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JUN 25 2024
BY:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055734	A. BUILDING _____ B. WING _____	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UKIAH POST ACUTE	1349 SOUTH DORA ST. UKIAH, CA 95482

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for one Complaint and one Entity Reported Incident (ERI) Complaint number: CA00891892 ERI number: CA00891794 Representing the Department: 46132, Health Facilities Evaluator Nurse. The inspection was limited to the specific Complaint and ERI and does not represent the findings of a full inspection of the facility. There was one deficiency issued for Complaint CA00891892 (Refer to F726) There was one deficiency issued for ERI number: CA00891794 (Refer to F726)	F 000	Residents that were affected: Resident 1 has discharged. Resident 2- the abuse was reported to the Ombudsman, Abuse Coordinator and the suspected staff member was suspended and no longer works at the facility. It has been communicated to the resident that the staff member will not be working at the facility. Resident who is anonymous- we are unable to determine the affect. All residents have the potential to be affected by this practice. All residents were interviewed and no other potential abuse or mistreatment was identified. Corrective action- The abuse policy and procedure reviewed and revised according to current regulation to included, but not limited to reporting immediately or within 2 hours.	5/25/24 ED
F 726 SS=E	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being **of each resident, as determined by** resident **assessments and individual plans of** care and **considering the number, acuity and** diagnoses **of the facility's resident population in** accordance **with the facility assessment required** at §483.70**(e).**	F 726		

LABORATORY DIRECTOR'S **OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE** | TITLE: Administrator | (X6) DATE: 5/29/24

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 cor**rection are disclosable 14 days following the date these doc**uments are made available to the facility. If deficiencies are cited, an approved plan of correction** is requisite to continued program participation.

POC accepted. DON notified. Rencelli D. Famularcano 6/28/24

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F 726	Continued From page 1 §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure: 1.there were adequate staff to care for the residents at the facility when three out of three sampled residents (Residents 1, 2 and Anonymous 1) complained the facility was short staffed and staff would take a long time to answer their call lights. 2.the Abuse Policy and Procedure (P&P) were updated to reflect correct reporting guidelines and staff were aware on which agencies to report abuse allegations and the reporting time frame for abuse allegations. These failures:	F 726	The facility developed a checklist on steps to take for all allegations of abuse, including contact information for CDPH, Ombudsman, Law Enforcement as indicated and required by the regulation. The facility maintains adequate staff on each shift to assure that the residents needs are met and meet or exceed the minimum staffing requirements per Federal and State regulation. Staffing considerations are based on the facility assessment and needs of the resident population. This facility will abide by the California State requirements of 3.5 nursing hours per patient per day and the 2.4 hours of CNA care per patient per day. The staffing coordinator reports the NHPPD daily at Stand-up meeting. The assignment sheets are prepared by DON for each shift daily to ensure there is adequate staffing to meet the needs of the residents and to meet NHPPD.	5/25/24 ED ED DON

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F 726	Continued From page 2 1a. resulted in residents feeling frustrated, upset and worried nobody will answer their call light on time in case of emergency. This also had the potential for neglect, late provision of care or care not being provided at all. 2a. had the potential for abuse to not be reported to the appropriate agency timely and could result in ongoing abuse and safety risk for the resident. Findings: A review of Resident 1's face sheet (demographics) indicated she was initially admitted to the facility on 11/28/2023. His diagnoses included Essential Hypertension (high blood pressure), Type 2 Diabetes Mellitus (DM, a chronic (long-lasting) health condition that affects how your body turns food into energy) and Primary Osteoarthritis (OA, a type of arthritis that only affects the joints, usually in the hands, knees, hips, neck). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) dated 3/22/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 12 indicating moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). A review of Resident 2's face sheet (demographics) indicated she was initially admitted to the facility on 3/17/2023. Her diagnoses included Type 2 DM, Chronic Pain Syndrome (CPS, pain lasting for more than 3 months, symptoms include pain, itching, numbness, and loss of sensation) and Gout (a	F 726	The staffing sheets will also be done for weekend staffing. Any call-ins for nursing staff on weekends and after normal business hours will be reported Staffing Coordinator who will report to the DON. The Staffing Coordinator will be responsible for making the necessary staffing adjustments to ensure there is adequate staffing to meet the needs of residents and to meet NHPPD Each resident has been a Guardian Angel. The Guardian Angel will be responsible for checking with the resident weekly and address any concerns the resident may have. The Guardian Angel will be report concerns to the the Executive Director.	6/10/24 DON ED

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F 726	Continued From page 3 painful form of arthritis- joint inflammation caused by uric acid crystals a chemical created when the body breaks down substances called purines) that form in and around the joints. Her MDS, dated 2/20/24, BIMS score was 15 indicating intact cognition. During an interview on 4/11/24 at 1:09 p.m. Unlicensed Staff A stated the facility was short staff especially on the weekends and she usually had between 8 up to 12 residents to care for in the morning shift. Unlicensed Staff A stated it was hard to finish her task on time. Unlicensed Staff A stated short staffing could lead to residents' neglect, late provisions of care and increased fall incidents and injury. Unlicensed Staff A stated short staffing was a safety risk. During an interview on 4/11/24 at 1:46 p.m., Resident 1 stated he felt the facility could improve their staffing as sometimes staff takes a while to answer calls for help. Resident 1 stated it could be frustrating to wait for a long time when you needed help. Resident 1 stated he was worried nobody would see him and answer his call light on time in case of an emergency. During an interview on 4/11/24 1:58 p.m., Licensed Staff B stated the facility was short staffed when there were call off. Licensed Staff B stated short staffing meant little more time allotted per each resident. Licensed Staff B stated short staffing could lead to late provision of care and wait time for staff to answer residents call light could be longer. Licensed Staff B also stated short staffing was a safety risk for the residents.	F 726	All staff in-serviced on abuse reporting. Policy and Procedure, abuse binder to be used for reporting that includes the SOC 341 as well as reporting checklist. Competencies on abuse reporting will be done for all staff which will include: location of policy and procedure, understanding of policy and procedure, abuse reporting checklist to by used to report an allegation of abuse. All staff are to complete Abuse reporting training on-line that includes a test to be used as a competency. Daily staffing PPD and resident care needs will be reviewed each working day to assign appropriate staff levels to meet the needs of the residents. Facility will do a weekly staffing meeting to review and assess facility staffing needs based on census levels, patient population and care needs.	ED ED/DON DON ED/DON ED/DON

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F 726	Continued From page 4 During an interview on 4/11/24 at 3:20 p.m., Licensed Staff C stated the facility was short staffed. Licensed Staff C stated it would be beneficial for the residents if the facility was adequately staffed. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing could lead to late provision of care, care not being rendered at all, residents' change of condition (COC, a change in the residents' health or functioning) could be missed which could be a safety issue for the resident. During an interview on 4/11/24 at 3:23 p.m., Resident 2 stated the facility was short staffed. Resident 2 stated there were not enough staff to care for the residents at the facility. Resident 2 stated during resident council (an independent group of long-term care facility residents who typically meet at a minimum of once a month to discuss concerns and suggestions in the facility and to plan activities that are important to them) meeting, she had also heard residents complained of short staffing and staff taking a long time to answer call lights. Resident 2 stated she felt frustrated and concerned about short staffing. Resident 2 stated despite being discussed in resident council, short staffing was still happening in the facility. During an interview on 4/11/24 at 3:40 p.m., Anonymous 3 stated the facility was short staffed. Anonymous 3 stated she had to wait for 1 up to 2 hours before staff answers her call light. Anonymous 3 stated staffing was bad at nighttime. Anonymous 3 stated about a month ago, she was left soiled on her brief, and it took about an hour for staff to change her brief.	F 726	Monitoring of changes will include: Social Service Director will conduct a monthly resident council meeting and any concerns of care or abuse will immediately reported to the abuse coordinator. Guardian Angel Rounds will be conducted at least 2 times a week. This is to include asking patients about care concerns. Any concerns regarding care or potential abuse are to be reported to Executive Director immediately. Resident Council minutes as well as Guardian Angel concerns will be reviewed at Quality Assurance Meeting to be held quarterly.	SSD/ ED

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F 726	Continued From page 5 Anonymous 3 stated it was embarrassing and frustrating. Anonymous 3 stated she hoped the facility would have adequate staff to care for the residents. During an interview on 4/11/24 at 3:57 p.m., Unlicensed Staff D stated the facility was short staffed. Unlicensed Staff D stated taking care of 12 to 13 residents on morning shift was a lot. Unlicensed Staff D stated short staffing was a safety risk for the residents. Unlicensed Staff D stated short staffing could lead to late provision of care and staff rushing residents to complete their task. During a telephone interview on 4/11/24 at 4:14 p.m., the Interim Director of Nursing (DON) stated that at this time the facility was struggling with short staffing. The Interim DON stated some staff had left due to issues with short staffing. The Interim DON stated short staffing could result to decreased quality of care. Based on the staffing documentation provided by the facility, it indicated that on these dates, the CNAs had a higher number of residents to care for on these dates: 3/1/24 the facility had a census of 48, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. 3/2/24, the facility had a census of 48, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift.	F 726	During Guardian Angel rounds each manager will ask 5 employees weekly the types of abuse, who is the abuse coordinator and time frames in which reporting of abuse must take place. Each manager will report the results for each employee questioned to the ED. The ED will report the group results to QA Quarterly. This will be done until all staff answer questions with 100% accuracy.	ED m

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F 726	Continued From page 6 3/3/24 the facility had a census of 49, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. 3/6/24 the facility had a census of 48, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. 3/10/24 the facility had a census of 49, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. 3/15/16 the facility had a census of 48, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. 3/16/24 the facility had a census of 48, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. 3/24/24 the facility had a census of 48, there were only 4 CNAs in the morning shift, indicating the CNAs have about 12 to 13 residents to care for during their shift. A review of the facility's policy and procedure (P&P) titled Staffing, Adequate " , revised 1/2024, the P&P indicated it was the policy of the facility to provide adequate staffing to meet the needs of the resident population. B.	F 726		

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F 726	Continued From page 7 During an interview on 4/11/24 at 1:14 p.m., Licensed Staff A stated abuse allegation should be reported as soon as possible within 4 hours. Licensed Staff A stated if an abuse allegation was not reported timely, it could lead to continued abuse, further abuse and worst case scenario, injury or death to the resident. During an interview on 4/11/24 at 1:30 p.m., the Occupational Therapist (OT) stated abuse allegations were only reported to the Ombudsman (an independent official who has been appointed to investigate complaints) and should be reported within 24 hours. The OT stated if an abuse allegation was not reported timely, it could result to further abuse, psychological harm and neglect. During an interview on 4/11/24 at 1:44 p.m., Unlicensed Staff A stated abuse allegations should be reported to the Ombudsman (an official who investigates complaints) and State (CDPH, the state department responsible for public health in California) within 24 hours. Unlicensed Staff A stated, if an abuse allegation was not reported timely, it could result to ongoing abuse. Unlicensed Staff A stated it was a safety issue to the resident if an abuse allegation was not reported timely. During an interview on 4/11/24 at 2:08 p.m. Licensed Staff B stated abuse allegation should be reported to the Ombudsman, the State and the local police as soon as possible within 24 hours. Licensed Staff B stated if an abuse allegation was not reported to the appropriate agencies and was not reported timely, residents could be at risk for neglect, ongoing abuse.	F 726		

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F 726	Continued From page 8 Licensed Staff B stated not reporting an abuse timely was a safety risk, residents would not feel safe in the facility and residents would not feel staff were protecting them. During an interview on 4/11/24 at 2:33 p.m., the Interim DON stated abuse allegations with injury should be reported to the Ombudsman and the CDPH within 24 hours. The Interim DON stated if there was no injury, there would be no need to report the abuse allegation to the local police. The Interim DON stated if an abuse allegation resulted in injury, it should be reported to the Ombudsman, CDPH and the local police within 2 hours. During an interview on 4/11/24 at 3:57 p.m., Unlicensed Staff D stated abuse allegations should be reported to the Ombudsman within 24 hours. Unlicensed Staff D stated if an abuse allegation was not reported timely, it could lead to continued abuse and resident could get hurt. A review of the facility's policy and procedure (P&P) titled "Abuse Prevention Program " , revised 11/2022, the P&P indicated when an incident or allegation of resident abuse was reported, the allegation will be reported within 24 hours to the appropriate agency.	F 726		