

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Petaluma Post-Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 B Street Petaluma, CA 94952	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41283</p> <p>Based on interviews and record reviews, the facility failed to implement an effective discharge planning process for one resident (Resident 1) of three sampled residents when Resident 1 and his family member were not trained on how to administer Resident 1's enteral nutrition formula (liquid nutrition) using Resident 1's gastrostomy tube (G-tube, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and Resident 1's feeding pump (used to deliver the enteral nutrition) had not been delivered to Resident 1's residence upon his discharge.</p> <p>These failures resulted in Resident 1 not having received any nutrition for over 30 hours after his discharge from the facility, his transfer to the Emergency Department (ED) to be evaluated because of the potentially negative effect to his health and well-being, and his readmission to the facility on e day after discharge.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated he was admitted to the facility on [DATE] with diagnoses which included pneumonitis (the inflammation of lung tissue) due to the inhalation of food and vomit, severe protein-calorie malnutrition, dysphagia (difficulty swallowing food or liquid by mouth), and dyskinesia of the esophagus (when the muscular tube that carries food from the throat to the stomach moves abnormally).</p> <p>A review of Resident 1's transfer/discharge note dated 2/27/24 at 12:24 p.m., indicated, Patient [Resident 1] discharged to home at [11:45 a.m.] per MD [physician] orders .Demonstration on G-tube care provided .</p> <p>During an interview on 3/12/25 at 12:50 p.m., Licensed Nurse A (LN A) stated she was the nurse assigned to Resident 1 on 2/27/25. LN A stated she provided Resident 1 and his family with the enteral feeding formula, tubing, and syringes. The LN A confirmed Resident 1 was not provided with a feeding pump upon discharge because it was her understanding the social services department had arranged for the feeding pump to be delivered to Resident 1's house. The LN A stated she provided Resident 1's family member with discharge instructions which included the medication list.</p> <p>A review of Resident 1's Discharge Instruction , dated 2/24/25 at 3:55 p.m., indicated the following:</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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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-discharge date : 2/27/25.</p> <p>-Discharge To: Home.</p> <p>-Diet: NPO (Nothing by mouth).</p> <p>-G-Tube Feeding: Isosource 1.5 at 65 ml (milliliters)/ hr per hour).</p> <p>- Resident 1's Cognition (ability to think and understand) /Psychosocial (the relationship between a person's social factors and behavior) Status: Alert, Confused and times, and Cooperative.</p> <p>-Resident 1's Rehab/Discharge Potential: Motivated to Self-Care and Follows Instructions.</p> <p>-Activities of Daily Living (basic tasks people perform to maintain their daily life and well-being): Resident 1 was dependent on others to eat.</p> <p>-Resident 1 was scheduled to receive services at home for physical, occupational, and speech therapy and nursing services for the administration of his medications and management of his G-tube feedings.</p> <p>-Medical Equipment Arrangements were made to be delivered.</p> <p>-Medication Education was provided by the facility's nurse.</p> <p>-Special Trainings/Instructions specifically for the Tube Feeding/Administration was not indicated as completed by any licensed staff at the facility prior to or upon Resident 1's discharge.</p> <p>During an interview on 3/13/25 at 1:25 p.m., Resident 1's family member stated when Resident 1 was discharged on [DATE], he was under the impression the facility would order the tube feeding formula and feeding pump for Resident 1's use at home. The family member denied having been trained before on how to start the tube feeding using the feeding pump prior to or upon Resident 1's discharge on 2/27/25. The family member stated the home health nurse came to Resident 1's home 2/28/25 at approximately 11:30 a. m. At the time, Resident 1 had not received any nutrition for approximately 24 hours. The family member stated the home health nurse called the facility to inquire about the tube feeding formula and the feeding pump. Then the home health nurse advised the family member to take his Resident 1 to the hospital if the facility was not readmitting him.</p> <p>A review of Resident 1's hospital emergency provider note dated 2/28/25 at 2:35 p.m., indicated, .The patient has not been fed since yesterday at 10am .The patient was discharged from post-acute care yesterday . Weight .90 lb [pounds] Height .5' [feet] 8 [inches] .This is a .male who presents to the ED for feeding. The patient does not know how to do this at home and so was brought in for some education and some sustenance .The post-acute care facility will take this patient back and so he will be discharged to their care today.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's care plan focused on his discharge home initiated on 1/28/25 indicated, The resident's goal is to return home .Goal .The resident will demonstrate correct administration of medications/treatments through the next review date .[Interventions for staff to implement to assist Resident 1 to achieve his goal of returning home included] Evaluate/record the resident's abilities and strengths, with resident's family and IDT [Interdisciplinary Team, a group of professionals from different disciplines who work together collaboratively to achieve a common goal]. Address gaps by referral to appropriate home health disciplines, assessment and education of additional caregivers with resources provided, facilitation of DME [Durable Medical Equipment, such as a feeding pump].</p> <p>During an interview on 3/14/25 at 10:20 a.m., Management Staff C denied she had verified Resident 1's enteral feeding formula and feeding pump were to be delivered to the facility or Resident 1's home prior to Resident 1's discharge. Management Staff C acknowledged she had only provided Resident 1 with the name of the medical supply company, the name of the home health company, and their phone numbers.</p> <p>During an interview on 3/14/25 at 11:05 a.m., Management Staff D acknowledged it was her responsibility to order DME for residents but at times would share the load. For Resident 1's discharge, Management Staff C ordered the feeding pump for Resident 1. Management Staff D stated she found out after Resident 1's discharge the medical supply company scheduled to deliver Resident 1's tube feeding supplies did not deliver to resident homes.</p> <p>A review of Resident 1's facility document titled History and Physical dated 2/28/25, indicated, Readmission due to nutrition supply delay.</p> <p>A review of the facility's policy and procedure (P&P) titled Social Services dated 3/2022, Our facility provides medically related social services to assure that each resident can attain or maintain his/her highest practicable physical, mental, or psychosocial . well-being . The Director of Social Services is a qualified social worker and is responsible for . Submitting nursing, therapy, and DME orders upon discharge to appropriate agencies.</p> <p>A review of the facility's P&P titled Discharge Summary and Plan dated 10/2022, indicated, When a resident's discharged is anticipated, a discharge summary and post discharge plan will be developed to assist the resident to adjust to his/her new living environment . The post-discharge plan will be developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and will include .What factors may make the resident vulnerable to preventable readmissions.</p>		