

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Napa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Trancas St. Napa, CA 94558	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39621</p> <p>Based on observation, interview and record review, the facility failed to ensure the Social Services Department resolved the resident concerns grievances for brought up by one resident (Resident 2) of three sampled residents (Resident 2) when Resident 2 reported his bed frame was broken and a staff member broke his electronic tablet (a portable computer with a touchscreen designed for easy use on the go). This resulted in Resident 2's boredom and frustration when the electronic tablet had not been replaced and the inability to sleep comfortably in bed.</p> <p>Findings:</p> <p>Record review of Resident 2's admission record indicated admission to the facility on [DATE] with medical diagnoses including Hemiplegia (Paralysis or weakness on one side of the body) & Hemiparesis (One-sided muscle weakness) following a Cerebral Infarction (A medical condition where blood flow to the brain is interrupted, leading to damage or death of brain tissue), and insomnia (sleep disorder characterized by difficulty falling or staying asleep).</p> <p>Record review of a facility document titled, THEFT AND LOSS REPORT , dated 2/28/24, indicated, Tablet Screen was cracked when dropped to the floor .[Resident 2] reported that the tablet was dropped by staff member and the screen is cracked .2-29-24- Admin offered to have it repaired, either family take in or have [facility] get it repaired. Message left with [Resident 2's] son .4-22-24 [Resident 2] said that the family took the tablet to get repaired .5-5-24 .left message offering to reimburse .- Investigation Closed.</p> <p>During a concurrent observation and interview with Resident 2 on 2/5/25 at 10:12 a.m., he stated he was unable to sleep at night because his bed frame was broken, and this made it extremely uncomfortable for him. Resident 2 stated he had notified social services staff about this issue around the holidays of 2024, but they had done nothing about it. Upon observation, it was noted his bed was tilted to the right side, instead of being horizontal to the floor. Resident 2 also stated a Certified Nursing Assistant (CNA) had accidentally broken his electronic tablet which he used to watch movies and listen to music. Resident 2 stated he notified Social Services Staff B about it, but they had not yet replaced it. Resident 2 could not remember the approximate date when this occurred. Resident 2's broken electronic tablet was found inside Resident 2's bedside commode and was observed by the Surveyor with Resident 2's permission. The screen was discolored, shattered, and the device could not be turned on. Resident 2 stated he became bored and frustrated without his electronic tablet.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Social Services Staff B and Social Services Staff C, on 2/5/25 at 3 p.m., Social Services Staff B confirmed Resident 2 had informed her of his broken bed frame around the holidays of 2024. Social Services B stated she notified the Maintenance Director but did not follow-up with Resident 2 to see if this problem had been fixed. Social Services Staff C also confirmed Resident 2 had notified her of the broken electronic tablet. Social Services Staff C stated she left a message with Resident 2's son informing him to bring a replacement electronic tablet for Resident 2, and the facility would reimburse them for it. Social Services Staff C confirmed she did not follow-up with Resident 2 to see if he had been provided with a new electronic tablet.</p> <p>Record review of a facility document titled, CONCERN/GRIEVANCE REPORT, dated 1/19/25 indicated Resident 2 had notified Social Services Staff B his bed was not going up and down. According to this hand-written report, a maintenance staff checked it and indicated the frame worked perfectly fine. However, this Surveyor observed Resident 2's bed frame continued to be broken on 2/5/24 at 10:12 a.m.</p> <p>During an interview on 2/06/25 at 3:18 p.m., the Director of Staff Development (DSD) stated when complaints were filed with the Social Services personnel, the Social Service personnel were responsible for ensuring the issues were resolved. This included checking with the resident making the complaint to ensure the issues had been resolved.</p> <p>Record review of the facility policy titled, Grievances/Complaints, Recording and Investigating, dated 2001, indicated, All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s) .Grievance is expected to be resolved timely .The resident, or person acting on behalf of the resident , will be informed of the findings of the investigation as well as any corrective actions recommended.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39621</p> <p>Based on observation, interview and record review, the facility failed to provide assistance with Activities of Daily Living (ADL) for three residents (Resident 1, Resident 2 & Resident 3) of four sampled residents when Resident 1, Resident 2, and Resident 3 developed a gray-white residue inside their oral cavities and malodorous breath. This finding had the potential to result in tooth decay, gum disease, discomfort, and tooth loss among residents.</p> <p>Findings:</p> <p>Record review of Resident 1's admission record indicated admission to the facility on [DATE] with medical diagnoses including Hemiplegia (Paralysis or weakness on one side of the body) & Hemiparesis (One-sided muscle weakness) following a Cerebral Infarction (A medical condition where blood flow to the brain is interrupted, leading to damage or death of brain tissue).</p> <p>Record review of Resident 1's Minimum Data Set (MDS-An assessment tool) dated 8/06/24 indicated he needed set-up or clean-up assistance with oral care.</p> <p>Record review of a Palliative Care progress note from the hospital dated 9/23/24 indicated, Phone call to [Family Member XX] who answered phone and states she visited [Resident 1] . [Resident 1's daughter] visited [Resident 1] late last night [and stated,] ' His mouth is rotting and smells' .His mouth has broken teeth and had a grey salavia [sic]. She states he has been at [the facility] for 4 years .[Resident 1's daughter also stated] ' I want you to see his broken teeth and I want an oral surgeon to come and take them out as I know they cause infection.' .[Resident 1's daughter] tells me that [Resident 1] will not be going back to [the facility] as she believes they neglected him. I was appalled by what he looked like. His saliva is dried and gray in his mouth. His mouth is rotting and smells . She tells me that he will not be going back to [Facility], as she believes they neglected him.</p> <p>During a phone interview on 2/3/25 at 1:20 p.m., Family Member XX stated Resident 1 was transferred to the hospital on 9/18/24. When she visited him at the hospital she noticed Resident 1's teeth were rotted and falling out of his mouth, his tongue was completely white, his saliva was gray, and his breath smelled like refuse. Family Member XX stated Resident 1 was not receiving oral care at the nursing facility, and she felt he was being neglected.</p> <p>Record review of Resident 2's admission record indicated admission to the facility on [DATE] with medical diagnoses including Hemiplegia & Hemiparesis following a Cerebral Infarction.</p> <p>A review of Resident 2's MDS dated [DATE] indicated a Brief Interview for Mental Status (BIMS, a screening tool used to help identify cognitive impairment) score of 15 which meant he had no cognitive (the mental process of thinking, remembering, and using judgement) impairment. A review of this MDS also indicated Resident 2 required set-up or cleaning-up assistance with oral care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 2/5/24 at 10:12 a.m., Resident 2 was observed with a significant amount of grayish white residue on his front teeth and malodorous breath. Resident 2 stated staff were not providing him with routine oral care. Resident 2 stated he was able to brush his own teeth but needed staff to provide him with the required supplies since he could not get up from bed. Resident 2 stated the last time staff provided oral care supplies, was nine days prior. According to Resident 2, he had not brushed his teeth during these nine days. Resident 2 stated staff did not provide him with oral care supplies even when he requested them.</p> <p>During an interview with Unlicensed Staff A on 2/5/25 at 10:41 a.m., she confirmed she was the Certified Nursing Assistant (CNA) assigned to Resident 2 on 2/5/24 for the morning shift. Unlicensed Staff A acknowledged she had not provided supplies for Resident 2 to perform oral care. Unlicensed Staff A stated oral care should be provided to residents prior to 9 a.m. When asked the reason for not providing Resident 2 with oral care supplies, Unlicensed Staff A stated she was not usually assigned to this resident.</p> <p>Record review of Resident 3's admission record indicated he was admitted to the facility on [DATE] with medical diagnoses including Parkinsonism (a group of neurological disorders characterized by involuntary shaking or slowed movements and stiffness in muscles) and Pneumonia (An infection of the lungs).</p> <p>Record review of Resident 3's MDS dated [DATE] indicated he required partial/moderate assistance with oral care.</p> <p>During a concurrent observation and interview on 2/4/25 at 4:20 p.m., Resident 3 was observed with excessive yellow- white residue on his lips, teeth, and tongue. The residue was so extreme it looked as if Resident 3 had just eaten cheese and had small particles of it all over his oral cavity. In addition, Resident 3's breath was noted to be malodorous. Resident 3 stated he had not been offered oral care that day, and regularly did not get assistance brushing his teeth. Resident 3 stated he would like to get oral care more frequently. Resident 3 stated he did not refuse oral care on 2/4/24, it was simply not offered to him.</p> <p>During an interview with Unlicensed Staff D on 2/5/25 at 9:22 a.m., she confirmed she was the assigned CNA for Resident 3 during the morning shift on 2/4/25 starting at around 9 a.m. Unlicensed Staff D stated she did provide oral care to Resident 3 the morning shift of 2/4/25 but used only a swab, and not a toothbrush, and did not do it for very long as Resident 3 did not tolerate it. Unlicensed Staff D stated she was unsure if she documented the oral care provided to Resident 3.</p> <p>During an interview with the Director of Staff Development (DSD) and record review of Resident 3's ADL flowsheets on 2/5/25 at 3:18 p.m., the DSD confirmed oral care was not provided by Unlicensed Staff D as it was not documented on the morning shift of 2/4/24. The DSD stated all ADLs were required to be documented by the staff who provided them.</p> <p>Record review of the facility policy titled, Activities of Daily Living (ADL), Supporting, last revised in March of 2018, indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39621</p> <p>Based on observation, interview and record review, the facility failed to ensure expired medications were discarded from the only treatment cart (cart containing supplies and treatments for resident wounds) the facility had. This finding decreased the facility's potential to prevent residents from receiving outdated medications/supplies.</p> <p>Findings:</p> <p>During an interview with Licensed Staff E on 2/04/25 at 11:30 a.m., she confirmed she was a treatment nurse at the facility. Licensed Staff E stated the charge treatment nurse regularly checked the cart to ensure there were no expired medications or supplies but was on leave of absence.</p> <p>During a concurrent observation and interview on 2/04/25 at 12:03 p.m., with Licensed Staff E, the treatment cart was checked for expired medications. The following expired medications and supplies were found in the treatment cart, stored with other active medications/supplies, and not labeled for destruction or disposal:</p> <ol style="list-style-type: none"> 1. Silver nitrate (A topical antiseptic agent used to treat certain types of wounds) applicators (approximately 10), with an expiration date of 07/24. 2. A bottle of Brand Name Barrier Cream (A cream to help protect and repair the skin of anyone suffering from incontinence [loss of bowel or bladder control]) with an expiration date of 10/10/24. 3. Two bottles of Providone Iodine 10% solution (An antiseptic used on the skin to decrease risk of infection) with an expiration date of 9/2024 4. Two bottles of Providone Iodine 10% solution with expiration dates that had been erased. <p>Licensed Staff E acknowledged the findings and stated she would discard the outdated products right away.</p> <p>During an interview with the Director of Staff Development (DSD) on 2/5/25 at 3:18 p.m., she stated the treatment nurse was responsible for checking her assigned treatment cart to ensure there were no expired medications or treatments. She stated the facility had a designed receptacle for discarding these products.</p> <p>Record review of the facility policy titled, Medication Labeling and Storage, dated 2001, indicated, If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</p>		