STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056065	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Cruz Post Acute	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

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F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident safety to prevent accidents resulting in a fall for one of three residents (Resident 1) when the facility van's wheelchair securement system (a safety device installed in accessible vehicles used to keep a wheelchair in place during transport and also secure the wheelchair user with safety straps) used to transport Resident 1 did not meet Code of Federal regulations, Title 49, Part 38 (49 CFR S 38.23(d)(7), Americans with Disabilities Act [ADA] Accessibility Specifications for Transportation Vehicles), and the facility used three staff members (maintenance supervisor [MS], central supply staff [CSS], and the maintenance assistant [MA]) that were not qualified and/or were not trained to transport residents using the facility van: -The facility van lacked the required seat belt or safety belt, specifically the shoulder harness (strap that goes diagonally over the shoulder, across the chest, down to the lap) to secure a wheelchair user; - The maintenance supervisor (MS), central supply staff (CSS), and the maintenance assistant (MA) transported residents in the facility van without a certified nursing assistant certification, a requirement for a van driver; - The MA did not complete the Facility Vehicle Driver Training Program and did not conduct and complete a Pre-Trip Inspection Report prior to transporting Resident 1 using the facility van. The failures of transporting residents in the facility van without necessary safety belts resulted in Resident 1's fall in the facility van on [DATE], sustaining a skin tear and head injury, and had the potential to result in other residents' falls and injuries.Findings: Review of Resident 1's face sheet (a summary document containing a resident's personal and demographic information, including contact details and medical history), dated [DATE] indicated she was admitted to the facility with diagnoses including dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney or kidneys have failed) and difficulty in walking. Review of Resident 1's physician order indicated an order, dated [DATE], Dialysis schedule on Saturday [DATE] at [dialysis facility] in Watsonville. [The facility] will provide W/C [wheelchair] transport to dialysis with pick up at 10:30 AM. Review of Resident 1's Change of Condition progress note, dated [DATE] indicated, Per in house transport driver, resident fell during transportation going to dialysis . Resident noted with 3 cm [centimeter, unit of measurement] x 2cm x 0.5cm Right shin skin tear. Review of Resident 1's IDT note, dated [DATE], indicated, On [DATE], [Resident 1] returned to facility following scheduled dialysis appointment. Per in-house transport driver, resident experienced a fall incident [in the facility van] during transportation to dialysis, reportedly due to a seat malfunction within the transport vehicle. Incident occurred prior to arrival at dialysis facility. Upon return to facility, resident was assessed immediately by licensed nurse (LN) . MD ordered to send resident out to ER for further evaluation . Driver stated that the resident fell from the transport chair due to an apparent seat malfunction. Resident verbalized she was ‘okay' at the time of the incident and expressed that she was comfortable proceeding with dialysis . Review of Resident 1's Emergency Department (ED) Physician Notes, dated [DATE] indicated, [Resident 1] is an [AGE] year old F [female] who had a mechanical fall while being transported to dialysis. She sustained a small skin tear to one of her lower extremities and struck her head . Physical Examination . Head: Moderate tenderness to palpation [examination of the body by using touch] in the left forehead area . she does note moderate to severe pain in the area Neck: Patient is complaining of diffuse neck pain and on physical exam had midline neck pain so could not be clinically cleared and was placed in a soft collar . The ED Physician Notes also indicated Resident 1's diagnosis was a closed head injury [traumatic brain injury caused by a blow to the head with no break in the skull]. Review of Resident 1's Discharge Instructions Document, dated [DATE] indicated, You were seen in the emergency department after a head injury . It is possible that you have a concussion . There is no imaging . that makes this diagnosis. The diagnosis is based on symptoms. Typical symptoms include headache, dizziness, and/or nausea/vomiting . Review of Resident 1's Nurse's Note, dated [DATE] indicated Resident 1 complained of headache, was given Tylenol (pain medication) 325 milligrams (mg, unit of measurement) two tablets. Review of Resident 1's Medication Administration Record for [DATE] indicated Resident 1 received Acetaminophen 325 mg two tablets as needed for mild/generalized body pain on [DATE] at 5:07 p.m., [DATE] at 8:52 a.m., and [DATE] at 9:36 a.m. During an interview on [DATE] at 2:43 p.m., the administrator (ADM) stated another driver, not the regular facility van driver, drove Resident 1 to the dialysis center on [DATE]. The ADM stated the facility had two staff members that could drive the facility van. During an interview on [DATE] at 2:14 p.m., the director of nursing (DON) stated the drivers just drive and do not have