STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056120	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Bay Post Acute	300 Douglas 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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36790 Based on interview and record review, the facility failed to notify the responsible party (decision maker) (wife) for one of two samepled residents (Resident 1) of the intention to transfer the resident to the hospital. Resident 1's Responsible Party stated she did not know her husband was at the hospital until he called her (with help from the hospital staff.) This failure to notify the Responsible Party in writing and in advance of the reason for transfer disregarded Resident/Responsible Party's right to be informed and to participate in the resident's care. Findings: During a review of Residents 1's medical record on 5/15/24, Resident 1's Admission Record, dated 5/15/24, indicated Resident 1 was a veteran with medical coverage from the Veterans Administration (VA.) Resident 1's diagnosis included dementia with other behavioral disturbance, diabetes, hypertension, and unspecified mood disorder. During an interview on 5/15/24 at 3:00 p.m., Infection Preventionist (IP) stated that they had an unscheduled meeting on4/24/24 with the Social Worker from the VA and discussed the need to continue to have a one-on-one staff person with Resident 1. IP stated the facility found Resident 1 to be more aggressive with his wandering behavior and needed the sitter or to be sent to the VA Hospital. IP stated the Social Worker from the VA told the facility to do what they needed to do. During a review of Resident 1's progress notes, nurse progress notes from 4/25/24 at 19:33 (7:33 p.m.) documented at 1730 resident was transported to (hospital) along with his belongings and medications. Resident vital signs stable, denies pain, no sob, compliant with transfer. During a review of Residents 1's medical record on 5/15/24 Resident 1's Quarterly Social Service evaluation dated 4/18/24 documented Resident 1's behavior and need for a one-on-one staff to monitor him. This evaluation did not indicate that the facility could not meet his needs and possible transfer to another facility. During a review of Resident 1's progress notes, the social services progress notes for 4/24/24 at 5:44 p.m., indicated a voice mail message was left for Resident 1's responsible Party that the facility could not meet his needs. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056120	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Bay Post Acute	300 Douglas Street Petaluma, CA 94952

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's progress notes, nurse progress notes for 4/25/24 at 1:40 p.m., indicated a message was left to tell Resident 1's responsible Party he would be transferred to the hospital in the evening. During a telephone interview on 6/18/24 at 1:50 p.m., Resident 1's Responsible Party stated she had not been made aware in [NAME] or in writing that Resident 1 had been transferred to the VA Hospital until Saturday when the hospital facilitated a call between her and her spouse (Resident 1.) Resident 1's Responsible Party stated she did not get any calls from the facility and did not see any messages. She stated she still does not understand why the facility transferred him to the hospital.