STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555292	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Martinez Healthcare Center	331 Ilene Street Martinez, CA 94553

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 50146 Based on observation, interview and record review, the facility failed to provide bathing assistance for one of two sampled residents (Resident 1) for two extended intervals: a five-day interval from 3/25/24 to 3/29/24 and a four-day interval from 3/31/24 to 4/3/24. This failure resulted in Resident 1 feeling emotional distress and that the facility did not support Resident 1's need for dignity. Findings: During a review of the Admission Record (a document used to communicate basic information about a resident) for Resident 1, undated, the Record indicated Resident 1 was admitted to the facility in October 2023 with unspecified muscle weakness and paraplegia (the loss of muscle function in the lower part of the body including both legs). During a review of Resident 1's Minimum Data Set (MDS, an assessment tool used to plan care) dated 10/24/23, the MDS indicated Resident 1 had a score of 15 on the Brief Interview for Mental Status. (BIMS, is a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information. A BIMS score of thirteen to fifteen is an indication of intact cognitive status.) The MDS indicated Resident 1 had impairment of both upper and lower extremities, was totally dependent on staff for transfers between surfaces and bathing, and had no behaviors of refusal of care. During a review of Resident 1's plan of care titled, Activities of Daily Living (ADL, those activities needed for self-care and mobility and include activities such as bathing, dressing, grooming, oral care, ambulation, toileting, eating, transferring, and communicating), dated 12/28/23, the care plan indicated Resident 1 had an intervention of, will have needs anticipated and met by staff. During a concurrent observation and interview on 4/16/24 at 10:48 a.m., with Resident 1 Resident 1 lay in bed with the head of bed elevated in a hospital gown. Resident 1 stated staff had not provided a shower although Resident 1 had requested one for what seemed like weeks. Resident 1 stated personal hygiene care was not provided as often as Resident 1 needed even after Resident 1 complained to the Director of Nursing (DON). Resident 1 became tearful and stated the facility failure to provide bathing and hygiene after repeated requests made Resident 1 feel like, they don't care about any of us here. Resident 1 stated the lack of showering made Resident 1 feel the facility did not support Resident 1's dignity. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/16/24 at 11:41a.m., with the DON, Resident 1's Bathing Record and Progress notes from 3/17/24 through 4/16/24 were reviewed. The DON stated Resident 1 was not the type of person who refused hygiene care. The DON stated the expectation for residents who were unable to shower, for any reason, would be for staff to offer a bed bath. The DON stated if a resident refused bathing, staff should document the refusal in the resident's medical record. The DON stated Resident 1's Bathing Record indicated Resident 1 received bathing assistance 3/21/24, 3/23/24, 3/24/24, 3/30/24, 4/4/24, 4/8/24, 4/11/24, 4/14/24, 4/15/24; the Bathing Record indicated Resident 1 received showers on 3/21/24 and 4/11/24. The DON was unable to provide documentation Resident 1 had received assistance with bathing or refused bathing for the five-day interval of 3/25/24 to 3/29/24 or the four-day interval of 3/31/24 to 4/3/24. A review of the facility's policy titled, Activities of Daily Living (ADLs), Supporting, dated March 2018, indicated, Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living . appropriate care and services will be provided to residents who are unable to are unable to carry out ADLs independently, with the consent of the resident and in accordance with their plan of care.