

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Professional Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 81 Professional Center Parkway San Rafael, CA 94903	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43238</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident (Resident 1) of four sampled residents was free from physical abuse when Resident 2 squeezed Resident 1 's left arm causing bruising and pain to Resident 1. This failure resulted in a physical injury and emotional distress to Resident 1.</p> <p>Findings:</p> <p>Resident 1 was admitted on [DATE] with Radiculopathy (injury or damage to nerve roots in the area where they leave the spine) and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality). A review of Resident 1 's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 11/14/24, indicated her Brief Interview for Mental Status (BIMS- an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score was 4, which indicated severe cognitive (relating to processes of thinking and reasoning) impairment.</p> <p>Resident 2 was admitted on [DATE] with unspecified Dementia (a progressive state of decline in mental abilities). A review of Resident 2 's MDS, dated [DATE], indicated Resident 2 had a BIMS score of 1 which indicated severe cognitive impairment.</p> <p>A review of Resident 1 's progress note dated 2/1/25 at 1:56 p.m., indicated, At 9:40 a.m. CNA [Certified Nursing Assistant] brought [Resident 1] to the LN [Licensed Nurse] attention, [Resident 1] was crying and noted a bruise and scratch with scanty bleed to her left forearm, per CNA, she was passing by activity room and saw [Resident 2] squeeze [Resident 1's] arm and makde [Resident 1] upset and yell .left forearm cleansed with NS [normal saline, a solution used to clean wounds], pat dry, applied bacitracin [a topical antibiotic] ointment and leave open to air .</p> <p>During an interview on 2/6/25 at 12:45 p.m., CNA B stated she was walking another resident past the activity room/dining room on 2/1/25 when she heard Resident 1 yelling as Resident 2 was squeezing Resident 1 's left arm. Resident 2 had to be physically separated from Resident 1. CNA B then brought Resident 1 to her nurse for evaluation.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/6/25 at 12:48 p.m., CNA C stated she was walking behind CNA B when she heard yelling coming from the activity room/dining room. CNA C saw Resident 2 squeezing Resident 1 's left arm. Resident 1 was yelling and crying. Resident 3 was screaming, No, no! She stated she helped separate them and removed Resident 2 from the area.</p> <p>During an interview on 2/6/25 at 1 p.m., Resident 3 stated he was watching TV in the activity room/dining room with Resident 1 a few days ago when Resident 2 came in the room and started bothering Resident 1. Resident 3 stated, [Resident 2] grabbed her and hurt her [Resident 1] bad .She [Resident 1] started crying.</p> <p>During a concurrent observation and interview on 2/6/25 at 12:53 p.m., Resident 1 was seated in the activity room/dining room at a table with other residents, finishing her lunch. Resident 1 had visible bruising and scratches to her left forearm. She was unable to explain how the injury occurred to her arm. She stated her left arm hurts.</p> <p>During an interview on 2/6/25 at 1:12 p.m., LN stated she usually was assigned to care for both Resident 1 and Resident 2. During the incident, she stated Resident 1 had immediate bruising to her left forearm and was upset.</p> <p>During an interview on 2/6/25 at 1:24 p.m., CNA D stated Resident 2 can be aggressive. If Resident 2 was told to do something she did not like, she could become angry.</p> <p>During an interview on 2/6/25 at 2:05 p.m., the Administrator (AD)/Abuse Coordinator stated the abuse allegation was investigated and the abuse allegation was substantiated.</p> <p>A record review of policy titled Abuse Prevention Program dated 8/2021, indicated Our residents have the right to be free from abuse .This includes but is not limited to .physical abuse .</p>