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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>056065 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>03/11/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Santa Cruz Post Acute |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1115 Capitola Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed serve food that accommodated allergies, intolerances, and preferences for one of three residents (Resident 1). This failure had the potential to affect the resident's health and well-being. Findings: Review of Resident 1's clinical record indicated the resident was admitted with diagnoses including osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D) and chronic obstructive pulmonary disorder (COPD, a chronic lung disease causing difficulty in breathing). Review of Resident 1's Dietary Interview/Pre-Screen, dated 11/28/25 indicated the resident had food intolerances for bell pepper. Review of the facility's Fall/Winter Week 2 Menu, indicated Sweet and Sour Pork, steamed rice, and Asian vegetable blend was served for dinner on Friday. Review of Resident 1's tray card indicated she had an allergy to bell peppers. Review of Resident 1's SBAR Summary for Providers, dated 12/5/25 indicated the resident's nurse was informed by the certified nursing assistant that Resident 1's heart was beating fast. The SBAR indicated Resident 1's blood pressure was 150/100 and her heart rate was 136. It indicated Resident 1 was sent to the hospital. Review of Resident 1's Interdisciplinary Team progress note, dated 12/8/25 indicated, on 12/5/25 Resident 1 mixed [NAME] sweet and sour sauce to the rice. The note indicated the sauce contained dried red and green bell peppers. The note indicated Resident 1 claimed that she started to feel her mouth get numb and feel upset stomach. The note also indicated that no clinical findings of an acute allergic response was identified during the hospital emergency room evaluation. During an interview on 3/11/26 at 3 p.m., the registered dietician (RD) confirmed Resident 1 had an intolerance to bell peppers. The RD stated the sauce/condiment packet contained bell peppers. During an interview on 3/11/26 at 3:08 p.m., certified nursing assistant A stated Resident 1 was allergic to something that she got on her tray. During an observation on 3/11/26 at 3:44 p.m., the [NAME] sweet and sour sauce had ingredients listed. It indicated it contained dried red and green bell peppers. During an interview on 3/11/26 at 3:52 p.m., the dietary director (DD) confirmed per the facility's Fall/Winter Week 2 Menu, on 12/5/25 residents were served Sweet and Sour Pork, steamed rice, and Asian vegetable blend for dinner. During an interview on 3/12/26 at 11:02 a.m., the DD confirmed the [NAME] sauce was served on the tray for the sweet and sour pork meal. Review of the facility's policy, Food Allergies and Intolerances, dated 8/2017 indicated, Residents with food allergies and/or intolerances are identified upon admission and offered food substitutions of similar appeal and nutritional value. Steps are taken to prevent resident exposure to the allergen(s).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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