

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 02/21/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41175</p> <p>Based on interview and record review, the facility failed to maintain the safety one of two sampled residents when a staff member solely operated a mechanical lift to transfer Resident 1 from the bed to a recliner. This failure resulted in Resident 1 to fall and sustain a hematoma (a closed wound where blood collects and fills a space) on her head.</p> <p>Findings:</p> <p>A review of Intake Information dated 2/10/25 indicated a complaint alleging Resident 1 sustaining a fall as she was transferred from bed to a chair on 2/9/25.</p> <p>A review of Resident 1's Face Sheet indicated she was admitted to the facility with diagnoses including multiple sclerosis (a disease resulting in the damage to the nerves in the brain, spinal cord, and nerves) and dementia (a general term for loss of memory and other mental abilities severe enough to interfere with daily life). Resident 1's Progress Notes , dated 2/9/25 , indicated, Resident had a witnessed fall while transferring to chair. Aide reported that while she was transferring via [product brand] lift to chair, the chair tipped over and resident fell backwards and hit her head . Further review of Resident 1's notes from the Emergency Department titled, SNF Admission History and Physical , dated 2/10/25 , indicated, Patient presents with fall . + (positive for) head impact . hematoma to the posterior (back of) head .</p> <p>During an interview on 2/21/25 at 12:16 p.m., Licensed Staff A stated she recalled Resident 1's fall on 2/9/25. Licensed Staff A stated she heard calls for help coming from Resident 1's room. Licensed Staff A stated she found Resident 1 on a fallen recliner on the floor. Licensed Staff A stated Unlicensed Staff B used a mechanical lift by herself, to transfer Resident 1 from the bed to the recliner. Licensed Staff A stated Resident 1's body might have been positioned mostly over the back of the recliner, which caused it to tilt backwards. Licensed Staff A stated Resident 1 had a bump on her head and was transferred to the Emergency Department after the fall.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/21/25 at 12:23 p.m., with Licensed Staff C translating, Unlicensed Staff B stated she used a mechanical lift to transfer Resident 1 from the bed to a recliner. Unlicensed Staff B stated she had set Resident 1 down on the recliner and as she removed the sling from the lift, the back of the chair tipped back and fell , taking Resident 1 with it. Unlicensed Staff B stated she did not see if the back of chair was positioned too far back, nor did she expect it to fall backwards. Unlicensed Staff B stated she was alone when she used the mechanical lift to transfer Resident 1 and added it was a bad decision . Unlicensed Staff B stated there should have been two staff when using the mechanical lift.</p> <p>During an interview on 2/21/25 at 12:33 p.m., Unlicensed Staff D stated the mechanical lift was frequently used in the facility. Unlicensed Staff D stated having two staff present when using the mechanical lift was for resident safety. Unlicensed Staff D stated there should be two people when using the mechanical lift, with one acting as a spotter while another operated the machine. Unlicensed Staff D stated the spotter made sure the resident was positioned correctly on the receiving surface before setting them down.</p> <p>During an interview on 2/21/25 at 1:03 p.m., the Director of Nursing (DON) stated there should have been two staff present during a resident transfer when mechanical lifts were used to ensure their safety. The DON stated it was later identified that the recliner was tilted too far back at the time, and the imbalance caused it to fall backwards. The DON stated Resident 1's fall was preventable, had a second staff been present in the room at the time to ensure the safety of the equipment and positioning of Resident 1.</p> <p>A review of the facility policy titled, Lifting Machine, Using a Mechanical , dated July 2017 , indicated, At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift . Be mindful of the resident's position and balance .</p> <p>A review of the [product brand] manufacturer guideline titled, Transfer from a Bed or Stretcher , dated March 2019 , indicated, Make sure the required number of staff members are present . Make sure the patient is safely positioned before removing the [product brand] and sling from the room .</p>		