

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 12/09/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>38068</p> <p>Based on interview and record review, the facility failed to ensure the Activities of Daily Living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care was provided for one of two sampled residents (Resident 1) when there was no evidence of record by three certified nursing assistants that shower/bed bath was provided for three consecutive scheduled shower days for Resident 1. This failure may result in poor body hygiene and may affect the physical and psychological well-being of the resident.</p> <p>Findings:</p> <p>Review of Resident 1 ' s medical record on 11/13/24 indicated diagnoses that included above the knee amputation of right lower extremity, difficulty of walking and obesity.</p> <p>Review of Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 9/10/24 indicated she had a Brief Interview for Mental Status (BIMS, an assessment tool used by facilities to screen and identified memory, orientation, judgement status of the resident) score of 13 (a score of 13-15 means that her cognition (mental process of thinking, learning, remembering, being aware of surroundings, and using judgment) was intact. She had impairment of both sides of lower extremities and needed partial/moderate assistance (Helper does less half than the effort) with shower/bathing.</p> <p>Review of Resident 1 ' s physician order dated 9/12/24 indicated Resident prefers a shower/bed bath around 11:00 a.m./11:30 a.m. every Monday shower and Thursday bed bath for hygiene preference.</p> <p>Review of Resident 1 ' s revised Nursing Care Plan (NCP, a written document that outlines the process of providing patient care) for bathing dated 3/12/24 indicated, Staff participation with bathing.</p> <p>During an interview with the Resident 1 on 11/13/24 at 10:29 a.m., she stated she was not given shower/bed bath by the facility ' s staff on her scheduled shower days on 10/31/24 (Thursday), 11/4/24 (Monday), and 11/7/24 (Thursday). Resident 1 stated she did not refuse showers/bed bath on the above dates.</p> <p>Review of Resident 1 ' s ADL documentations for bathing dated 10/31/24 (Day/Evening/Night shifts), 11/4/24 Day/Evening/Night shifts), and 11/7/24 (Day/Evening/Night shifts) indicated no showers or bed bath given for Resident 1.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Certified Nursing Assistant A (CNA A) on 12/11/24 1:28 p.m., he stated he gave shower to Resident 1 in the morning of 10/31/24 but made a mistake by putting NA (not applicable) entry in ADL bathing record. CNA A acknowledged he should have put the correct entry that shower was given on 10/31/24.</p> <p>During an interview with the Licensed Nurse D (LN D) on 12/11/24 at 11:35 a.m., she stated CNA A should have put the correct entry instead of putting NA after he provided shower to Resident 1.</p> <p>During an interview with CNA B on 12/11/24 at 11:12 a.m., she stated she was not sure if she gave shower to Resident 1 on 11/4/24 in the morning. CNA B acknowledged she should have not recorded NA in Resident 1 ' s ADL bathing record.</p> <p>During an interview with the LN E on 12/9/24 at 2:09 p.m., she acknowledged CNA B should have documented the correct entry for ADL bathing record including the reason why it was recorded NA on 11/4/24.</p> <p>During an interview with CNA C on 12/11/24 at 12:55 p.m., she stated she was not sure if she gave shower/bed bath for Resident 1 in the morning shift of 11/7/24 and CNA C was not able to put entry because she was not able to log in Point Click (PCC, a type of electronic health record that allows users to securely store, share, and access patient health information). CNA C acknowledged she should have entered a late entry when the time she was able to log in again in PCC.</p> <p>During an interview with the Director of Staff Development (DSD) on 12/11/24 at 1:58 p.m., she acknowledged CNAs A, B & C should have correctly documented their entries in Resident 1 ' s ADL bathing record on 10/31/24, 11/4/24, and 11/7/24 because NA means anything. DSD further stated CNAs can put a late entry whenever they can log in again in PCC.</p> <p>During an interview with the Director of Nursing (DON) on 12/11/24 at 2:21 p.m. she acknowledged CNAs A, B, & C should have documented their entries correctly in Resident 1 ' s ADL bathing record and did late entry whenever CNA was able to log in again in PCC.</p> <p>Review of the revised facility ' s policy and procedures dated 2/2018, titled Bath, Shower/Tub: Documentation indicated, enter the date and time the shower/tub bath was performed. How the resident tolerated the shower/tub bath and if the resident refused the shower/tub bath, the reason (s).</p> <p>Review of the facility ' s policy and procedures dated 2/2019 titled, Job Description: Certified Nursing Assistant indicated, Record all entries on flow sheets, charts, etc., in an informative, descriptive manner. Follow work assignments, and/or work schedules in completing and performing your assigned tasks. Assist residents with daily functions (.bath functions .).</p> <p>Review of the facility ' s policy and procedures dated 11/2018 titled, Job Description: LPN/LVN-Administrative Functions indicated, Direct the day-to-day functions of the nursing assistants in accordance with current rules, regulations, and guidelines that govern the long-term care facility.</p>		