

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2025
NAME OF PROVIDER OR SUPPLIER Dept of State Hospitals - Napa D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 Napa-Vallejo Highway 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)
<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on interview and record review, the facility failed to ensure annual Abuse, Neglect, and Exploitation Training was completed on an annual basis based on the staff anniversary date of August (birth month). This failure had the potential to decrease the quality of care for vulnerable residents. Findings: During a review of Certified Nursing Assistant 1's training record, dated 9/2/25 through This 1/4/23, the training record indicated Mandated Reporter Training was last completed on 8/29/24 and for the year 2023 was last completed 6/8/23. During an interview on 9/11/25 at 1:35 p.m. with the Standards Director 1 (SD 1), SD 1 stated, Certified Nursing Assistant 1's training for abuse training was not current and out of compliance for the prior two years. During review of the facility's policy and procedure (P&P) titled, 474 Workforce Member Training, dated 1/27/25, the P&P indicated, Annual Training/Block Training A. All workforce members based on their classification will complete annual training.</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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