

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Pacific Hills Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 370 Noble Court Morgan Hill, CA 95037	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46939</p> <p>Based on interview and record review the facility failed to have a procedure in place to ensure a resident who displays, or who has a mental disorder, receives appropriate treatment and services to correct the assessed problem for one of two sampled residents (Resident 1). The facility did not implement the psychiatry recommendations timely for Resident 1 after their assessment and psych evaluation was completed due to the facility not having a procedure to follow up with the recommendations from outside referrals.</p> <p>This failure resulted in a delay of starting Resident 1's new treatment plan by three weeks. This failure had the potential to negatively affect Resident 1's behavior and the safety of other residents in the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Diagnosis Information, undated, document indicated, Resident 1 was diagnosed with Schizophrenia, Unspecified [a serious mental health condition that affects how people think, feel and behave].</p> <p>During a review of Resident 1's Care Plan dated, 6/28/22 indicated, a Focus of Potential Behavior disturbance Related to DX [diagnosis of] Schizophrenia manifested by restlessness with agitation. Interventions/Tasks. Monitor for behavior.</p> <p>During a review of Resident 1's Care Plan dated, 2/26/24 indicated, a Focus of Resident has a positive indication of Mental Illness. Interventions/Tasks. follow up with psych service as needed.</p> <p>During a review of Resident 1 and Resident 2's Verification of Incident Investigation dated 9/10/24, indicated and allegation of physical abuse was investigated between Resident 1 (alleged aggressor) and Resident 2 (alleged victim).</p> <p>During a review of Resident 1's Progress Note dated 9/6/24 note indicated, given he [Resident 1] has had 2 altercations with other PT's [patients] recently NP [Nurse Practitioner] will order a Psych eval [Psychiatric Evaluation] to evaluate possible restart of Zyprexa [antipsychotic medication that can treat several mental health conditions like schizophrenia]. Signed by Resident 1's Physician.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056037
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/8/24, at 1:45 pm, with Social Services Director (SSD) SSD stated, she sent the referral to the NP for a psych eval for Resident 1. SSD stated, she did not see the recommendation by the NP until today (10/8/24), and the medication order from her recommendation was ordered today. SSD stated the facility did not have a procedure how to follow up the recommendations from the psychiatry referral made by the NP.</p> <p>During a review of Resident 1's Psychiatry Diagnostic Interview(psych eval) dated 9/18/24, Interview indicated, NP conducted a psych eval on Resident 1. Interview indicated, Reason for visit: Diagnostic evaluation due to altercation with another resident, concern for agitation or aggression.Recommend increase Mirtazapine [antidepressant medication] to 15 mg nightly for depression m/b [manifested by] verbalizations if sadness.Consideration should be given to adding mood stabilizing agents such as Depakote sprinkles [This medication is used to treat seizure disorders and mental/mood conditions] 125 mg BID [twice daily] for irritability and aggression, given two aggressive episodes in the past year and mild agitation with staff in hallways.Redirect patient when possible. Use caution given his history of physical aggression.</p> <p>During an interview on 10/10/24 at 8:06 a.m., with NP, NP stated, she performed a psychiatric assessment for Resident 1 on 9/18/24 and uploaded her eval/assessment with her recommendations that same day. NP stated, she does not send the recommendations to the facility, but the staff there have access to an online portal and can access her recommendations as soon as she uploads them. NP stated she was not contacted by the facility until 10/8/24 when they asked her for the psych assessment for Resident 1 and she provided a copy.</p> <p>During a review of Job Description for Social Services Director, undated, Job Description indicated, Manages department to assure assessments, discharges and psychological needs of residents are met.</p>		