

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  North Bay Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40214</b></p> <p>Based on interview and record review the facility failed to follow a physician ' s order in obtaining a Keppra (medication to treat seizures), blood level for one of two sampled Residents, (Resident 10), by not having the laboratory company come to the facility to obtain the sample and the nursing Department did not follow up on the missed opportunity for four months.</p> <p>This failure had the potential to result in Resident 10 experiencing subsequent seizures in October and November of 2024 causing pain, distress, and a higher level of care to ensure no further damage to Resident 10 ' s brain.</p> <p>Findings:</p> <p>During a review of Resident 10 ' s Admission Record indicated Resident 10 was admitted to the facility on [DATE] with a history of Parkinson ' s (a chronic brain disorder that causes movement problems, mental health issues and other health concerns), epileptic seizures (a chronic brain disorder which causes seizures by an abnormal electrical activity in the brain), muscle weakness and dysphagia (difficulty swallowing or feeding).</p> <p>During a review of Resident 10 ' s, Order Summary Report for October 2024, dated 1/02/24, indicated Resident 10 ' s physician had ordered a Keppra level every 4 months on the fourth day of the month (last laboratory Keppra level was dated 4/4/24).</p> <p>A review of Resident 10 ' s, SBAR Communication and progress note, dated 10/18/24 indicated Resident 10 had a seizure lasting 1 minute and his physician was notified.</p> <p>A review of Resident 10 ' s, SBAR Communication and progress note, dated 11/23/24, indicated Resident 10 had a two-minute seizure and was transferred to a higher level of care.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 2:29 pm. with Licensed Staff A (who was filling in the for the Director of Nursing who was on an extended vacation), Licensed Staff A stated Resident 10 ' s laboratory results for Keppra levels were indicated to be resultued on 3/6/24 and 4/4/24. License Staff A produced test results for 3/6/24 and 4/4/24 from the laboratory company. Licensed Staff A and the laboratory company representative confirmed and stated there were no other Keppra laboratory test results other than the ones produced. Licensed Staff A also confirmed there was no documentation of Resident 10 refusing Keppra laboratory test. Licensed Staff A stated the result of Resident 10 not having the Keppra laboratory test might mean the dose of Keppra would not be effective and the reason for Resident 10 having increased seizures.</p> <p>A review of the facility ' s policy and procedure titled, Diagnostic Services, Revised 4/9/18, indicated, The facility provides radiology and other diagnostic service as ordered by a physician to meet the needs of the resident[RV6] .</p>		