

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Piners Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Pueblo Ave 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>31424</p> <p>Based on observation, interview and record review, the facility failed to follow its abuse prevention policy and procedures when one of one sampled resident (Resident 1) reported an incident of alleged physical abuse by staff, but the facility had no evidence it conducted an investigation nor reported the results of the investigation to the State Department of Health (the Department) within 5 working days.</p> <p>This failure had the potential to delay the Department ' s independent investigation of the incident.</p> <p>Findings:</p> <p>Review of Resident 1 ' s nurse's progress note, dated 10/29/2024 at 10:15 p.m., indicated, Resident [1] stated to the LN [licensed nurse] the CNA [certified nursing assistant] from last time [10/28/24] pulled on her arms and gave her a 2.5cm x 2 cm discoloration to her left hand near thumb .</p> <p>During a concurrent interview and record review on 2/12/25 at 3:20 p.m., with Medical Record Staff (Staff D), Resident 1's electronic medical record was reviewed. Staff D stated Resident 1's medical record contained a nurse's note dated 10/29/24 at 10:15 p.m. documenting the alleged abuse. Staff D also confirmed the medical record did not contain any additional nurse's notes nor IDT (interdisciplinary team of healthcare professionals including nursing, social workers, pharmacy, and dietary staff) notes addressing the alleged abuse incident or investigation of the incident.</p> <p>During a telephone interview on 2/13/25 at 2 p.m., AA stated she was unable to produce documentation of an IDT meeting, nor a 5-day investigation summary related to Resident 1 ' s alleged abuse incident.</p> <p>During a telephone interview on 2/14/25 at 10:15 a.m., AA stated when there is an allegation of abuse, the facility would interview all parties involved (including the family, resident, and staff), the incident would be discussed in IDT meetings, IDT meeting notes would be stored in a file of the in-house investigations, and social service staff would document investigation notes in the resident ' s medical record. AA confirmed the facility did not have any documentation related to an in-house investigation, nor IDT notes regarding the incident, nor any social service documentation related to the incident in Resident 1's medical record. AA added, the Administrative staff and the Director of Nursing were responsible for providing the 5-day investigation summary to the Department and confirmed the 5-day investigation summary should have been completed.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy titled, Abuse and Neglect - Clinical Protocol, subtitled, Cause Identification, revised March 2022, the policy indicated, .1. The staff .will investigate alleged abuse and neglect to clarify what happened and identify possible causes .</p> <p>Review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, subtitled, Policy Interpretation and Implementation, revised April 2021, indicated, . 8. Identify and investigate all possible incidents of abuse . 9. Investigate and report any allegations within timeframes required by federal requirements .</p>		