STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056392	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasanton Nursing and Rehabilitation Center	300 Neal Street Pleasanton, CA 94566

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** 35314 Based interviews, record review, and facility policy review, the facility failed to ensure a resident's use/need for hearing aids were included on the baseline care plan for 1 (Resident # 180) of 3 sampled residents reviewed for communication/sensory. Findings included: A review of the facility policy titled, Hearing Aid, Care of, revised in February 2018, revealed Purpose The purpose of this procedure is to maintain the resident's hearing at the highest attainable level. Preparation Review the resident's care plan to assess for any special needs of the resident. According to a section of the policy titled documentation, 3. Update care plan, as appropriate with usage and preference for usage. A review of Resident #180's Admission Record revealed the facility admitted the resident on 04/15/2024, with diagnoses that included a need for assistance with personal care. A review of Resident #180's care plan, with an admitted [DATE], revealed no evidence to indicate the resident required hearing aids. A review of Resident #180's Admission Data Collection and Baseline Care Plan Tool, electronically signed by Licensed Vocational Nurse (LVN) #2 and dated 04/16/2024, revealed the resident had clear speech and was alert and oriented to person, place, date, and time/situation. The Admission Data Collection and Baseline Care Plan Tool revealed the resident did not have any assistive/medical devices. During an interview on 04/25/2024 at 8:34 AM, Certified Nurse Aide #5 stated Resident #180 wore hearing aids. During an interview on 04/23/2024 at 3:32 PM, LVN #2 stated Resident #180 admitted to the facility with hearing aids. LVN #2 stated Resident #180's baseline care plan did not reflect the resident used hearing aids. During an interview on 04/24/2024 at 2:30 PM, the Director of Nursing stated she expected nursing staff to include a resident's use of hearing aids on their care plan. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/25/2024 at 9:17 AM, Resident #180 stated they brought their hearing aids to the facility when admitted and staff had ensured their hearing aids were in place. During an interview on 04/25/2024 at 9:22 AM, the Administrator stated the nursing staff should follow the facility policy regarding hearing aids.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 35314 Based on observations, interviews, record review, and facility policy review, the facility failed to ensure a fall intervention was implemented as documented on the resident care plan for 1 (Resident #19) of 3 sampled residents reviewed for accidents. Findings included: A review of the facility undated policy titled, Fall Prevention Program, revealed 2. A care plan will be developed to include preventative measures that target the specific safety recommendation derived from the risk factors identified in the fall assessment. The goal for the resident will be to prevent future fall and to allow the resident to achieve the highest functioning ability. A review of Resident #19's Admission Record revealed the facility readmitted the resident on 11/24/2023, with diagnoses to include hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side. A review of Resident #19's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/12/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident required substantial/maximal assistance with sit to stand, chair/bed-to transfer, and toilet transfers. A review of Resident #19's care plan, revised on 11/24/2023, revealed the resident was at high risk for falls related to impaired balance during transition and weakness. An intervention initiated on 04/20/2024, directed the staff to place a floor//landing pad next to the resident's bed when the resident was in bed. On 04/22/2024 at 10:57 AM, Resident #19 was observed in bed and there was no floor/landing pad next to the resident's bed. On 04/22/2024 at 3:52 PM, Resident #19 was observed in bed and there was no floor/landing pad next to their bed. On 04/23/2024 at 7:22 AM, 9:15 AM, 11:09 AM, 12:24 PM, and 1:59 PM, Resident #19 was observed in bed and there was no floor/landing pad next to the resident's bed. During an interview on 04/23/2024 at 12:42 PM, Licensed Vocational Nurse (LVN) #3, the charge nurse assigned to provide care to Resident #19, stated she was not aware Resident #19 was care planned to have a floor/landing pad next to their bed. During an interview on 04/23/2024 at 12:55 PM, Certified Nurse Aide (CNA) #4, the CNA assigned to provide care to Resident #19, stated he was not aware of an intervention to place a fall mat or landing pad on the floor while the resident was in bed. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/23/2024 at 3:16 PM, LVN #2 stated she implemented the floor/landing pad next to Resident #19's bed after the resident sustained a fall. LVN #2 stated she expected the floor/landing pad to be always in place. During an interview on 04/25/2024 at 9:22 AM, the Administrator stated he expected the staff to follow the policy and procedure.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 45849 Based on observation, interviews, document review, and facility policy review, the facility failed to follow the recipe when they prepared pureed chopped beef steak for 11 (Residents #10, #13, #41, #60, #67, #69, #74, #82, #84, #104, and #111) of 11 residents who received pureed diets from the kitchen. Findings included: A review of the facility policy titled, Texture and Consistency Modified Diets, with a copyright date of 2023, revealed, 5. The food and nutrition services department will be responsible for preparing and serving the correct consistency of food and beverages as ordered. A review of a facility document titled, Diet Type Report, dated 04/23/2024, revealed 11 (Residents #10, #13, #41, #60, #67, #69, #74, #82, #84, #104, and #111) residents were ordered a pureed diet. A review of facility Recipe Information, for Chopped Beef Steak (Puree), directed staff to prepare the chopped beef steak according to recipe, then add two and three-fourth pounds of chopped beef steak and one and five-eighths pint of low sodium beef stock in a food processor and process for two to three minutes, or until smooth. On 04/23/2024 at 10:20 AM, the Dietary Director stated 11 residents were ordered a pureed diet. On 04/24/2024 at 10:15 AM, [NAME] #1 was observed to prepare pureed beef. [NAME] #1 poured an unmeasured amount of water and beef base into a pan of ground beef located on a cooktop and continued to allow the mixture to cook. After a few minutes, [NAME] #1 poured all the beef and an unmeasured amount of beef broth into a blender. [NAME] #1 stated he was supposed to follow the recipe, but acknowledged he did not when asked how much both and beef should be used. During an interview on 04/24/2024 at 10:30 AM, the Dietary Director stated when a lot of thickener is added it decreased the nutritional value of the food item and that caused the residents to not get what they were supposed to receive. During an interview on 04/24/2024 at 12:07 PM, the Registered Dietitian (RD) stated the cooks should follow the recipes. The RD stated if the cook added too much liquid to pureed food, it would dilute the nutritional value of the food. During an interview on 04/24/2024 at 1:16 PM, the Director of Nursing stated she expected the cooks to follow the recipes when they prepared pureed foods. During an interview on 04/24/2024 at 2:34 PM, the Administrator stated he expected the cooks to follow the recipe when they prepared pureed food.