

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Napa Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3275 Villa Lane 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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>41175</p> <p>Based on interview and record review, the facility failed to provide a written notification of the hospital transfer for one of two sampled residents (Resident 1) to her Responsible Party (RP). Failure to notify the Responsible Party (RP) of Resident 1's whereabouts had the potential for an inability for her to advocate for Resident 1's needs and preferences during the transfer process, and coordinate care with the receiving hospital.</p> <p>Findings:</p> <p>A review of Intake Information dated 12/13/24 indicated RP was not notified of Resident 1's transfer to acute care, nor of any bed hold policy.</p> <p>A review of Resident 1's Face Sheet indicated she was admitted to the facility with diagnoses including schizophrenia and left femur (thigh bone) fracture. Resident 1's Face Sheet indicated RP's name, call phone number and mailing address were listed under her Contacts . Further review of Resident 1's records indicated she was transferred to acute care for chest pain and fainting on 11/27/24.</p> <p>During an interview on 1/9/25 at 12:15 p.m., Licensed Staff B stated residents' families and responsible parties get notified of changes in condition and hospital transfers via phone calls. Licensed Staff B stated recalling Resident 1 and her hospital transfer on 11/27/24. Licensed Staff B stated that while he was handling Resident 1's care and her transfer paperwork at the time, another nurse was calling Resident 1's RP to inform her of the transfer.</p> <p>During an interview on 1/9/25 at 12:27 p.m., Licensed Staff C stated recalling Resident 1 and her hospital transfer on 11/27/24. Licensed Staff C stated she attempted to call RP to notify her of Resident 1's change of condition and transfer to the hospital. Licensed Staff C stated the call was unanswered and she left a message in the voicemail. Licensed Staff C stated she could not recall hearing back from RP after she left her a voicemail that day. Licensed Staff C stated it was protocol for responsible parties and families to be notified via phone call should residents experience a change of condition and/or would have to be transferred out to the hospital. Licensed Staff C stated RP had always been hard to get ahold of, staff would leave messages on her voicemail as phone calls were unanswered.</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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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/9/25 at 1:29 p.m., the Social Services Director (SSD) stated she sent out written Transfer Notice Forms to residents and their responsible parties only for planned transfers or discharges to the community. The SSD stated in the case of an emergency transfer to the hospital because of a change in the resident's condition, it was up to the nurses to send out the Transfer Notices.</p> <p>During a concurrent interview and review on 1/9/25 at 1:33 p.m. with Licensed Staff A, Resident 1's Notice of Proposed Transfer/Discharge form was reviewed. Resident 1's form indicated a section, VI. Mailed Certified By Facility Representative - If Unable to Obtain Resident/Resident Representative Signature , which was blank. Licensed Staff A confirmed the Notice of Proposed Transfer/Discharge form as the same as the Transfer Form or Notice of Transfer . Licensed Staff A confirmed Section VI of Resident 1's Transfer Form was blank. Licensed Staff A stated it was unlikely that RP was sent a written notice of Resident 1's transfer, as families and responsible parties were usually notified via phone calls, and only the Ombudsman was sent a copy of the Transfer Notice.</p> <p>A review of the facility policy titled, Transfer or Discharge, Facility-Initiated dated, October 2022 , indicated, Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy . Notice of Transfer or Discharge (Emergent or Therapeutic Leave): Notice of Transfer is provided to the resident and representative as soon as practicable . Notice of Facility Bed-Hold and Return policies are provided to the resident and representative within 24 hours of emergency transfer . Notices are provided in a form and manner that the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments .</p>