

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Santa Clara Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 991 Clyde Avenue Santa Clara, CA 95054	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42819</p> <p>Based on interview and record review the facility failed to ensure appropriate treatment and services were provided to one of two residents (Resident 1) when the restorative nursing assistant (RNA, program that helps residents to gain and improve quality of life by increasing their level of strength and mobility) services were not implemented per the physician's order. The deficient practice had the potential to result in residents' decline in range of motion.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including Spondylosis without myelopathy or radiculopathy, lumbar region (general wear and tear of the lower back without any pressure on the spinal cord or nerves); post laminectomy lumbar region (a condition of the lower back after surgery to remove part of the vertebra (bone) to relieve pressure on the spinal cord or nerves); and difficulty in walking.</p> <p>Review of Resident 1's Order Summary Report, order date of 2/1/24, indicated, RNA services order: Sit to stand exercises inside the parallel bars for 2 reps x2 person assistance for 3 times per week x 90 days. Every day shift every Tue, Thu, Sat for 90 days. End date 5/1/24.</p> <p>Review of Resident 1's Order Summary Report, order date 3/27/24, indicated, RNA services order: Sit to stand exercises inside the parallel bars for 2 reps x2 person assistance for 3 times per week x 90 days. Every day shift every Tue, Thu, Sat for 90 days. End date 6/26/24.</p> <p>Review of the facility document, titled, Documentation Survey Report v2, for March 2024, indicated, RNA program for 3x/wk x 90 days for AROM using APT performer x 15 mins at level 2-3. The document indicated RNA services were done on 3/1, 3/15, and 3/31. The document indicated NA (not applicable) on 3/6, 3/22, 3/24, and 3/27, and RR (resident refused) on 3/3, 3/13/, 3/17.</p> <p>Review of the facility document, titled, Documentation Survey Report v2, for April 2024, indicated, RNA program for 3x/wk x 90 days for AROM using APT performer x 15 mins at level 2-3. The document indicated RNA services were done on 4/3, 4/5, 4/7,4/12, 4/17, 4/22, and 4/26. The document indicated NA (not applicable) on 4/15, 4/16, 4/18, 4/19, 4/23, 4/29, and RR (resident refused) on 4/24 and 4/25.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Santa Clara Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 991 Clyde Avenue Santa Clara, CA 95054	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's Care Plan, indicated Restorative Range of Motion (ROM): Resident at risk for decrease ROM. RNA services order: Sit to stand exercises inside the parallel bars for 2 reps x2 person assistance for three times per week x 90 days. - start: 2/1/2024. RNA program for 3x/wk x 90 days for AROM using APT performer x 15 mins at level 2-3. Start 4/8/24. The care plan indicated interventions the RNA will assist with AROM to bilateral lower extremities 3 times a week as tolerated.</p> <p>During a concurrent interview and record review with the Case Manager (CM) on 4/25/24, at 3:30 p.m., the CM stated that she monitors and supervises the RNAs. During the interview, the CM spoke with restorative nursing assistant A (RNA A) via phone call. The CM stated that according to RNA A, Resident 1 refused RNA services, but RNA A admitted that there were not enough RNAs to provide the services to Resident 1, who requires two-person assistance. At times, one of the RNAs would be pulled out to work on the floor. Additionally, the CM was not informed by the RNAs that Resident 1 refused RNA services. There was also no plan of care in the record regarding any RNA refusal from Resident 1.</p> <p>During an interview with Resident 1 on 4/25/24, at 4 p.m., Resident 1 stated she did not receive RNA services at the facility as ordered by the physician. Resident 1 stated that she never refused RNA services. Resident 1 stated that she should receive sit to stand exercises but often only one staff member would come to assist. Resident 1 stated she requires the assistance of two persons to get out of bed, staff did not get her up due to not enough RNA staff. Resident 1 stated the facility did not have enough RNAs because they were also assigned to other duties on the floor.</p> <p>During a phone interview with RNA A on 5/3/24, at 4:04 p.m., the surveyor inquired about the above dates in the Documentation Survey Report indicating NA or RR. RNA A stated that on those days, RNA services were not provided to Resident 1. RNA A stated that sometimes only one staff member was available to provide RNA services to Resident 1, who requires assistance from 2 persons. Additionally, RNA A stated that most of the time RNAs were asked to work on the floor as a CNA, which left fewer staff available to provide RNA services.</p> <p>During a follow-up phone interview and concurrent record review with the CM on 6/18/24, at 3:40 p.m., the CM confirmed that the RNA services order: Sit to stand exercises were ordered for Resident 1 since 2/1/24. The CM confirmed that the RNA services order for sit to stand exercises were not recorded on the Documentation Survey Report previously provided to the surveyor. The CM stated it should have been included in that report. The CM also noted that the sit to stand exercises were documented as done in the RNA weekly summary for 3/1/24, 3/7/24, and 3/14/24. However, there was no further documentation for April and May indicating that the sit to stand exercises were provided to Resident 1.</p> <p>Review of facility's policy, titled, Restorative Nursing Services, revised 7/2017, indicated, Residents will receive restorative nursing care as needed to help promote optimal safety and independence.</p>		