

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Tice Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1975 Tice Valley Blvd. Walnut Creek, CA 94595	

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>36087</p> <p>Based on interview and record review, the facility failed to provide appropriate safety measures and adequate supervision to prevent one of two residents (Resident 1) from rolling out of bed and falling on the floor during a bed linen change.</p> <p>The failure to provide sufficient staff or adequate measures to prevent a dependent resident from rolling off the bed during a bed linen change, which resulted in Resident 1 being transported to the emergency department for evaluation after the fall caused a brief loss of consciousness and a headache which lasted over a week.</p> <p>Findings:</p> <p>A review of Resident 1 's Admission Record, printed 4/10/24, indicated Resident 1 was admitted to the facility in 2017 with diagnoses of multiple sclerosis (MS, a chronic condition that affects the brain and spinal cord) and paraplegia (paralysis of the legs and lower body caused by spinal injury or a disease).</p> <p>A review of Resident 1's Minimum Data Set (MDS, resident assessment tool used to provide care), dated 2/2/24, indicated Resident 1 had clear speech, was able to be understood, and was able to understand others, and had impairment to both sides of the upper and lower extremities. The MDS indicated Resident 1 required substantial/maximal assistance (The helper does more than half the effort of lifting or holding trunk or limbs.) for all activities of daily living (eating, dressing, hygiene, bathing) including transfers between surfaces and moving/changing position in bed.</p> <p>A review of Resident 1's Nursing Progress Notes, dated 2/27/24, at 10:02 p.m., Registered Nurse 1 (RN 1), the progress notes indicated on 2/27/24, at 9:07 p.m., Resident rolled out of bed (between bed and window) during incontinent care. Resident .complained of headache .</p> <p>During a telephone interview on 4/11/24, at 11:36 a.m., with RN 1, RN 1 stated while working in another resident 's room, Certified Nursing Assistant 1 (CNA 1) called RN 1 to join CNA 1 in Resident 1 's room. RN 1 stated upon entering Resident 1 's room, RN 1 saw Resident 1 lying on the floor next to the left side of the bed. RN 1 stated CNA 1 said Resident 1 rolled off the bed while CNA 1 was changing the bed linen.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Tice Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1975 Tice Valley Blvd. Walnut Creek, CA 94595	
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>During a telephone interview on 4/16/24, at 8:30 a.m., with CNA 1, CNA 1 stated CNA 1 had turned Resident 1 to a left side-lying position on the left side of the bed, with Resident 1 ' s right leg crossed over the left leg while CNA 1 completed a bed linen change. CNA 1 stated Resident 1 rolled off the bed when CNA 1 was on the right upper side of the bed securing the top right corner of the fitted sheet.</p> <p>During a concurrent observation and interview on 4/29/24, at 10:45 a.m., with Resident 1, Resident 1 lay awake in a bed positioned with about a one foot gap between the bed and a free-standing shelving unit which abutted the bedroom wall. Resident 1 stated CNA 1 had been changing the linen on the bed and had turned Resident 1 to the left side with CNA 1 ' s hand against Resident 1 ' s back. Resident 1 stated CNA 1 had pushed against Resident 1 ' s back with enough force to cause Resident 1 to fall off the bed onto the floor between the bed and the shelving unit. Resident 1 stated during the fall the back of Resident 1 ' s head hit something which caused a brief loss of consciousness at the time of the fall and a headache that lasted about two weeks. Resident 1 stated the headache at the time of the fall was so severe Resident 1 had gone to the emergency room for evaluation.</p> <p>A review of Resident 1 ' s Hospital Discharge Summary, dated 2/28/24, indicated, Primary Diagnosis: Traumatic injury of head . fall from bed, three (3) feet (ft) high, and complained of left sided pain with a headache. Patient loss consciousness and was sent to the hospital for further evaluation. All scans were negative for fracture (broken bone) or bleeding. Patient sent back to Skilled Nursing Facility (SNF) for continued medical care. Will follow up with labs and monitor .Assessment and Plan: Fall Precautions in place .</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Falls and Fall Risk, Managing, undated, indicated, .Staff may identify interventions related to the resident ' s specific risks and causes in the attempt to reduce falls and minimize complications from falling .a fall is defined as: Unintentionally coming to rest in the ground, floor, or other lower level, but not as a result of an overwhelming external force .An episode where a resident lost his or her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered, a fall. A fall without injury is still a fall .</p>		