

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 07/08/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on interview and record review, the facility failed to obtain informed consent for psychotropic medications from the responsible party (RP, a person empowered to make decisions for the resident) for one of three residents (Resident 1). This failure had the potential to result in the resident's RP not being fully informed regarding care and treatment in order to make health care decisions for the resident.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated he was admitted to the facility with diagnoses including toxic encephalopathy (neurologic disorder caused by exposure to toxic substances) and dementia (a progressive state of decline in mental abilities).</p> <p>Review of Resident 1's admission Record, printed 4/29/25 indicated the resident's contacts included a case worker and conservator, who was Resident 1's RP.</p> <p>Review of Resident 1's Informed Consent - Psychoactive Medication, dated 1/27/25 indicated the resident's psychoactive medications were escitalopram (an antidepressant medication used to treat depression or anxiety) and Seroquel (an antipsychotic medication used to treat mental health disorders). The informed consent indicated, Verbal consent obtained from [name of case worker] - case worker.</p> <p>During an interview on 5/19/25 at 2:18 p.m., the social services director (SSD) stated Resident 1's conservator is the resident's responsible party and is the main person who makes decisions for Resident 1. The SSD stated the case worker was not able to make any medical decisions for Resident 1.</p> <p>During an interview on 5/19/25 at 10:48 am, the case worker stated he definitely did not have the responsibility to make decisions for Resident 1.</p> <p>Review of the facility's 2001 policy, Psychotropic Medication Use, indicated, Prior to initiating the use of, increasing the dose of, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: . The resident's/representative's right to accept or decline the treatment.</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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