

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Granada Rehabilitation & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Harris Street Eureka, CA 95503	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36105</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure they referred the resident to the appropriate state-designated authority for a Level II preadmission and resident review (PASARR) when the resident was diagnosed with a new mental illness diagnosis for 1 (Resident #11) of 1 sampled resident reviewed for PASARR.</p> <p>Findings included:</p> <p>A facility policy titled, P-NP04 Pre-Admission Screening Resident Review, revised 09/01/2023, revealed, 5. The facility MDS [Minimum Data Set] Coordinator will be responsible to access and ensure updates to the [PASARR] are completed per MDS guidelines.</p> <p>An Admission Record indicated the facility admitted Resident #11 on 05/05/2011. According to the Admission Record, the resident had a medical history that included diagnoses of hemiplegia and hemiparesis following cerebral infarction, ataxia, protein-calorie malnutrition, and unspecified mental disorder due to known physiological condition. Per the Admission Record, the resident received a diagnosis of bipolar disorder on 11/20/2015 and schizoaffective disorder on 11/23/2018.</p> <p>Resident #11's medical record revealed no evidence to indicate a PASARR evaluation was completed when the resident received a new mental illness diagnosis of bipolar disorder on 11/20/2015 or schizoaffective disorder on 11/23/2018.</p> <p>During an interview on 07/30/2024 at 12:12 PM, the Social Services Director (SSD) stated she worked at the facility for [AGE] years and never did anything related to a PASARR. Per the SSD, the only PASARR the facility had for Resident #11 was one completed in 2011 when the resident admitted to the facility.</p> <p>During an interview on 07/30/2024 at 2:16 PM, the Director of Nursing (DON) stated the only PASARR the facility had for Resident #11 was dated 05/05/2011. The DON stated she was not aware another PASARR should be completed with a new mental illness diagnosis. The DON stated the PASARRs are done by the Assistant DON, who was not in the facility during the survey.</p> <p>During a follow-up interview on 08/02/2024 at 9:23 AM, the DON stated the facility would do another PASARR in the future for residents with additional mental health issues and submit them to the state. The DON stated this should have been done for Resident #11.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/02/2204 at 10:50 AM, the Administrator stated she expected staff to complete another PASARR with a resident received a new mental illness diagnosis.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36105</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to implement enhanced barrier precautions (EBP) during wound care for 1 (Resident #64) of 1 sampled resident reviewed for pressure ulcer/injury.</p> <p>Findings included:</p> <p>A facility policy titled, IPC303 Enhanced Barrier Precautions, revised 07/05/2024, revealed, 2. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities for those at risk of transmission or acquisition of MDROs [multi-drug resistant organisms]: a. Dressing b. Bathing/showering c. Transferring within the resident room d. Providing hygiene e. Changing linens f. Changing briefs or assisting with toileting g. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator i. CDC [Centers for Disease Control and Prevention] does not currently consider peripheral I.V. [intravenous], continuous glucose monitors, and insulin pumps as indications for Enhanced Barrier Precautions. h. Wound care: any skin opening requiring a dressing i. Per the CDC, this generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks, abrasions, or skin tears covered with a Band-aid or similar dressing. Per the policy, 6. Gown and gloves would not be required for patient care activities other than those listed, unless otherwise necessary for adherence to Standard Precautions.</p> <p>An Admission Record revealed the facility admitted Resident #64 on 01/25/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of pressure ulcer of sacral region, Stage 2.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2024, revealed Resident #64 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident had severe cognitive impairment. The MDS revealed the resident was at risk of developing pressure ulcers/injuries and had one Stage 2 pressure ulcer, two unstageable pressure ulcers, and two unstageable deep tissue injuries that were all present on admission.</p> <p>Resident #64's care plan included a focus area revised 06/04/2024, that indicated the resident had a Stage 2 pressure ulcer on their sacrum. Interventions directed staff to administer treatments as ordered and monitor for effectiveness (initiated 02/02/2024).</p> <p>During wound care observation on 07/30/2024 at 2:22 PM, Licensed Vocational Nurse (LVN) #2 performed wound care for Resident #64's pressure ulcer on their sacrum. LVN #2 did not wear a gown during wound care.</p> <p>During an interview on 07/30/2024 at 3:12 PM, LVN #2 stated she was educated on EBP approximately one month ago by the infection control nurse. LVN #2 stated a resident would be required to be on EBP for a wound with exudate (fluid that had leaked out of blood vessels into or on nearby tissues). LVN #2 stated Resident #64 did not require EBP because their wound did not have much exudate.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/30/2024 at 3:15 PM, Registered Nurse (RN) #3 stated she was educated about EBP approximately two months ago, and again the previous week. RN #3 stated if a resident had wounds, they should be on EBP. RN #3 stated Resident #64 should have been on EBP for wound care. RN #3 stated the personal protective equipment for EBP would be a gown and gloves for wound care.</p> <p>During an interview on 07/30/2024 at 3:55 PM, Infection Control Preventionist (ICP) #4 stated Resident #64 did not require EBP because the wound was not draining.</p> <p>During an interview on 08/01/2024 at 11:40 AM, ICP #5 stated Resident #64 did not require EBP because their wound was healing, and it had a dry wound bed. ICP #5 stated when she educated the staff regarding EBP, she instructed them that if a wound had a lot of drainage, then the resident should be on EBP.</p> <p>During an interview on 08/02/2024 at 9:28 AM, the Director of Nursing stated residents with any wound should be put on EBP, and the facility would do that in the future.</p> <p>During an interview on 08/02/2024 at 10:51 AM, the Administrator stated the facility would place a resident on EBP who had a wound that was a longer lasting (chronic) wound.</p>		