

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Walnut Creek Skilled Nursing & Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE  1224 Rossmoor Parkway Walnut Creek, CA 94595	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>38534</p> <p>Based on interview and record review, the facility failed to ensure to meet the interests of and support the physical, mental, and psychosocial well-being of one of three sample selected residents (Resident 1), when Resident 1 was not able to be out of her bed due to Mechanical Lifting Device (MLD) sling (a flexible strap or belt used in the form of a loop to support or raise a weight) not being available at the facility.</p> <p>This failure resulted in Resident 1 staying in her bed for two days and possibility of developing pressure ulcer and mental health issues.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility with multiple diagnoses including multiple sclerosis (an autoimmune disease that has a potentially disabling disease of the brain and spinal cord [central nervous system]).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan) section GG, indicated Resident 1 has impairment on upper and lower extremity on both sides.</p> <p>A review of Resident 1's Care Plan for Activity of Daily Living (ADL, Activities needed for self-care and mobility and include activities such as bathing, dressing, grooming, oral care, ambulation, toileting, eating, transferring, and communicating.) indicated, Resident 1 needed an MLD for transfer with two assists.</p> <p>During an interview on 6/20/24 at 10:50 a.m. with Resident 1, Resident 1 stated the facility did not have a sling for the MLD and she was not able to be transfer from the bed to the chair for two days. She was unhappy about the situation and wanted to be out of her room.</p> <p>During an interview on 6/20/24 at 10:40 a.m. with the Certified Nurse Assistant (CNA) 1, CNA 1 stated the facility did not have enough slings and Resident 1 had to stay in the bed for two days.</p> <p>During an interview on 6/20/24 at 10:45 a.m. with CNA 2, CNA 2 stated because of a lack of slings in the facility, some residents had to stay in the bed for a long time.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/20/24 at 11:30 with the Administrator (ADM), ADM stated that she was aware of the lack of slings in the facility. ADM stated all residents who need slings should be able to have access to one as needed.</p> <p>A review of the facility's policy and procedure titled Safe Lifting and Movement of Resident, revised July 2017, indicated .this facility uses appropriate techniques and devises to lift and move residents . Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents .</p>		