

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Vineyard Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Monroe Street Petaluma, CA 94954	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43238</b></p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident 1) of five sampled residents was free from physical abuse when Resident 2 intentionally struck resident one in the head and held him down on the floor. This failure resulted in a physical injury and confinement to Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with the diagnosis of epilepsy (chronic, neurological condition characterized by recurrent, unprovoked seizures.)</p> <p>A review of Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 10/3/24, indicated a Brief Interview for Mental Status (BIMS- an assessment tool used by facilities to screen and identify memory, orientation, and judgment status of the resident) score of 6, which indicated severe cognitive (relating to processes of thinking and reasoning) impairment.</p> <p>A review of Resident 2's admission record indicated Resident 2 was admitted to the facility on [DATE] with a diagnosis of metabolic encephalopathy (a condition in which your brain function changes due to an underlying condition.)</p> <p>A review of Resident 2's MDS, dated [DATE], indicated a BIMS score of 12, which indicated moderate cognitive impairment.</p> <p>A review of Resident 2's progress note, authored by Social Services Director, dated 12/20/24 at 1:18 PM, indicated, [Resident 1] wandered into [Resident 2's] room.to [Resident 2's] bed. [Resident 2] said [Resident 1] was using profanity . at [Resident 2], standing over [Resident 2's] bedside and staring at him. [Resident 1] tried swinging at [Resident 2] and would not leave the room. [Resident 2] got up from bed tried to hold [Resident 1] back by opening door and one hand on [Resident 1]. [Resident 1] was not leaving and [Resident 2] felt he needed to protect himself. [Resident 2] said he ' head butted him [Resident 1] and took him down.' [Resident 1] was found on floor against the door.</p> <p>A review of Resident 1's progress note dated 12/20/24 at 1:54 PM, indicated Resident 1 was, found on the floor against the back of the door in [Resident 2's] room . [Resident 1] didn't want to fight and [Resident 2] punched him in the face when he landed on the ground.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's progress notes authored by the Interdisciplinary Team (IDT- a group of healthcare professionals with various areas of expertise who work together toward the goal of their residents), dated 12/23/24 at 10:45 AM indicated, Resident had an altercation with [Resident 1] who wandered into his room. [Resident 2] felt threatened by [Resident 1] standing next to his bed and staring at him using profanity. [Resident 1] then attempted to swing at [Resident 2] a few times and [Resident 2] was physical with [Resident 1] and [Resident 2] head butted [Resident 1] and he fell to the ground.</p> <p>During an interview on 2/11/25 at 1:02 PM, Resident 3 stated Resident 1 entered Resident 2 and Resident 3's shared room and began to look through their belongings. Resident 3 stated, I told him to get out of here. Then he started messing with my roommate [Resident 2] who took physical control of the situation.</p> <p>During an interview on 2/11/25 at 1:16 PM, Resident 2 stated, I asked him [Resident 1] to leave and he told me, 'F you, I ain't leaving' so, I grabbed him by the hands and put him outside the door. But he came back in the room . I had to head butt him . I forced him to the floor and stayed on top of him until staff came in.</p> <p>During an interview on 2/11/25 at 1:49 PM, the Director of Nursing stated Resident 2 was upset Resident 1 would not leave the room, So the fighting ensued.</p> <p>During an interview on 2/11/25 at 2:07 PM, the Business Office Assistant (BOA) stated she heard an overhead page for Resident 2's room. She attempted, but was unable to open the door, as it was blocked by Resident 1 and Resident 2. The BOA stated, When I entered the room, Resident 2 had Resident 1 in a headlock on the floor. I noted Resident 1 had a small cut on his forehead.</p> <p>A review of the facility policy, dated 4/2021, titled Abuse, Neglect, Exploitation, and Misappropriation Prevention Program indicated, Residents have the right to be free from abuse. This includes .physical abuse.</p>		