of invalid data. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055957	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Paula Post Acute Center	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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a follow-up interview on 03/21/2024 at 11:12 AM, the Assistant Administrator confirmed he had spoken with the contracted company, and there was one quarter in which data was not transmitted. He stated the contracted company sent the information for his approval prior to sending it to CMS, but there were changes in staff job titles due to certified nurse aides (CNAs) becoming licensed vocational nurses (LVNs) and an LVN becoming a registered nurse (RN) and he never approved the data. Subsequently, the facility's payroll data was not submitted to CMS as required. The Assistant Administrator stated to ensure the data was submitted to CMS timely, the facility had to submit their data to the contracted company in time to correct any errors. The Assistant Administrator stated he expected the data to be accurate and submitted timely. He stated the facility depended on the contracted company to verify the submission of the PBJ data.