

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055563	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2024
NAME OF PROVIDER OR SUPPLIER SANTA MARIA POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 820 W COOK ST SANTA MARIA, CA 93458		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an Abbreviated Standard Survey for the investigation of a facility reported incident (FRI). FRI #: CA00888713 - Substantiated Representing the Department: 45741-HFEN The investigation was limited to the specific FRI and does not reflect the findings of a full inspection of the facility.				
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-		F 004 The following is submitted pursuant to California Health and Safety Code § 1280(b) that requires a Plan of Correction and is not an admission of liability for any alleged act or omissions. The deficiency had the potential to cause harm to the resident involved and the failure in the system had the potential to harm all residents in the facility. Upon receiving the statement of deficiencies, the following measures and systemic changes have been put in place in an effort to ensure that the deficient practice does not recur: Action: The Administrator, DON and DSD met together on April 12, 2024 to discuss the deficiency. During this meeting we discussed the regulations regarding physical restraints---with particular attention to the use of bed rails and reviewed our facility policy. A. The Management Team has been assigned as part of daily angel rounds to focus their eyes on improper bed rail use and report cases not compliant with facility policy and procedure to the DSD and/or DON.	5/20/2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 604	<p>Continued From page 1</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide an environment free from restraints for one of two sampled residents (Resident 1) when the facility raised all four side rails.</p> <p>This failure had the potential to negatively affect the Resident 1's physical mobility and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Use of Restraints," dated 4/17, the P&P indicated in part, "Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including: a. using bedrails to keep a resident from voluntary getting out of bed as opposed to enhancing mobility while in bed."</p> <p>During a review of Resident 1's "Consent for use of siderails," dated 7/30/19, the Consent indicated, "I DO NOT consent to the use of side rail(s) recommended above and understand the related liabilities " was marked.</p> <p>During an observation of Resident 1's room on</p>	F 604	<p>Continued from page 1</p> <p>B. DON and Medical Records Director will review and update care plans and consent forms regarding the use of rails for assistance in transferring in and out of bed where appropriate to reflect current needs of each resident in the facility.</p> <p>C. An in-service meeting was scheduled for April 25, 2024 where DSD will review policy and procedure regarding use of bed rails and train staff on their proper and improper use. Additionally, our annual dementia training previously scheduled for the same day will coincide well.</p> <p>Monitoring:</p> <p>A. DSD and DON will meet with the CNA assigned to the patient, adjust the bed rails for compliance and perform on the job training and correction in each infraction to ensure staff are properly trained regarding restraints and restraint policy. These cases will be reported in our daily morning stand up meetings for discussion.</p> <p>B. DON and Medical Director will report weekly to the Management Team regarding progress towards updating care plans and consent forms and will continue updating care plans and consent forms until all residents in the facility are complete.</p> <p>C. DSD will perform 1 on 1 training with staff as needed until the all-staff in-service meeting scheduled on April 25, 2024.</p>		

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F 604	<p>Continued From page 2</p> <p>3/21/2024 at 10:40 a.m., Resident 1 was observed in the bed with all four bed side rails up.</p> <p>During an interview on 3/21/2024 at 10:43 a.m. with a Certified Nursing Assistant (CNA 1), CNA 1 stated that Resident 1 was ambulatory but had fallen in the past when attempting to use the bathroom. CNA 1 further stated they had raised all four bed side rails to prevent Resident 1 from getting out of bed.</p> <p>During an interview on 3/21/24 at 11 a.m. with Director of Nursing (DON), DON stated that staff should not use bed side rails to prevent residents from getting out of bed as they are considered restraints.</p> <p>During a concurrent interview and record review on 3/21/24 at 11:24 a.m. with Administrator (Admin), Residents 1's health records were reviewed. When asked about all four bed side rails being up when Resident 1 was in bed, Admin verbalized, having all four bed side rails up is considered a restraint. Admin further stated Res 1 should not have the side rails up as the resident did not consent.</p>	F 604	<p>Continued from page 2</p> <p>Completion:</p> <p>A. The Administrator, DON and DSD will monitor this process for 30 days or until consistent compliance is established. The process will be reviewed and discussed at QAPI meeting scheduled on May 20, 2024. During this meeting the Administrator, Director of Nursing and DSD will report progress to the team and adjust the process as needed to ensure continued compliance.</p> <p>B. DON and Medical Director will perform an audit prior to QAPI meeting on May 20, 2024 where they will report the results.</p> <p>C. DSD will continue training staff and report progress and compliance at QAPI meeting scheduled on May 20, 2024.</p>	5/20/2024	