

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/05/2024
NAME OF PROVIDER OR SUPPLIER  Santa Cruz Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1115 Capitola Road Santa Cruz, CA 95062	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>36623</p> <p>Based on interview and record review, the facility failed to provide a written notice for two of six residents (Resident 1 and 2) prior to a room change. Also, there was no documentation in the medical record regarding a room change for six of six residents (Resident 1, 2, 3, 4, 5 and 6). These failures had a potential to affect the residents' emotional and psychosocial well-being.</p> <p>Findings:</p> <p>Review of Resident 1's Census List, dated 7/3/24 indicated she had a room change with an effective date of 5/7/24.</p> <p>There was no documentation by nurses or social services in the progress notes regarding the Resident 1's room change and the resident's response to the room change.</p> <p>Review of Resident 2's Census List, dated 7/3/24 indicated she had a room change with an effective date of 5/7/24.</p> <p>There was no documentation by nurses or social services regarding the Resident 2's room change and the resident's response to the room change.</p> <p>Review of Resident 3's Census List, dated 7/3/24 indicated he had a room change with an effective date of 5/7/24.</p> <p>There was no documentation by nurses or social services regarding the Resident 3's room change and the resident's response to the room change.</p> <p>Review of Resident 4's Census List, dated 7/3/24 indicated he had a room change with an effective date of 5/7/24.</p> <p>There was no documentation by nurses or social services regarding the Resident 4's room change and the resident's response to the room change.</p> <p>Review of Resident 5's Census List, dated 7/3/24 indicated she had a room change with an effective date of 5/6/24.</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
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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documentation by nurses or social services regarding the Resident 5's room change and the resident's response to the room change.</p> <p>Review of Resident 6's Census List, dated 7/3/24 indicated she had a room change with an effective date of 5/6/24.</p> <p>There was no documentation by nurses or social services regarding the Resident 6's room change and the resident's response to the room change.</p> <p>During an interview on 5/9/24 at 1:04 p.m., Resident 1 stated on 5/6/24, staff came to her to tell her she was moving to another room. She stated usually in the past she would sign a paper agreeing to a room change, but for this move she stated she did not sign a paper. She stated she did not agree to the room change.</p> <p>During an interview on 5/16/24 at 11:48 a.m., licensed vocational nurse A (LVN A) stated after a resident moves to a new room, the nurse should document in a progress note, monitor the resident, and make sure they are acclimated.</p> <p>During an interview on 5/16/24 at 1:15 p.m., licensed vocational nurse B (LVN B) stated she knew that Resident 1 was really upset about the room change.</p> <p>During an interview on 5/16/24 at 2:28 p.m. when asked how he felt about the room change, Resident 2's family member stated they did not have a choice. Resident 2's family member stated the facility did not ask for permission. He stated there was nothing in writing that was given and nothing that needed to be signed.</p> <p>During an interview on 7/3/24 at 10:45 a.m., the admissions coordinator (AC) stated after a room change, social services follows up with the resident.</p> <p>During an interview 7/3/24 at 10:50 a.m. social services director C (SS C) stated after a room change, admissions notifies social services of the room change. SS C stated social services will visit with the resident, do a psychosocial check, and document it in a progress note.</p> <p>During an interview on 7/3/24 at 4:23 p.m. social services director D (SS D) stated after a room change, the nurse will follow up with the resident. SS D stated social services would follow up if there was any issue. She also stated she was aware of the room changes but she was not aware that any follow up had to be done from social services.</p> <p>Review of the facility's policy, Room Change/Roommate Assignment, revised 5/2017 indicated, Advance notice of a roommate change will include why the change is being made . Documentation of a room change is recorded in the resident's medical record.</p> <p>Review of the facility's Licensed Vocational Nurse Job Description, dated 11/2018 indicated duties include to chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the resident's response to the care and to perform routine charting duties as required and in accordance with established charting and documentation policies and procedures. It also indicated nurses make periodic checks to evaluate the resident's physical and emotional status.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Social Services Director Job Description, dated 3/2017 indicated an essential duty included to provide emotional support and address emotional problems for residents.</p>