STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555214	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Professional Post Acute Center	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)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. (continued on next page)

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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow one resident (Resident 1) to retain her personal recliner chair which assisted in supporting Resident 1's lower back and venous insufficiency (a condition where the veins in the legs have difficulty in returning blood to the heart, often causing swelling and pain). This failure resulted in Resident 1 enduring back and leg pain. Cross reference F689.Findings:A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of venous insufficiency (a condition where the veins in the legs have difficulty in returning blood to the heart, often causing swelling and pain), morbid obesity (a disorder that involves having too much body fat, which increases the risk of serious health problems such as joint pain from excess weight), and personality disorder (a mental health condition characterized where people have a pattern of seeing themselves and reacting to other others in ways that cause problems). This document also indicated Resident 1 was her own responsible party.A review of Resident 1's multidisciplinary care conference notes indicated the following:-On 4/18/24 at 1:49 p.m. indicated, Resident is able to verbalize her needs and is a strong advocate for herself. -On 7/15/24 at 5:04 p.m. indicated, .her recliner chair needs to be replaced due to her incontinence as the order [sic] is very unpleasant.SSD [Social Service Director]: we have requested that she replace her electric recliner with a new one, but she has not been too receptive to this. She says she will think about it but is not sure she wants to as this chair is comfortable. Per family they will be bringing her a new recliner chair.A review of Resident 1's care plans indicated the following:-On 4/22/25 a care plan was initiated regarding Resident 1's preference for self-directed room activities indicated it was Very important [for staff] to take care of [Resident 1's] personal belongings/ things.-On 7/1/25 a care plan regarding Resident 1's potential to demonstrate verbally abusive behaviors related to poor impulse control was revised to include [Resident 1's] preference to use old personal reclining chair (with foul odor and is dirty) oppose to a new one. She verbalizes being upset with staff due to [the] replacement.A review of a Resident Council Meeting dated 4/23/25 indicated, Has [sic] issues been resolved to Resident/ Family Councils reasonable satisfaction? Yes [check marked].Spoke to [Family Member 1 (FM 1)] as well [as] patient.[FM 1] said he would look into hiring professionals to clean chair and follow back up w/ [with] facility. Facility will keep chair stored until we hear back from [FM 1]. A review of the Resident Council Meetings dated May 2025 documented no continuing complaints regarding odor from Resident 1's chair.A review of Resident 1's progress note dated 6/5/25 at 11:11 a.m. indicated, The resident's son informed the facility that he approves replacing the resident's current reclining chair with a new one, as the existing chair is very old and emits a strong, unpleasant odor. The facility has received multiple complaints regarding offensive odors originating from the chairs.A review of Resident 1's progress note dated 6/5/25 at 4:35 p.m., documented by the SSD indicated, The facility had to replace residents [sic] chair with another reclining chair due to infection control issues. Her chair was cloth and over time had become soiled. We replaced it with a faux leather recliner. Her previous chair is being stored in the garage for now. She [Resident 1] is unhappy with the current chair.A review of Resident 1's progress note dated 6/18/25 at 12:39 p.m., the SSD indicated, Resident believes that by professionally cleaning her old chair it will be sufficient but due to how far the smell is deep in the cushions we believe it will not work.Facility replaced her old one with one that was donated to the facility, but she [Resident 1] does not like the footrest as it does not elevate high enough.A review of the facility's post-fall review of Resident 1's fall dated 6/28/25 at 7:49 p.m. indicated, Date and Time of Fall.6/28/25 at [7:10 p.m.].[Resident 1] fell on both knees, both legs folded underneath her.[Resident 1 was] Receiving staff assistance with transfer to bedside commode.Was resident using assistive device for ambulation or transfer? No.Resident's footwear at time of fall.Slippers.Resident's behavior last observed prior to fall (Check all that apply).Excited, Agitated, Anxious/Nervous Appearance.Medications given in last 4 hours prior to fall.Diuretic.Has the resident received new medications in the past 7 days that may add to fall risk? Yes.Lasix(R) [furosemide].IDT Review Summary and Recommendations.Resident stated she fell because she wanted her old chair back. Resident with Hx [history] of personality disorder Root cause: Resident without apparent injuries, does have left lower leg redness to which the resident was refusing care/treatment to her leg and refused pillows or elevation. Resident requests to be in a chair/recliner.Resident has requested her old recliner [the one her son purchased for her] chair back multiple times- it is in extreme disrepair as evidence by a deep smell that affects other residents and staff.Resident stands and pivots to her bedside commode and fell [document was

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an environment free of falls for one resident (Resident 1) of three sampled residents when the facility:1. Did not initiate a person-centered care plan for Resident 1's fall risk prior to [DATE]; and,2. Did not analyze Resident 1's risk for a fall after worsening edema (swelling from an accumulation of fluid in the body's tissues) and possible deep vein thrombosis (DVT, a blood clot in a deep vein which can cause pain and swelling) in her lower legs.These failures contributed to Resident 1 sustaining a left fibula (one of the two bones in the calf) [NAME] fracture (a break of the upper fibula usually caused by twisting or forceful rotation of the ankle) from a fall. Cross reference F557. Findings:1. A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of venous insufficiency (a condition where the veins in the legs have difficulty in returning blood to the heart, often causing swelling and pain), morbid obesity (a disorder that involves having too much body fat, which increases the risk of serious health problems such as joint pain from excess weight), and personality disorder (a mental health condition characterized where people have a pattern of seeing themselves and reacting to other others in ways that cause problems). A review of Resident 1's care plans on [DATE] indicated the following:-On [DATE] a care plan was initiated for Resident 1's limited ability to perform Activities of Daily Living (ADL, basic tasks performed by individuals to maintain their daily life) related to her limited mobility and morbid obesity. Resident 1's goal was to demonstrate the appropriate use of adaptive devices (equipment used to help people perform daily activities, such as a cane or walker) to increase her ability with transfers or toilet use; however, no specific adaptive device was indicated. The interventions listed to assist Resident 1 to meet this goal included, TRANSFER: The resident has requires [sic] 1 staff assistance with transfers.[Revised] on [DATE].[and] TOILET USE: The resident has requires [sic] 1 staff participation to use toilet.[Revised] on [DATE].-On [DATE] a care plan was initiated for Resident 1's moderate risk for falls related to gait and balance problems. Resident 1's goal was to be free of serious injury through the review date of [DATE]. The last time this care plan was updated was on [DATE].-On [DATE] a care plan was initiated for Resident 1's risk for breakdown immobility related to an alteration in peripheral tissue perfusion (a reduction or impairment in blood flow to the tissues of the arms and legs, preventing them from receiving enough oxygen) due to chronic venous insufficiency. Staff were expected to implement interventions which included checking the lower extremities for pain, cramping, and weakness in one or both legs. This care plan was revised on [DATE].- On [DATE] a care plan was initiated for Resident 1's potential to demonstrate.behaviors r/t [related to] poor impulse control which indicated staff was expected to Assess and anticipate resident's needs.toileting needs, comfort level, body positioning, pain etc.-There was no documented evidence that a care plan for Resident 1's risk of falls was updated between [DATE] and [DATE]. A review of Resident 1's quarterly risk data collection tool dated [DATE] at 6:37 p.m., [DATE] at 11:51 a.m., [DATE] at 11:23 a.m., and [DATE] at 5:33 p.m. indicated, .is resident at risk for falls? Yes.A review of Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool) dated [DATE] indicated:-Resident 1 had a Brief Interview for Mental Status (BIMS, an assessment used to measure cognition (a person's ability to process information and understanding)) score of 15 which indicated Resident 1's cognition was intact;-Resident 1 normally used a walker as a mobility device; and,-Resident 1 required setup or clean-up assistance (meaning the helper assisted only prior to or following the activity) when transferring from a sitting to standing position and during toilet transfers.During an interview on [DATE] at 12:43 p.m., the Director of Nursing (DON) stated nursing staff did not consider Resident 1 at risk of falls prior to [DATE] and acknowledged Resident 1's care plan regarding her fall risk was initiated on the same day Resident 1 fell on [DATE].2. A review of Resident 1's order summary report dated [DATE] to [DATE] indicated the following physician's orders:-On [DATE] an order was placed for staff to encourage Resident 1 to elevate her legs using the recliner every shift for swelling; and,-On [DATE] an order was placed for a Left Duplex Scan (a non-invasive ultrasound test that uses sound waves to create images of blood vessels and assess blood flow) for veins in extremity unilateral (one side) one time only related to morbid obesity;A review of Resident 1's physician progress note dated [DATE] indicated, Assessment & Plan.Venous Stasis Edema W [with] Inflammation [the reddening and swelling of a body part as a reaction to injury or infection] of Bilat [both] Legs (primary encounter diagnosis) Note: Severe edematous leg edema with chronic inflammation changes. Left more than right leg. Patient is not compliant with leg elevation, which can be