

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Pacific Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 720 East Romie Lane Salinas, CA 93901	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>32398</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure for one of three residents (Resident 1) when an allegation of abuse was not reported to proper authorities. This failure had the potential for residents being at risk of abuse/harm.</p> <p>Findings:</p> <p>Resident 1 was admitted with diagnoses which included cerebral vascular disease (a group of conditions that affect blood flow and the blood vessels in the brain), Alzheimer's disease (a brain disorder that gradually destroys memory and thinking skills, and eventually the ability to perform daily tasks), major depressive disorder, anxiety disorder, and a history of falling.</p> <p>During an interview with the director of nursing (DON) on 10/4/24 @ 1:50 p.m., the DON had been notified of an allegation of abuse against licensed vocational nurse A (LVN A), the DON stated they had not had any problems with LVN A.</p> <p>During an interview with the DON on 11/20/24 at 10:42 a.m., the DON stated the allegation of abuse brought to her attention was not reported to the police. The DON further stated if they were notified by anyone other than California Department of Public Health (CDPH) they would have reported it.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation, or Misappropriation-Reporting and Investigating, dated 2001. The P&P indicated, .1. If Resident Abuse, Neglect, Exploitation, misappropriation of resident property, or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.</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
---	-------	-----------