STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056153	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Napa Post Acute	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to initiate a baseline care plan for one resident (Resident 1) of three sampled residents when licensed nurses did not create a care plan for Resident 1's indwelling urinary catheter (a flexible tube inserted into the bladder to allow urine to drain from the bladder and into a bag which collects the urine).This failure decreased the facility's potential to prevent urinary tract infections (UTI) among residents with urinary catheters in place.Findings:A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of Fracture of Left Patella (kneecap), Intervertebral Disc Degeneration (progressive breakdown of shock absorbing discs in the spine), Muscle Weakness, Obstructive and Reflux Uropathy (two distinct conditions that interrupt the one way flow of urine from the kidneys to the outside of the body) and Need for Assistance with Personal Care.A review of Resident 1's care plans, dated 11/6/25, indicated licensed nurses did not initiated a care plan for Resident 1's risk of developing a UTI (a bacterial infection of the urinary system) related to having an indwelling urinary catheter.A review of Resident 1's document titled SNF [Skilled Nursing Facility] admission History & Physical dated 11/7/25 at 10:43 a.m. indicated, Issues to be Addressed.Urinary retention.[urinary catheter] in place.failed voiding [ability to urinate] trial.Consider voiding trial next week.A review of Resident 1's Minimum Data Set (MDS- an assessment tool) dated 11/13/25 indicated Resident 1 had a urinary indwelling catheter and was always incontinent (accidental or uncontrolled leakage) of stool.A review of Resident 1's progress note dated 11/13/25 at 10:07 a.m., indicated Resident 1 had a fever of 100.2 F (Fahrenheit-measurement of temperature). Resident 1's oxygen saturation (O2 sat- the percentage of oxygen being carried in the blood) was in the 80's (a normal range would be 95% to 100%). The physician placed an order for Resident 1 to be given up to 6 liters (L- a unit of measurement) of oxygen and for staff to call emergency services and send Resident 1 to the hospital.A review of Resident 1's medical record from the local hospital emergency department indicated Resident 1 arrived for urgent treatment on 11/13/25 at 11:28 a.m. Upon arrival, Resident 1 was placed on 15 L non-rebreather (high concentration oxygen delivery device used for patients in respiratory distress or medical emergency). Resident 1's temperature had increased to 102.8 F with a pulse (heartbeat) of 126, respirations (breaths) were 33 (normal respiratory rate between 12-20) and blood pressure of 105/67. The MD noted Resident 1's mucus membranes were tacky (feel sticky or dry instead of slick and wet), the physician further indicated Resident 1's elevated white blood cell (cells in the body that fight against infection) count was indicative of an infection. Resident 1's urinalysis (a diagnostic test for urine) indicated there were many bacteria in the urine sample along with large leukocyte esterase (a marker indicative of a significant infection). Resident 1 was admitted to the hospital with a diagnosis of sepsis with an etiology (cause, source) of a UTI.During an interview on 1/7/26 at 1:04 p.m., the Director of Nursing (DON) stated she could not find documentation of staff completing (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
	056153	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Napa Post Acute	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	urinary indwelling catheter care. In a subsequent interview at 2:18 p.m., the DON stated catheter care should be completed every shift and as needed.During an interview on 1/7/26 at 1:43 p.m., the Director of Staff Development (DSD) stated indwelling catheter care was not documented in residents' charts as it is considered a standard of care.During an interview on 1/8/26, at 11:17 a.m., the DON confirmed there was no documented evidence for the development and implementation of a person-centered care plan for Resident 1's indwelling catheter which placed Resident 1 at risk for UTI. The DON stated a risk for UTI care plan should be in place for all residents that have an indwelling catheter. A review of facility policy titled Catheter Care, Urinary, dated 2001, indicated, The purpose of this procedure is to prevent catheter associated urinary tract infections.Review the resident's care plan to assess for any special needs of the resident.The following information should be recorded in the resident's medical record.The date and time that catheter care was given.The name and title of the individual(s) giving the catheter care.All assessment data obtained when giving catheter care.Character of urine such as color (straw-colored, dark, or red), clarity (cloudy, solid particles, or blood), and odor.Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain.Any problems or complaints made by the resident resident.How the resident tolerated the procedure.If the resident refused the procedure, the reason(s) why and the intervention taken.The signature and title of the person recording the data.Report other information in accordance with facility policy and professional standards of practice.