

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2024
NAME OF PROVIDER OR SUPPLIER  Villa Siena		STREET ADDRESS, CITY, STATE, ZIP CODE  1855 Miramonte Avenue Mountain View, CA 94040	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46001</b></p> <p>Based on observation, interview, and record review, the facility failed to obtain informed consents for the use of restraints (a specific intervention or device that prevents the patient from moving freely or restricts normal access to the patient's own body) for 13 of 13 sampled residents (2, 3, 5, 7, 8, 9, 15, 17, 18, 20, 24, 26, and 29) who were using a personal safety alarm (a small, noise-making device meant to surprise a potential attacker or draw attention to an individual in distress), floor mat alarm (a mat that is placed on the floor which sounds when it senses that a person is walking over it), and wander/elopement alarm (the person at risk of eloping is provided with a bracelet or anklet that triggers an alarm if they attempt to exit those doors which then alerts staff so they can assist the individual), when</p> <ol style="list-style-type: none"> <li>1. There was no documentation indicating that Resident 2 or her responsible parties (RP) signed the informed consent to use the floor mat alarm;</li> <li>2. There was no documentation indicating that Resident 5 or her RP signed the informed consent form to use the wander/elopement alarm;</li> <li>3. There was no documentation indicating that Resident 3, 5, 7, 8, 9, 15, 17, 18, 20, 24, 26, and 29 or their RP signed an informed consent to use the personal alarm on beds or chairs.</li> </ol> <p>These failures had the potential to result in the continued use of the restraint without informed consent, which could significantly impact the physical and psychosocial well-being of the resident</p> <p>and potentially lead to a deterioration in their overall health and quality of life.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 2's medical record indicated she was admitted to the facility on [DATE] with diagnoses including repeated falls.</li> </ol> <p>A further review of Resident 2's physician order indicated a floor mat alarm for fall precautions to be applied after dinner and taken off in the morning started on 3/13/2024.</p> <p>During an interview with Resident 2 on 4/18/2024 at 8:30 a.m., Resident 2 stated that she was unaware she was using the floor mat alarm at night.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  05A364	Facility ID:  05A364  If continuation sheet Page 1 of 25

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review with the Director of Staff Development (DSD) on 4/22/2024 at 9:51 a.m., the DSD confirmed that no documentation indicated that Resident 2 or her RP signed the informed consent prior to using the floor mat alarm.</p> <p>2. A review of Resident 5's medical record indicated she was admitted to the facility on [DATE] with diagnoses including a history of falling.</p> <p>A further review of Resident 5's physician order indicated to have a code alert transmitter (a wander/elopement alarm; a device designed for residents who are at risk for wandering) on her walker started on 7/17/2020.</p> <p>A record review of Resident 5's Minimum Data Set (MDS, an assessment tool) Section P Restraints dated 4/4/2024 indicated that Resident 5 was using a wander/elopement alarm.</p> <p>During an observation with Resident 5 in the activity room on 4/22/2024 at 10:40 a.m., there was a code alert transmitter on her walker.</p> <p>During a concurrent interview and record review with the DSD on 4/22/2024 at 10:46 a.m., the DSD confirmed the above observation and stated that there was no documentation indicating that Resident 5 or her RP signed the informed consent prior to using the wander/elopement alarm.</p> <p>3a. A review of Resident 5's medical record indicated she was admitted to the facility on [DATE] with diagnoses including a history of falling.</p> <p>A further review of Resident 5's physician order indicated the use of a personal safety alarm in bed and chair at all times started on 7/1/2020.</p> <p>A record review of Resident 5's Minimum Data Set (MDS, an assessment tool) Section P Restraints dated 4/4/2024 indicated that Resident 5 was using bed and chair alarms.</p> <p>During an observation with Resident 5 in the hallway on 4/19/2024 at 10:11 a.m., Resident 5 was wearing a personal safety alarm while she was sitting in a chair.</p> <p>A review of Resident 26's medical record indicated he was admitted to the facility on [DATE] with diagnoses including dysphagia (difficulty swallowing), oropharyngeal (middle part of the throat, behind the mouth) phase, and takotsubo syndrome (a condition of acute heart failure and ballooning of the left ventricle, often triggered by emotional or physical stress).</p> <p>A further review of Resident 26's physician order indicated that a personal safety alarm in bed and a wheelchair should be applied to alert staff from standing up unattended, which started on 5/19/2021.</p> <p>A record review of Resident 26's Minimum Data Set (MDS, an assessment tool) Section P Restraints dated 2/16/2024 indicated that Resident 26 was using bed and chair alarms.</p> <p>During an observation with Resident 26 in the activity room on 4/22/2024 at 10:50 a.m., he wore a personal safety alarm while sitting in his wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review with the Director of Staff Development (DSD) on 4/22/2024 at 9:54 a.m., the DSD confirmed there were no documentation indicating that Resident 5, 26 or their RP signed the informed consents prior to using the personal safety alarm on the bed and the chairs. The DSD stated facility did not obtain informed consents for the use of floor mat alarm, wander/elopement alarm and bed/chair alarms because the facility did not consider them as restraints.</p> <p>38087</p> <p>3b. A review of Resident 15's medical record indicated she was admitted to the facility on [DATE] with diagnoses including a history of falling.</p> <p>A review of Resident 15's physician order, dated 3/25/22 indicated Personal Bed Alarm for Safety.</p> <p>A review of Resident 15's Minimum Data Set (MDS, an assessment tool), Section P Restraints dated 3/15/24, indicated Resident 15 used a bed alarm daily.</p> <p>During an observation on 4/15/24 at 12:45 p.m., Resident 15 was lying in bed with a personal safety alarm attached to the bed on her right side.</p> <p>A review of Resident 17's medical record indicated she was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a progressive mental deterioration due to generalized degeneration of the brain), and Dementia (decline in mental capacity affecting daily function).</p> <p>A review of Resident 17's physician order, dated 9/27/22 indicated Bed Alarm.</p> <p>A review of Resident 15's Minimum Data Set (MDS, an assessment tool), Section P Restraints dated 2/15/24, indicated Resident 17 used a bed alarm daily.</p> <p>During an observation on 4/15/24 at 9:05 a.m., Resident 17 was lying in bed with a personal safety alarm attached to the bed on her left side.</p> <p>During a record review of Resident 15's and Resident 17's medical record, there was no documentation indicating that Resident 15, Resident 17, or their RPs signed an informed consent prior to using the personal safety alarms on the beds of Resident 15 and Resident 17.</p> <p>During an interview with the Director of Nursing (DON) on 4/17/24 at 12:35 p.m., the DON confirmed there was no informed consents for the use of bed alarms for Resident 15 or Resident 17. The DON stated: We don't do consents for bed alarms, I do not consider it a restraint.</p> <p>44733</p> <p>3c. Review of Resident 3's medical record indicated she was admitted to the facility on [DATE] with diagnoses including dementia and a history of falling.</p> <p>Review of Resident 3's physician order, dated 8/12/21, indicated, Personal alarm attach on chair in room and in bed for fall precaution only.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 3's MDS, Section P Restraints, dated 2/22/24, indicated Resident 3 used a bed alarm and chair alarm daily.</p> <p>During an interview on 4/19/24 at 7:20 a.m., Resident 3 stated a personal safety alarm was attached to the bed at bedtime.</p> <p>Review of Resident 7's medical record indicated she was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease.</p> <p>Review of Resident 7's physician order, dated 8/21/19, indicated, Personal bed &amp; chair alarm for safety.</p> <p>Review of Resident 7's MDS, Section P Restraints, dated 2/08/24, indicated Resident 7 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/15/24 at 11:55 a.m., Resident 7 was sitting up in a wheelchair with a personal safety alarm attached to the wheelchair.</p> <p>Review of Resident 8's medical record indicated she was admitted to the facility on [DATE] with diagnoses including dementia.</p> <p>Review of Resident 8's physician order, dated 5/24/21, indicated, Personal bed/wheelchair alarm device for fall alert.</p> <p>Review of Resident 8's MDS, Section P Restraints, dated 4/03/24, indicated Resident 8 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/15/24 at 11:55 a.m., Resident 8 was sitting up in a wheelchair with a personal safety alarm attached to the wheelchair.</p> <p>Review of Resident 9's medical record indicated she was admitted to the facility on [DATE] with diagnoses including dementia.</p> <p>Review of Resident 9's physician order, dated 11/07/23, indicated, Personal alarm device for fall precautions only.; dated 11/11/23, indicated, Pressure bed alarm for fall precaution.</p> <p>Review of Resident 9's MDS, Section P Restraints, dated 1/30/24, indicated Resident 9 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/18/24 at 3:16 p.m., Resident 9 was sitting up in a chair with a personal safety alarm attached to her top.</p> <p>Review of Resident 18's medical record indicated he was admitted to the facility on [DATE] with diagnoses including dementia.</p> <p>Review of Resident 18's physician order, dated 9/01/23, indicated, Personal or tab alarm attached to walker or blanket to alert staff.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 18's MDS, Section P Restraints, dated 3/19/24, indicated Resident 18 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/18/24 at 2:16 p.m., Resident 18 was lying in bed with a personal safety alarm attached to a blanket.</p> <p>Review of Resident 20's medical record indicated she was admitted to the facility on [DATE] with diagnoses including dementia.</p> <p>Review of Resident 20's physician order, dated 2/22/23, indicated, Personal/pad alarm on bed/wheelchair/recliner chair for safety.</p> <p>Review of Resident 20's MDS, Section P Restraints, dated 2/26/24, indicated Resident 20 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/18/24 at 3:25 p.m., Resident 20 was lying in bed with a personal safety alarm attached to the bed.</p> <p>Review of Resident 24's medical record indicated she was admitted to the facility on [DATE] with diagnoses including dementia and repeated falls.</p> <p>Review of Resident 24's physician order, dated 8/15/22, indicated, Personal alarm for fall alert.</p> <p>Review of Resident 24's MDS, Section P Restraints, dated 2/23/24, indicated Resident 24 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/18/24 at 2:19 p.m., Resident 24 was lying in bed with a personal safety alarm attached to the bed.</p> <p>Review of Resident 29's medical record indicated she was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease.</p> <p>Review of Resident 29's physician order, dated 11/07/22, indicated, Personal alarm to prevent falls.</p> <p>Review of Resident 29's MDS, Section P Restraints, dated 2/12/24, indicated Resident 29 used a bed alarm and chair alarm daily.</p> <p>During an observation on 4/15/24 at 9:04 a.m., Resident 29 was lying in bed with a personal safety alarm attached to the bed.</p> <p>During a record review of Residents 3, 7, 8, 9, 18, 20, 24, and 29's medical records, there were no documentation indicating that Residents 3, 7, 8, 9, 18, 20, 24, and 29, or their RPs signed an informed consent prior to using the personal safety alarms on the beds and/or chairs of Residents 3, 7, 8, 9, 18, 20, 24, and 29.</p> <p>During an interview with the DON on 4/17/24 at 12:20 p.m., the DON confirmed there was no informed consents for the use of bed/chair alarms for Residents 3, 7, 8, 9, 18, 20, 24, and 29.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the DON on 4/17/24 at 12:36 p.m., the DON stated that the facility did not obtain informed consent for the use of bed/chair alarms because the facility did not consider them a restraint.</p> <p>The facility could not provide a policy on the use of restraints (including personal safety [bed/chair] alarms, floor mat alarms, and wander/elopement alarms although they were charting these under Section P Restraints in the MDS.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44733</b></p> <p>Based on interview and record review, the facility failed to accurately assess and complete the Minimum Data Set (MDS, an assessment tool) for 20 of 29 residents (Residents 2, 3, 5, 6, 7, 9, 10, 11, 13, 14, 15, 16, 18, 20, 21, 23, 24, 25, 26, and 29).</p> <p>This failure had the potential to compromise the facility's ability to develop and implement resident-centered care plans and interventions.</p> <p>Findings:</p> <p>1. Review of Resident 29's clinical record indicated that she was admitted on [DATE]. Resident 29's MDS dated [DATE] was reviewed. The MDS section M0210 asked, Does this resident have one or more unhealed pressure ulcers/injuries? and was coded 0. No.</p> <p>Resident 29's MDS dated [DATE] was reviewed. The MDS section M0210 was coded 1. Yes. The MDS section M0300 asked to enter Current number of unhealed pressure ulcers/injuries at each stage, and number 1 was entered for B. stage 2: 1. Number of stage 2 pressure ulcers; number 1 was entered for B. stage 2: 2. Number of these stage 2 pressure ulcers that were present upon admission/entry or reentry.</p> <p>During an interview and concurrent record review on 4/17/24 at 10:17 a.m. with the Minimum Data Set Coordinator (MDSC), she confirmed the above MDS review. The MDSC confirmed that Resident 29 did not have a pressure ulcer on admission. The MDSC acknowledged that number 0 should have been entered on Resident 29's MDS, dated [DATE], section M0300 B. stage 2: 2 because the resident did not have a pressure ulcer on admission. The MDSC confirmed the MDS dated [DATE] was not accurate.</p> <p>2. Review of Resident 24's physician's order indicated, Seroquel (a medication for mental health) 25 milligrams (mg, a type of unit measurement) tablet: give 1 and 1/2 tablets (37.5 mg) by mouth each morning, order date 8/25/23. Seroquel 25 mg tablet: give 1 tablet by mouth in evening, order date 8/11/23, and Sertraline HCL (a medication to treat depression) 50 mg tablet: give 1.5 tablets (75 mg) by mouth daily for depression, order date 10/02/23.</p> <p>Resident 24's MDS dated [DATE] was reviewed. Section N0415 asked to check if the resident is taking any medications during the last 7 days or since admission/entry or reentry if less than 7 days, and A. antipsychotic (a medication for mental health) and C. antidepressant (a medication to treat depression) were checked. Section N0450A asked, Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent? and was coded 0. No - antipsychotics were not received.</p> <p>During an interview and concurrent record review on 4/18/24 at 11:22 a.m. with the Director of Staff Development (DSD), she confirmed the above MDS review. The DSD acknowledged that the MDS, dated [DATE], section N0450A, should have been coded 1. Yes - antipsychotics were received on a routine basis only. The MDSC confirmed the MDS was not accurate.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Residents 2, 3, 5, 6, 7, 9, 10, 11, 13, 14, 15, 16, 18, 20, 21, 23, 24, 25, and 26's MDS section O0300A were reviewed. The MDS section O0300A asked, Is pneumococcal vaccination (vaccine to prevent bacterial pneumonia [infection of the lungs]) up to date?</p> <p>Review of Resident 2's clinical record indicated that the resident was admitted on [DATE]. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 6's clinical record indicated that the resident was admitted on [DATE]. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 7's clinical record indicated that the resident was admitted on [DATE]. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 9's clinical record indicated that the resident was admitted on [DATE]. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 15's clinical record indicated that the resident was admitted on [DATE]. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of the immunization list provided by the facility indicated there was no documentation of Resident 2, 6, 7, 9, and 15's pneumococcal vaccination status.</p> <p>During an interview and record review on 4/19/2024 at 2:51 p.m. with the Director of Nursing (DON), she confirmed there was no documentation indicating the residents were up to date per the Centers for Disease Control and Prevention (CDC) pneumococcal vaccine recommendations.</p> <p>Review of Resident 3's clinical record indicated that the resident was admitted on [DATE] and received pneumococcal (not specified) on 10/14/15 and Prevnar13 (PCV13, a type of pneumococcal vaccine) on 10/27/17. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 5's clinical record indicated that the resident was admitted on [DATE] and received Prevnar 13 on 6/01/15 and Pneumovax 23 (PPSV23, a type of pneumococcal vaccine) on 10/13/16. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 10's clinical record indicated that the resident was admitted on [DATE] and received PPV23 on 7/15/19. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 11's clinical record indicated that the resident was admitted on [DATE] and received PCV13 on 10/2014 and PPSV23 on 2/06/14. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 13's clinical record indicated that the resident was admitted on [DATE] and received PPSV23 on 4/30/13 and PCV13 on 2/04/15. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 14's clinical record indicated that the resident was admitted on [DATE] and received Prevnar (not specified) in 2015 and Pneumovax on an unknown date. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 16's clinical record indicated that the resident was admitted on [DATE] and received PNUPS (pneumococcal polysaccharide vaccine, PPSV) on 9/05/02 and PCV13 on 6/10/17. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 18's clinical record indicated that the resident was admitted on [DATE] and received PPSV23 on 8/15/03 and PCV13 on 11/25/15. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 20's clinical record indicated that the resident was admitted on [DATE] and received PPSV23 on 9/18/1997 and PCV13 on 1/19/15. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 21's clinical record indicated that the resident was admitted on [DATE] and received PCV13 on 11/28/16 and PPSV23 on 11/18/17. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 23's clinical record indicated that the resident was admitted on [DATE] and received PPSV23 on 1/21/08 and PCV13 on 2/23/17. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 24's clinical record indicated that the resident was admitted on [DATE] and received PCV (not specified) on 11/30/00. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 25's clinical record indicated that the resident was admitted on [DATE] and received PCV23 (pneumococcal polysaccharide vaccine, PPSV23) on 1/01/21 and PCV13 on 5/01/16. The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>Review of Resident 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25's clinical records indicated all 13 residents were over [AGE] years old.</p> <p>Review of Resident 26's clinical record indicated that the resident was admitted on [DATE] and received PPSV23 on 2/16/21. The resident was less than [AGE] years old and had diagnoses including type 2 diabetes mellitus (high blood sugar). The resident's MDS dated [DATE], section O0300A, was coded 1. Yes.</p> <p>During an interview on 4/19/24 at 1:10 p.m. with the DON, she confirmed the above pneumococcal vaccination record review and stated those residents were eligible to receive the pneumococcal vaccine to be up to date per the CDC recommendation, and the facility did not offer the vaccine to them.</p> <p>During an interview and concurrent record review on 4/22/24 at 11:54 a.m. with the DSD, she confirmed the above record review. The DSD confirmed Residents 2, 3, 5, 6, 7, 9, 10, 11, 13, 14, 15, 16, 18, 20, 21, 23, 24, 25, and 26's MDS section O0300A were not accurate because their pneumococcal vaccination was not up to date.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Villa Siena		STREET ADDRESS, CITY, STATE, ZIP CODE  1855 Miramonte Avenue Mountain View, CA 94040	
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual Version 1.18.11 October 2023, the manual indicated, The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that (1) the assessment accurately reflects the resident's status.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44733</b></p> <p>Based on interview and record review, the facility failed to develop and implement care plans for one of 13 sampled residents (Resident 8) when a care plan for a fall was not developed. This failure had the potential to not meet the resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment.</p> <p>Findings:</p> <p>Review of Resident 8's clinical record indicated she was admitted on [DATE] and had diagnoses including dementia (a decline in mental capacity affecting daily function), congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), and personal history of traumatic fracture (broken bone from force being applied to a bone).</p> <p>Review of Resident 8's minimum data set (MDS, an assessment tool) dated 4/03/24 indicated she had a brief interview of mental status (BIMS, a tool used to assess cognition) score of 03, meaning she had severe cognitive impairment [a score of 0 to 7 indicates severe cognitive impairment, 8-12 moderate impairment, 13-15 patient is cognitively intact].</p> <p>Review of Resident 8's Post Fall Data Collections indicated she fell on [DATE], 1/27/24, and 2/10/24.</p> <p>Review of Resident 8's physician's order dated 5/24/21 indicated Personal bed/wheelchair alarm for fall alert.</p> <p>Review of Resident 8's care plans indicated there was no care plan developed to address falls.</p> <p>During an interview and concurrent record review on 4/17/24 at 10:42 a.m. with the Minimum Data Set Coordinator (MDSC), she confirmed the above record review. The MDSC acknowledged that the fall care plan should have been developed with the interventions to address falls.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Care Planning Policy and Procedure, dated 1/2014, the P&amp;P indicated, in coordination with the resident, his/her family or representative develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Falls and Fall Risk, Managing, revised 3/2018, the P&amp;P indicated, The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>38087</p> <p>Based on observation, interview and record review, the facility failed to provide respiratory care in accordance with professional standards of practice for one of one sampled resident (Resident 27) when:</p> <ol style="list-style-type: none"> <li>1. Resident 27's nasal cannula (NC, flexible tubing inserted into the nostrils and attached to an oxygen source) and humidifier were outdated;</li> <li>2. The licensed nurses failed to document when oxygen was administered to Resident 27;</li> <li>3. Resident 27's physician order for oxygen did not have an indication for use.</li> </ol> <p>These failures had the potential to compromise Resident 27's health and safety.</p> <p>Findings:</p> <p>1. Review of Resident 27's clinical record indicated he had diagnoses including heart failure (heart cannot pump enough blood and oxygen to support other organs in the body), hypertensive heart disease with heart failure (type of high blood pressure that affects the blood vessels of the heart), and cardiomyopathy (chronic disease of the heart muscle).</p> <p>During an observation on 4//15/24 at 9:35 a.m., Resident 27 was lying in bed receiving oxygen at 2 liters per minute (LPM, rate of oxygen administration) via a nasal cannula. The NC was dated 4/2/24 (13 days prior to this observation). The NC was connected to an empty humidifying bottle. The humidifier bottle did not have any water inside and there were no visible bubbles inside the humidifying bottle. The humidifier was dated 4/2/24 (13 days prior to this observation).</p> <p>During a concurrent observation and interview on 4/15/24, at 10:30 a.m., with licensed vocational nurse A (LVN A), she confirmed the oxygen tubing was dated 4/2/24. LVN A verified the oxygen humidifier bottle was empty and dated 4/2/24. LVN A stated the oxygen tubing and humidifier bottle is changed every seven days and as needed by the treatment nurse. LVN A confirmed Resident 27's oxygen tubing and humidifier were outdated.</p> <p>Review of the facility's policy Oxygen Therapy indicated Date the humidifier bottle as you attach it to the O2 (oxygen) gauge . replace humidifier bottle if solution left in bottle is between 80-100 cc's (cubic centimeters, a unit of measure). Pure O2 is irritating to mucous membrane (this is the rationale for using a humidifier).</p> <p>2. During an observation on 4//15/24 at 9:35 a.m., Resident 27 was lying in bed and receiving oxygen at 2 LPM via a nasal cannula.</p> <p>During a second observation on 4/16/24/at 11:45 a.m., Resident 27 was sitting in bed receiving oxygen at 2 LPM via nasal cannula.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/19/24 at 7:20 a.m., Resident 27 was lying in bed receiving oxygen at 2 LPM. During a concurrent interview with licensed vocational nurse C (LVN C), LVN C confirmed Resident 27 was using oxygen and stated Resident 27 uses oxygen all the time, everyday. LVN C was asked where the oxygen usage is documented for Resident 27, to which she responded: In the treatment record.</p> <p>A record review of Resident 27's treatment administration record (TAR) indicated a physician order, dated 3/1/24, for oxygen 2 LPM per nasal cannula as needed. There were no entries by licensed nurses for oxygen usage for Resident 27 in the April or March TARs. During a concurrent interview with LVN C, she confirmed the April and March TARs were blank for oxygen usage and stated licensed nurses should document when Resident 27 receives oxygen.</p> <p>Review of the facility's policy Oxygen Therapy indicated . Turn on O2 as per prescribed liter flow . record/chart . include time started and flow rate, device used, tolerance of resident, and other pertinent observations.</p> <p>3. Review of Resident 27's physician order, dated 3/1/24, indicated Oxygen at 2 LPM per nasal cannula as needed. There was no indication for the use of the oxygen.</p> <p>During an interview and concurrent record review with the director of nursing (DON) on 4/19/24 at 7:45 a.m., she confirmed Resident 27's oxygen order did not have an indication for the use of oxygen. The DON stated the physician order should indicate the rationale for using the oxygen, so when the oxygen is administered there will be an expected outcome to address the purpose of oxygen administration.</p> <p>Review of the facility's policy Oxygen Therapy indicated Objective: To administer oxygen in conditions in which insufficient oxygen is carried by the blood to the tissues - ie hypoxia (absence of enough oxygen), dyspnea (difficult or labored breathing) .Oxygen therapy must be ordered by the physician when a resident needs it.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46001</p> <p>Based on observation, interview, and record review, the facility failed to obtain physician admission orders for two of 29 residents (Resident 1 and 17).</p> <p>These deficient practices had the potential for unauthenticated and inaccurate treatment orders.</p> <p>Findings:</p> <p>A review of Resident 1's face sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including chronic atrial fibrillation (an irregular, often rapid heart rate that causes poor blood flow) and heart failure (condition in which the heart does not pump blood as well as it should).</p> <p>A further review of Resident 1's physician order summary indicated no order for admission to the facility.</p> <p>A review of Resident 17's face sheet indicated Resident 17 was admitted to the facility on [DATE] with diagnoses including unspecified atrial fibrillation and sequelae (consequence) of cerebral infarction (also called ischemic stroke, disrupted blood flow to the brain due to problems with the blood vessels that supply it).</p> <p>A further review of Resident 17's physician order summary indicated no orders for admission to the facility.</p> <p>During a concurrent interview and record review with the Infection Preventionist (IP) on 4/22/2024 at 1:07 p. m., the IP reviewed the physician order summaries and confirmed that there were no admission orders for Residents 1 and 17. The IP stated that the licensed nurse should have obtained the admission orders from the physician and no resident should be admitted without physician orders.</p> <p>A review of the facility's policy and procedure titled Nursing Facility Admission Policy indicated that no resident shall be admitted except on the order of a physician.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>38087</p> <p>Based on observation, interview and record review, the facility failed to ensure a registered nurse (RN) was on duty for 8 consecutive hours for 8 days during the months of October, November, and December of 2023. This failure had the potential to affect resident's care, health, and wellbeing.</p> <p>Findings:</p> <p>A review of the facility's Staff Schedule Sheet - Licensed Nurses dated October 2023, indicated, no RN was scheduled or was on duty on 10/7/23, 10/21/23, or 10/28/23.</p> <p>A review of the facility's Staff Schedule Sheet - Licensed Nurses dated November 2023, indicated, no RN was scheduled or was on duty on 11/4/23, 11/11/23, or 11/24/23.</p> <p>A review of the facility's Staff Schedule Sheet - Licensed Nurses dated December 2023, indicated, no RN was scheduled or was on duty on 12/2/23, or 12/9/23.</p> <p>During an Interview with the director of nursing (DON) on 4/18/24 at 11:08 a.m., she stated the facility was unable to provide evidence that an RN was on duty at the facility for the above dates in October, November, and December of 2023. The DON confirmed there was no RN on duty on 10/7/23, 10/21/23, 10/28/23, 11/4/23, 11/11/23, 11/24/23, 12/2/23, and 12/9/23. The DON stated the facility did not have any waiver in place for the reduced RN nursing hours. The DON further stated the facility was aware of the requirement for a registered nurse to provide resident care, 8 hours a day, 7 days a week.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>38087</p> <p>Based on interview and record review, the facility failed to ensure a physician's order for a PRN (as needed) psychotropic medication (medication capable of affecting the mind, emotions, and behavior) was limited to 14 days for one of five sampled residents (Resident 27). This failure had the potential to result in the resident receiving the medication for an excessive length of time and experiencing adverse medication side effects.</p> <p>Findings:</p> <p>Review of Resident 27's physician order dated 3/14/24 indicated Lorazepam 0.5 milligrams (mg, unit of dose measurement). Give one tablet by mouth every 6 hours PRN as needed for anxiety/restlessness as manifested by inability to relax.</p> <p>Review of Resident 27's medication administration record (MAR) indicated Resident 27 received PRN Lorazepam 0.5 mg on 4/3/24, 4/4/24, and 4/5/24.</p> <p>During an interview and concurrent record review with director of nursing (DON) on 4/18/24 at 9:07 a.m., she stated PRN psychotropic medications should be limited to 14 days unless the physician provides a rationale to extend the PRN use beyond the 14 days. The DON confirmed Resident 27's Lorazepam physician order, dated 3/14/24, had no stop date. The DON stated the order should be for 14 days only and then re-evaluated by the physician. The DON reviewed Resident 27's MAR and confirmed licensed nurses administered Lorazepam 0.5 mg to Resident 27 on 4/3/24, 4/4/24, and 4/5/24. The DON stated these administration dates were beyond the 14 days after the PRN order was written.</p> <p>Review of the facility's policy, Psychotropic Medication Use, dated July 2022, indicated PRN orders for psychotropic medications are limited to 14 days .If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44733</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure proper medication storage for three out of 29 residents (Residents 6, 13, 27) when expired or discarded medications were stored, not put away. This failure had the potential for residents to receive medications with unsafe and reduced potency from being used past their expiration date, which could lead to unsafe medication for the residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During an inspection of the medication cart with LVN C on [DATE] at 3:18 p.m., a Latanoprost solution (eye drop for glaucoma [eye disease]) for Resident 6 was stored in the cart. The medication container box indicated it was opened on [DATE], and the expiration date was [DATE]. LVN C confirmed the Latanoprost solution had expired and should have been removed from the cart.</li> <li>A review of [NAME]-Comp, a nationally recognized drug information resource, indicated the following for Latanoprost solution storage: Once opened, the container may be stored at room temperature for 6 weeks.</li> <li>2. During an inspection of the medication cart with LVN C on [DATE] at 3:35 p.m., two bottles of Furosemide (a medication to treat fluid retention and swelling) 20 milligrams (mg, a type of unit measurement) tablets for Resident 13 were stored in the cart. The medication container bottles indicated one bottle should be discarded on [DATE] and another bottle should be discarded on [DATE]. LVN C confirmed the furosemide had expired and should have been removed from the cart.</li> <li>3. During an inspection of the medication cart with LVN C on [DATE] at 3:44 p.m., a bottle of Oxycodone HCL (a pain medication) 5mg/millimeter (ml, a type of unit measurement) solution for Resident 27 was stored in the cart. The medication container bottle indicated it was refilled on [DATE] and the bottle indicated it should be discarded after ,d+[DATE]. LVN C confirmed the oxycodone had expired and should have been removed from the cart.</li> </ol> <p>During a review of the facility's policy and procedure (P&amp;P) titled Storage of Medications, revised ,d+[DATE], the P&amp;P indicated, Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46001</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food service operations were carried out according to standards of practice when:</p> <ol style="list-style-type: none"> <li>1. The ice machine drain pipe and the floor drainage sink did not have air gaps (an unobstructed vertical space between the water outlet and the flood level of a fixture),</li> <li>2. A Dietary Aide did not wear a hair net while serving food in the the Skilled Nursing Facility (SNF) kitchen,</li> <li>3. The temperature of the resident's refrigerator in the activity room was not recorded two times each day.</li> </ol> <p>These failures could potentially expose 29 residents to harmful contaminants that could cause foodborne illness.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a concurrent observation and interview on 4/15/2024 at 11:25 a.m. with the Food Service Director (FSD) in the SNF Kitchen, the ice machine drain pipe touched the bottom of the floor drainage sink. The FSD confirmed the above observation and stated that there should be a two-inch air gap between the ice machine drain pipe and the bottom of the floor drainage sink.</li> </ol> <p>During a review of the Food and Drug Administration (FDA) Food Code 2022, section 5-202.13, titled Backflow Prevention, Air Gap, it indicated, An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch). And section 5-202.14, titled, Backflow Prevention Device, Design Standard, it indicated, A backflow or back siphonage prevention device installed on a water supply system shall meet American Society of Sanitary Engineering (A.S.S.E.) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device.</p> <p>During a review of 2023 C.A. Retail Food Code, section 114193. (a), it indicated, All steam tables, ice machines and bins, food preparation sinks, warewashing sinks, display cases, walk-in refrigeration units, and other similar equipment that discharge liquid waste shall be drained by means of indirect waste pipes, and all wastes drained by them shall discharge through an airgap into a floor sink or other approved type of receptor. Section 114193.1 indicated, Backflow prevention methods an air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch.</p> <ol style="list-style-type: none"> <li>2. During a concurrent observation and interview with the Dietary Aide (DA) on 4/15/2024 at 12:20 p.m., the DA served food without wearing a hair net. The DA stated that he should have worn a hair net while serving food.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the FSD on 4/17/2024 at 10:41 a.m., the FSD stated that all kitchen staff, whether with long or short hair, should wear hair nets when serving food.</p> <p>A review of the facility's policy and procedure titled Sanitation and Infection Control indicated that a hair net and/or head covering that covers all hair should be worn during meal preparation and service.</p> <p>3. During a concurrent record review and interview with the FSD on 4/19/2024 at 9:20 a.m., The FSD reviewed the resident's refrigerator temperature log and confirmed the temperature was recorded weekly. The NSD stated that staff should follow the facility policy and procedures to monitor the refrigerator temperature to make sure the temperature was less than or equal to 41 degrees Fahrenheit and recorded two times each day.</p> <p>A review of the facility's policy and procedure titled Refrigerated Storage indicated that Refrigerator temperature should be recorded two times each day .perishable foods should be stored less than or equal to 41 degrees Fahrenheit.</p>

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NAME OF PROVIDER OR SUPPLIER  Villa Siena		STREET ADDRESS, CITY, STATE, ZIP CODE  1855 Miramonte Avenue Mountain View, CA 94040	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>46001</p> <p>Based on observation, interview, and record review, the facility failed to properly store and label the food brought from outside the facility by the family for one of one sampled residents (Resident 24). This failure had the potential for unsafe storage and might result in foodborne illness.</p> <p>Findings:</p> <p>During an observation with the Director of Staff Development (DSD) on 4/17/2024 at 2:25 p.m., seven small plastic containers in an open big container for Resident 24 were not labeled with a date in the residents' refrigerator.</p> <p>During an observation on 4/18/2024 at 2:28 p.m., it was observed that seven small plastic containers in an open big container for Resident 24 were not labeled with a date in the residents' refrigerator.</p> <p>During a concurrent observation and interview with the Food Service Director (FSD) on 4/19/2024 at 9:20 a. m., seven small containers in an open big plastic container for Resident 24 were not labeled with dates in the residents' refrigerator. The FSD confirmed the above observation and stated that all the food in the refrigerator should be labeled with residents' name and date.</p> <p>During an interview with the Director of Nursing (DON) on 4/19/2024 at 12:50 p.m., the DON stated that the licensed nurse should have checked and labeled the food brought from an outside source with the resident's name and date.</p> <p>A review of the facility's policy and procedure(P&amp;P) titled Food Brought in From Outside Sources indicated that all food brought in should be checked by the charge nurse or the Director of Food and Nutrition Services. It must be placed in a tightly sealed container with the resident's name and date on it .Food that does not have a manufacture's date must be thrown out 3 days from the time it was brought in .</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>44733</p> <p>Based on observation, interview, and document review, the facility failed to ensure infection prevention practices were followed when:</p> <ol style="list-style-type: none"> <li>1. For Residents 2, 12, and 22, staff did not clean the glucometer machine according to the manufacturer guidelines; and</li> <li>2. For Resident 29, staff did not perform hand hygiene during a wound treatment procedure.</li> </ol> <p>These failures had the potential to spread infection in the facility.</p> <p>Findings:</p> <p>1. During a medication administration observation on 4/16/24 at 11:45 a.m., Licensed Vocational Nurse A (LVN A) used a glucometer machine to take Resident 2's blood sugar. LVN A cleaned the glucometer machine with a Sani-Cloth wipe (a disinfectant wipe, a product used to kill microorganisms) and put the glucometer in the medication cart without any air drying time.</p> <p>During an observation on 4/16/24 at 11:58 a.m., LVN A used a glucometer machine to take Resident 22's blood sugar. LVN A cleaned the glucometer machine with a Sani-Cloth wipe and put the glucometer in the medication cart without any air drying time.</p> <p>During an observation on 4/16/24 at 12:03 p.m., LVN A used a glucometer machine to take Resident 12's blood sugar. LVN A cleaned the glucometer machine with a Sani-Cloth wipe and put the glucometer in the medication cart without any air drying time.</p> <p>The manufacturer's instructions on the container of Sani-Cloth wipes were reviewed. The directions indicated, Unfold a clean wipe and thoroughly wet surface. Allow surface to remain wet for two (2) minutes. Let air dry.</p> <p>During an interview on 4/16/24 at 12:11 p.m. with LVN A, she confirmed the above observation. LVN A stated she should use a Sani-Cloth wipe to disinfect the glucometers after use but didn't know that they should remain wet for 2 minutes and air dried.</p> <p>During an observation on 4/16/24 at 4:36 p.m., LVN B used a glucometer machine to take Resident 2's blood sugar. LVN B cleaned the glucometer machine with a Sani-Cloth wipe and put the glucometer in the medication cart without any air drying time.</p> <p>During an interview on 4/16/24 at 4:38 p.m. with LVN B, she confirmed the above observation. LVN B stated she should use Sani-Cloth wipes to disinfect the glucometers after use, and allow them to remain wet for 2 minutes, and let the air dry. LVN A confirmed that she didn't allow the glucometer to remain wet for 2 minutes.</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 a review of the facility's undated policy and procedure (P&amp;P) titled Glucometer and Diabetic Testing Supplies Policy and Procedure, the P&amp;P indicated, Follow specific manufactures instructions regarding cleaning of meter. (Refer to each manufactures guidelines as recommendations differ on cleaning/disinfecting procedures.)</p> <p>2. During a wound treatment observation on 4/16/24 at 1:35 p.m., LVN C provided wound treatment for Resident 29 without performing hand hygiene or changing her gloves after removing the previous dressing from the wound on the coccyx (the tailbone). LVN C then started to cleanse the wound with normal saline and pat it dry. LVN C removed her gloves after applying a dressing to the wound and put on new gloves without performing hand hygiene.</p> <p>During an interview on 4/16/24 at 1:54 p.m. with LVN C, she confirmed the above observation. LVN C stated she should have performed hand hygiene and changed her gloves after removing the previous dressing, and hand hygiene between glove changes.</p> <p>During a review of the facility's undated policy and procedure (P&amp;P) titled Operating Policy, the P&amp;P indicated, Handwashing Technique: When should hands be washed: before putting on gloves and immediately after removing gloves; after contact with wounds, secretions, mucous membranes and blood and other body fluids.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44733</b></p> <p>Based on interview and record review, the facility failed to follow their policies for influenza vaccine (known as flu shot, immunization against infection by influenza viruses) and pneumococcal vaccine (vaccine to prevent bacterial pneumonia [infection of the lungs]) when the facility did not offer pneumococcal vaccinations and influenza vaccinations in accordance with the current Centers for Disease Control and Prevention (CDC) recommendations to 22 of 29 residents (Residents 2, 3, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 20, 21, 23, 24, 25, 26, 27, and 181). This failure had the potential to put the residents at risk of acquiring pneumococcal and influenza infections.</p> <p>Findings:</p> <p>1. Review of Resident 2's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 6's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 7's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 9's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 12's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 15's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 27's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of Resident 181's face sheet indicated that the resident was admitted on [DATE].</p> <p>Review of the immunization list provided by the facility on 4/19/24 indicated there was no documentation of Resident 2, 6, 7, 9, 12, 15, 27, or 181's pneumococcal vaccination status.</p> <p>During an interview and record review on 4/19/2024 at 2:51 p.m. with the Director of Nursing (DON), she stated she could not locate any documentation of Resident 2, 6, 7, 9, 12, 15, 27, or 181's pneumococcal vaccination status. The DON acknowledged that the facility should have tracked the pneumococcal vaccination record for the residents. The DON confirmed there was no documentation indicating the residents were up to date per the CDC's pneumococcal vaccine recommendations.</p> <p>2. Review of Resident 3's medical record indicated that the resident was admitted on [DATE] and received pneumococcal (not specified) on 10/14/15 and Prevnar13 (PCV13 [Pneumococcal Conjugate Vaccine 13], a type of pneumococcal vaccine) on 10/27/17.</p> <p>Review of Resident 5's medical record indicated that the resident was admitted on [DATE] and received Prevnar 13 on 6/01/15 and Pneumovax 23 (PPSV23 [Pneumococcal Polysaccharide Vaccine 23], a type of pneumococcal vaccine) on 10/13/16.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident 10's medical record indicated that the resident was admitted on [DATE] and received PPV23 on 7/15/19.</p> <p>Review of Resident 11's medical indicated that the resident was admitted on [DATE] and received PCV13 on 10/2014 and PPSV23 on 3/06/14.</p> <p>Review of Resident 13's medical record indicated that the resident was admitted on [DATE] and received PPSV23 on 4/30/13 and PCV13 on 2/04/15.</p> <p>Review of Resident 14's medical record indicated that the resident was admitted on [DATE] and received Pevnar (not specified) in 2015 and Pneumovax on an unknown date.</p> <p>Review of Resident 16's medical record indicated that the resident was admitted on [DATE] and received PNUPS (pneumococcal polysaccharide vaccine, PPSV) on 9/05/02 and PCV13 on 6/10/17.</p> <p>Review of Resident 18's medical record indicated that the resident was admitted on [DATE] and received PPSV23 on 8/15/03 and PCV13 on 11/25/15.</p> <p>Review of Resident 20's medical record indicated that the resident was admitted on [DATE] and received PPSV23 on 9/18/1997 and PCV13 on 1/19/15.</p> <p>Review of Resident 21's medical record indicated that the resident was admitted on [DATE] and received PCV13 on 11/28/16 and PPSV23 on 11/18/17.</p> <p>Review of Resident 23's medical record indicated that the resident was admitted on [DATE] and received PPSV23 on 1/21/08 and PCV13 on 2/23/17.</p> <p>Review of Resident 24's medical record indicated that the resident was admitted on [DATE] and received PCV (not specified) on 11/30/00.</p> <p>Review of Resident 25's medical record indicated that the resident was admitted on [DATE] and received PCV23 (pneumococcal polysaccharide vaccine, PPSV23) on 1/01/21 and PCV13 on 5/01/16.</p> <p>Review of Residents 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25's face sheets indicated all 13 residents were over [AGE] years old.</p> <p>Review of Resident 26's medical record indicated that the resident was admitted on [DATE] and received PPSV23 on 2/16/21. The resident was less than [AGE] years old and had diagnoses including type 2 diabetes mellitus (high blood sugar).</p> <p>During an interview on 4/19/24 at 1:10 p.m. with the DON, she confirmed the above medical record review and stated Residents 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25 were eligible for their pneumococcal vaccines. The DON stated the Infection Preventionist (IP) was responsible for the immunization, and the IP did not offer the vaccines to Residents 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25 per the CDC's pneumococcal vaccine recommendations. The DON confirmed Residents 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25 were eligible to receive the pneumococcal vaccine to be up to date per the CDC recommendation, and the facility did not offer the vaccine to them.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 4/22/24 at 11:42 a.m. with the IP, she confirmed the above medical record review. The IP stated Residents 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25 were eligible for their pneumococcal vaccines, and the facility did not offer the vaccine to them per the CDC's pneumococcal vaccine recommendations. The IP acknowledged that Residents 3, 5, 10, 11, 13, 14, 16, 18, 20, 21, 23, 24, and 25 should have been up to date with the CDC recommendation for pneumococcal vaccine. The IP further stated the facility did not follow their policy of pneumococcal vaccine.</p> <p>Review of the CDC's Pneumococcal Vaccine Timing for Adults dated 3/15/23 indicated, Adults [AGE] years and older to complete pneumococcal vaccine schedules: If a resident only received PPSV23, then give 1 dose of Pevnar20 (PCV20, the most up to date pneumococcal vaccine) or PCV15 (Pevnar 15, a type of pneumococcal vaccine) at least 1 year after the most recent PPSV23 vaccination. If a resident only received PCV13, then give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. If a resident received PCV13 and PPSV23, then give 1 dose of PCV20 or PPSV23 at least 5 years after the most recent PCV13 or PPSV23. Adults 19-[AGE] years old with chronic health conditions to complete pneumococcal vaccine schedules: If a resident only received PPSV23, then give 1 dose of PCV20 or PCV15 at least 1 year after the most recent PPSV23. [Please refer to the CDC website for complete information].</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Pneumococcal Vaccine, revised 3/2022, the P&amp;P indicated, All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. 1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 2. Assessments of pneumococcal vaccination status are conducted within five (5) working days of the resident's admission if not conducted prior to admission. 7. Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p> <p>3. Review of the immunization list provided by the facility from 9/21/23 to 4/22/24 indicated there was no documentation of Resident 12 or 181's influenza vaccination status.</p> <p>During an interview and record review on 4/22/24 at 11:06 a.m. with the Infection Preventionist (IP), she stated she could not locate any documentation of Resident 181's influenza vaccination status. The IP acknowledged that the facility should have tracked the influenza vaccination record for Resident 181.</p> <p>During an interview and record review on 4/22/24 at 11:50 a.m. with the IP, she stated that Resident 12 refused the influenza vaccine when offered. The IP stated that she could not locate any documentation indicating the influenza vaccine was offered to Resident 12 but declined. The IP acknowledged that the facility should have documented if Resident 12 declined the influenza vaccination when it was offered.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Influenza Vaccine, revised 3/2022, the P&amp;P indicated, 1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccine is medically contraindicated or the resident or employee has already been immunized. 6. A resident's refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the resident's medical record. 11. Administration of the influenza vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p>		