

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Park View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3751 Montgomery Dr Santa Rosa, CA 95405	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain medical records in a complete and accurately documented manner for one resident out of four sampled residents (Resident 1) when vital signs (measurements of the body's functions that include heart rate, the amount of oxygen in the blood, breaths per minute and blood pressure [the force of blood as the heart pumps]), were recorded in the resident's medical record after the resident had been transferred out of the facility. This failure resulted in inaccurate documentation in Resident 1's medical record. Findings: A review of Resident 1's admission record indicated she was an [AGE] year-old admitted to the facility in June 2025 with diagnoses which included pneumonia, (an infection in the lungs), asthma, (a chronic lung disease that inflames and narrows the airways), and chronic obstructive pulmonary disease, (a progressive lung disease that makes it difficult to breathe due to airflow blockage). In an interview on 7/15/25 at 3:34 p.m., the daughter of Resident 1 stated Resident 1 did not return to the facility after she was transferred to the hospital on 6/28/25. In a record review of Resident 1's transfer form, dated 6/26/25, indicated Resident 1 was discharged to the hospital 6/28/25 at 07:32 p.m. A review of Resident 1's vital signs, from 6/29/25, indicated at 12:15 a.m. vital signs were documented for blood pressure, oxygen saturation (the amount of oxygen in the blood), pulse rate (heart rate), and respiration rate (breaths per minute). During a concurrent interview and record review on 7/17/25 at 2:43 p.m. with the Director of Nursing (DON), Resident 1's transfer form from 6/28/25 and vital signs documentation from 6/29/25, was reviewed. The DON confirmed the transfer form indicated that Resident 1 was transferred to the hospital at 7:32 p.m. on July 28, 2025 and there were vital signs documented in the residence records on July 29, 2025, at 12:15 a.m. when Resident 1 was no longer in the facility. The DON stated the vitals signs were an error in documentation. A review of the facility's policy and procedure titled, Vital Signs Monitoring and Reporting, effective date 4/1/2025, indicated, .Vital signs should be obtained recorded and reported in a timely and accurate manner.

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056411
		If continuation sheet Page 1 of 1