STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055957	A. BUILDING _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA PAULA POST ACUTE CENTER	250 MARCH ST SANTA PAULA, CA 93060

(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 during the investigation of a complaint. Complaint number: 932428 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number 932428 at F658.	F 000	F658: Services Provided Meet Professional Standards - Corrective Action DON/Designee checked the record of Resident 1 SBAR /COC dated on 11/08/2024, 11/18/2024,12/09/2024 and 12/10/2024, and the date collection was completed by LVN's and coordinated with RN's for validation but no any proof that it was validated by RN due to no any section in PCC that it was validated and co-signed. IT department was contacted and requested to update the SBAR/ COC form and modified page 13 section BB Notification: Assessed and Validated by RN with date and time. (See Exhibit A - SBAR/COC assessment form)	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure Resident 1's assessments were performed by a registered nurse (RN) to meet professional scope of practice and standards of practice. This facility failure had the potential to place Resident 1 at risk of not being assessed appropriately and potentially resulting in harm to resident. Findings: 1.According to the "Nursing Practice Act, Business & Professions Code," Chapter 6,	F 658		12/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Admin Assistant	01/20/2025

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 658	Continued From page 1 Nursing Section 2725 indicates, "...(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill ... RN is accountable for an ongoing comprehensive assessment that includes data collection (LVN data collection contribution), analysis, and drawing conclusions/making judgments in order to: formulate diagnoses and update diagnoses, formulate or change the plan of care, decide on specific activities to implement the plan of care, prioritize and coordinate delivery of care, delegate to nursing care competent staff to deliver required care ... RN uses scientific knowledge and experience to make clinical judgments/assessments about observed abnormalities and changes based on a series of complex, independent and collaborative decision-making activities .... Set priorities for implementation of nursing care, priorities regarding urgency of patient concerns ... LVN is not prepared by formal education to make RN level nursing judgments/assessments that include independent analysis, synthesis, and decision-making. RN is responsible for collecting (LVN data collection), analyzing, and collaborating with all information sources to ensure a comprehensive written plan of care that is based on current standards of safe practice." According to the "Scope of Vocational Nursing Practice," section 518.5 indicates, "The licensed vocational nurse performs services requiring technical and manual skills which include the following: (a) Uses and practices basic	F 658	DON/Designee provide Inservice to Licensed Nurses regarding the new updated SBAR/COC form and discuss about the roles of RN and LVN in accordance with the Nursing Practice Act and Business and Professional Conduct. (See Exhibit B Lesson Plan and Inservice record) IDENTIFICATION OF OTHERS: DON/Designee checked other residents with SBAR/COC to ensure that both RN and LVN ‘s are collaborating with the resident’s assessment and RN is the one accountable in analyzing, and drawing conclusions or making judgments in implementing the plan of care and treatment and must be coordinated with Primary Physician. Residents assessments were revisited , re-assessed and re- evaluated with RN using the new updated form assessment. No any other residents affected currently with this deficient practice.	12/23/2024 12/23/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 658	Continued From page 2 assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan." The data collection performed by the LVN is integrated to the data collection the RN collects to analyzed, synthesized, and make decisions regarding patient/residents' care as outlined above. During a concurrent interview and record review on 12/10/24 at 10:30 a.m. with the director of nursing (DON), Resident 1's documents titled, "SBAR/COC," dated 11/8/24 at 2:29 p.m., was reviewed and indicated, Resident 1 had a change of condition (COC) due to weight loss of 7.8 pounds in one week. SBAR/COC, dated 11/18/24 at 8:25 p.m., indicated, Resident 1 developed a skin discoloration on left lateral leg. SBAR/COC, dated 12/9/24 at 1:45 a.m., indicated, Resident 1 had lower abdominal distention/more pronounced on right side. SBAR/COC, dated 12/10/24 at 7 a.m., indicated Resident 1 developed a dry scab on top of right eyebrow. The SBAR/COC document consisted of Resident 1's assessment of all the body systems. The DON confirmed the SBAR/COC documents are Resident 1's assessments and were conducted by LVNs. Communicated to the DON Resident 1's assessments were conducted by an LVN without having an RN validate the assessments and/or cosign the assessments. It is not within the LVN scope of practice to perform assessments independently. The DON acknowledged this and stated, " I understand. I will check with information technology IT to see if we can add on the document the RN's signature who is validating the assessment... "	F 658	MEASURES TO PREVENT RECURRENCE: DON/Designee provided in-service to licensed nurses regarding job description of Registered Nurse and Licensed Vocational Nurse. RN Job description: - The Registered Nurse (RN) plans, directs and supervises Nursing care given to residents by Ancillary personnel to ensure the highest degree of quality resident care in accordance with laws, regulations and Nursing Facility standards. - According to the Nursing Practice Act, Business and Professions Code, the RN is accountable for an ongoing comprehensive assessment that includes data collection (including LVN data collection), analysis, and drawing conclusions/making judgments in order to formulate or change the plan. - RN uses scienti c knowledge and experience to make clinical judgements and assessments about observed abnormalities and changes based on series of complex, independent and collaborative decision-making activities. LVN Job description: - The Licensed Vocational Nurse (LVN) is under the supervision of Registered Nurse and assumes responsibility and accountability for the application of the Nursing procedures and the delivery of care. An LVN consistently performs according to the Nursing Standards and is accountable in managing resident care and assisting others in the management of care.	

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			- In terms of assessment, observation and reporting, the LVN must have the ability to implement established nursing policies and procedures and identify and promptly report any change of condition that requires additional follow up. And according to the Nursing Practice Act, Business and Professions code, the RN is accountable for an ongoing comprehensive assessment that includes data collection – including LVN gathered data), analysis and drawing conclusions / making judgments in order to formulate or change the plan. LVN is not prepared by formal education to make RN level Nursing judgement and assessment. MONITORING PROCESS: DON/Designee will be responsible for monitoring resident 's SBAR/COC to ensure that RN oversees and collaborates with LVN with the data collected, thereby re-assessing and re-evaluating resident's assessment in order to formulate or change the plan of care, prioritize and coordinate delivery of care. Amonitoring tool will be utilized in keeping track of the record to ensure that facility follows the process. Findings will be reported to CQI Committee monthly x 3 months or until 100% compliance is achieved. Date: (See Exhibit C – Monitoring Tool for SBAR/COC Assessments)	1/13/2025

EXHIBIT A

SBAR/COC Assessment form

SBAR/COC (Rev.12/2024)

Resident: [redacted] (18000) | Effective Date: 01/09/2025 16:35 | Location: North 27 B

Admission: 11/23/2024 | Date of Birth: [redacted] | Gender: M

Physician: WIKHOLM, GARY D | Facility: Santa Paula Post Acute

Allergies: PENICILLIN

Diagnoses: PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS(Z87.440), ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED (G93.1), OTHER MUSCLE SPASM(M62.838), DISORDER OF BRAIN, UNSPECIFIED(G93.9), DEPRESSION, UNSPECIFIED(F32.A), FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED(K76.0), AGE-RELATED NUCLEAR CATARACT, UNSPECIFIED EYE (H25.10), ENCOUNTER FOR FITTING AND ADJUSTMENT OF URINARY DEVICE(Z46.6), UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE(K42.9), CALCULUS OF KIDNEY(N20.0), ANEMIA, UNSPECIFIED(D64.9), PARAPLEGIA, UNSPECIFIED(G82.20), OTHER STAPHYLOCOCCUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE(B95.7), PRESENCE OF OTHER SPECIFIED DEVICES(Z97.8), ACUTE KIDNEY FAILURE, UNSPECIFIED(N17.9), SEBORRHEIC DERMATITIS, UNSPECIFIED(L21.9), OTHER SEQUELAE FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE(I69.998), APHASIA(R47.01), OTHER SPECIFIED NONINFECTIVE GASTROENTERITIS AND COLITIS(K52.89), UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION(F29), EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS(G40.909), DYSPHAGIA, OROPHARYNGEAL PHASE(R13.12), OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED(N13.9), HYPERCALCEMIA(E83.52), FOOD IN RESPIRATORY TRACT, PART UNSPECIFIED CAUSING OTHER INJURY, INITIAL ENCOUNTER(T17.928A), CHRONIC KIDNEY DISEASE, UNSPECIFIED(N18.9), VITAMIN D DEFICIENCY, UNSPECIFIED(E55.9), ENCOUNTER FOR SURGICAL AFTERCARE FOLLOWING SURGERY ON THE GENITOURINARY SYSTEM (Z48.816), PRESENCE OF UROGENITAL IMPLANTS(Z96.0)

Before Calling MD

1. Shift: ○ N. 7pm-7am ○ D. 7am-7pm

A. Situation

Change in condition, symptoms, or signs I'm calling about is/are: Sample form only

2. This started on (actual time of change of condition):
3. Since this started, its gotten: ○ a. Worse ○ b. Better ○ c. Stayed the Same
4. Things that make the condition **WORSE:** are:
5. Things that make the condition **BETTER:** are:
6. This condition, symptom, or sign has occurred before: ○ Yes. ○ No.
7. Treatment for last episode (if applicable):
8. Other relevant information:

Resident Description:

9. Resident in facility for: ○ a. Post-Acute Care ○ b. LTC
10. Primary Dx:
11. Medication (changes in last wk):

B. Allergies

1. Allergies: PENICILLIN
2. Does resident have any new allergies: ○ Yes. ○ No.

Record allergies in the allergy fields of PCC

3. New Drug Allergies:

4. New Food Allergies:

5. Other New Allergies:

C. Isolation

1. Is the resident on isolation?
( ) Yes. ( ) No.

2. Isolation:
( ) Contact. ( ) Respiratory.

3. Type of Isolation:
- [ ] Blood.
- [ ] Urine.
- [ ] Stool.
- [ ] Wound.
- [ ] Respiration.

4. **Comments:**

D. Vital Signs

1.	Most Recent Temperature	Temperature: 97.9 Route: Forehead (non-	Date: 01/08/2025 23:40	
2.	Most Recent Pulse	Pulse: 66 Pulse Type: Regular	Date: 01/08/2025 23:40	
3.	Most Recent Respiration	Respiration: 16.0	Date: 01/08/2025 23:40	
4.	Most Recent Blood Pressure	Blood Pressure: 127/66 Position: Other	Date: 01/08/2025 23:40	
5.	Most Recent Weight	Weight: 224.6 Scale: Mechanical Lift	Date: 01/06/2025 19:13	

6. Comments:

E1. Pain (Verbal)

- [ ] Resident is Non-Verbal (complete non-verbal pain section).

2. Pain Location(s):

3. Methods of Pain Relief Used:

4. **Comments:**

E2. Pain (Non-Verbal)

(Scale 0-10): (0 = No Pain, 1-3 = Mild Pain, 4-6 = Moderate Pain, 7-10 = Severe Pain)

A. - [ ] Resident is Verbal (complete verbal pain section).

Enter Pain Level (0-10)

A1. Pain scale

1. Breathing:
   - ○ 0. Normal
   - ○ 1. Occasional labored breathing. Short periods of hyperventilation.
   - ○ 2. Noisy labored breathing. Long periods of hyperventilation. Cheyne-Stokes respirations.
2. Negative Vocalization:
   - ○ 0. None
   - ○ 1. Occasional moan or groan. Low-level speech with a negative or disapproving quality.
   - ○ 2. Repeated troubled calling out. Loud moaning or groaning. Crying.
3. Facial Expression:
   - ○ 0. Smiling or inexpressive.
   - ○ 1. Sad; frightened; frown.
   - ○ 2. Facial grimacing.
4. Body Language:
   - ○ 0. Relaxed
   - ○ 1. Tense. Distressed pacing. Fidgeting.
   - ○ 2. Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.
5. Consolability:
   - ○ 0. No need to console.
   - ○ 1. Distracted or reassured by voice or touch.
   - ○ 2. Unable to console, distract, or reassure.
6. Total Score (add #1-5):
8. Methods of Pain Relief Used:
9. **Comments:**

F. Cognitive Status

1. **Cognitive Status:**
   - ☐ Alert.
   - ☐ Lethargic.
   - ☐ Comatose.
   - ☐ Disoriented.
2. **Oriented to:**
   - ☐ Person.
   - ☐ Place.
   - ☐ Time.
3. **Comments:**

G. Ear

1. Issues with ear(s)?

○ Yes. ○ No.

7. **Comments:**

Ear: ***Check all that apply:***

2. ☐ Diagnosis by physician of ear infection.
3. ☐ Drainage from one or both ears (non-purulent drainage must be accompanied by additional symptoms such as ear pain or redness).
4. ☐ Pathogen isolated from culture of ear drainage.
5. **ATB:**

6. ☐ No side effects from ATB given on this shift

H. Neurological

1. PERL (right):
○ Normal. ○ Abnormal.
2. PERL (left):
○ Normal. ○ Abnormal.

Check all that apply:

3. ☐ Seizures
4. ☐ Syncope
5. ☐ Headache
6. ☐ Numbness/tingling
7. ☐ Decreased grasp (left)
8. ☐ Decreased grasp (right)
9. ☐ Tremors
10. ☐ Vertigo
11. Comments:<b/>

I. Respiratory

1. ☐ Lung Sounds Clear
2. ☐ Labored Breathing
3. ☐ Dyspnea
4. ☐ Orthopnea
5. ☐ Cough
6. ☐ Sputum
7. ☐ Tracheostomy
8. ☐ Inspiratory wheeze
9. ☐ Expiratory wheeze

Diminished Breath Sounds

10. Upper bases:
☐ R. ☐ L.
11. Lower bases:
☐ R. ☐ L.
12. ☐ Crackles (right)
13. ☐ Crackles (left)
14. ☐ Shortness of breath
15. O2 Flow (LPM):
16. ☐ PRN
17. ☐ Continuous
18. Most Recent O2 sats
O2 sats: 96.0 (%) Date: 01/08/2025 23:40
Method: Room Air
19. ☐ Nebulizer Tx
20. ☐ Suctioning

Influenza-Like: *Check all that apply:*

33. ☐ Must have fever of 100°F
34. ☐ Chills
35. ☐ Headache or eye pain
36. ☐ Myalgias (muscle aches)
37. ☐ Sore throat
38. ☐ Dry cough

Nose: *Check all that apply:*

39. ☐ Sinusitis diagnosis by a physician

Pneumonia: *Check all that apply:*

40. ☐ Chest X-ray demonstrating pneumonia, probable pneumonia, or infiltrate
41. ☐ Cough
42. ☐ Increased sputum production
43. ☐ Fever (>100°F)
44. ☐ Pleuritic chest pain
45. ☐ Rales, rhonchi, wheezes on chest exam
46. ☐ New shortness of breath
47. ☐ Increased respiratory rate (>25/min)
48. ☐ Worsening of mental or functional status

Other Lower Respiratory Track (bronchitis, tracheobronchitis): *Check all that apply:*

49. ☐ Cough
50. ☐ New or increased sputum production
51. ☐ Fever (>100°F)
52. ☐ Pleuritic chest pain

21. ☐ Tracheostomy Care
23. ☐ Ventilator/Respirator
24. ☐ BiPAP
25. ☐ CPAP
26. ATB:<b/>

27. ☐ No side effects from ATB given on this shift

Cold S/S: *Check all that apply:*

28. ☐ Runny nose
29. ☐ Stuffy nose (nasal congestion)
30. ☐ Sore throat, hoarseness, or difficulty swallowing
31. ☐ Dry cough
32. ☐ New swollen or tender glands in neck (cervicallymphadenopathy)

53. ☐ Rales, rhonchi, wheezes on chest exam
54. ☐ Organism isolated from culture obtained by deep tracheal aspirate or bronchoscopy
55. ☐ New shortness of breath
56. ☐ Increased respiratory rate (>25/min)
57. ☐ Worsening of mental or functional status

58. **Comments:**

J. Cardiovascular

1. Heart Rate:

○ Apical. ○ Radial. ○ Brachial.

Apical HR:

2. Rhythm:

○ Regular. ○ Irregular.

3. ☐ Chest Pain
4. ☐ Capillary Refill Sluggish
5. Pedal Pulses:

☐ Right ☐ Left.

6. Nail beds:

○ Pink. ○ Pale. ○ Dusky.

7. Skin Turgor

○ Good (less than 3 seconds). ○ Poor (more than 3 seconds).

Edema

8. Edema Present:

○ Yes. ○ No.

9. Location:
10. Dependent:

○ Yes. ○ No.

11. Pedal Edema:

☐ Right. ☐ Left.

12. Pitting #:

○ +1. ○ +2. ○ +3. ○ +4.

13. **Comments:**

K. Gastrointestinal

1. Abdomen:

○ Soft. ○ Firm. ○ Distended.

2. Bowel Sounds:

○ Yes. ○ No.

3. Last BM:
4. ☐ Hx of Constipation

17. ATB:<b/>

18. ☐ No side effects from ATB given on this shift

GI Tract (Gastroenteritis): *Check all that apply:*

19. ☐ Loose or watery stools
20. ☐ Vomiting

5. ☐ Diarrhea
6. ☐ Hemorrhoids
7. ☐ Laxative Use
8. ☐ Colostomy
9. ☐ Gastrostomy/Jejunostomy
10. ☐ Ileostomy (Temp or Permanent - describe below):

11.

12. ☐ Anorexia
13. ☐ Epigastric distress
14. ☐ Abdominal Distension
15. Nausea (x's):
16. Vomiting (x's):

L. Continence

1. Bladder:

○ Continent. ○ Incontinent.

2. Bowel:

○ Continent. ○ Incontinent.

Catheter in Place (type):<b/>

3. ☐ Foley
4. ☐ Suprapubic
5. ☐ Nephrostomy
6. ☐ Urostomy
7. ☐ Condom Catheter

8a. Removal of catheter date:

Urine:

8. Color:
9. Consistency:
10. Odor:

Status Change:

11. ☐ New or worsening incontinence
12. ☐ Decreased urine output
21. ☐ Stool culture positive for a pathogen (Salmonella, Shigella, E. Coli 0157: H7 Campylobacter)
22. ☐ A toxin assay positive for C. difficile toxin
23. ☐ Diarrhea
24. ☐ Abdominal pain
25. ☐ Abdominal tenderness
26. **Comments:**

UTI in Resident WITHOUT a Catheter: ***Check all that apply:***

23. ☐ Fever (100°F) or chills
24. ☐ Burning pain or urination, or frequency or urgency
25. ☐ Flank or suprapubic pain or tenderness
26. ☐ Change in character or urine
27. ☐ Worsening of mental or functional status (may be new or increased incontinence)
28. ☐ Urine culture with >100,000 colonies/ml of single uropathogen in patient/resident on appropriate antimicrobial therapy
29. ☐ Positive nitrite, urine dipstick test

UTI in Resident WITH a Catheter: ***Check all that apply:***

30. ☐ Fever (>100°F) or chills
31. ☐ Flank or suprapubic pain or tenderness
32. ☐ Change in character or urine
33. ☐ Worsening of mental or functioning status
34. ☐ Urine culture >100,000 colonies/ml of single urapathogen in resident on appropriate antimicrobial therapy
35. ☐ Positive nitrite, urine dipstick test

13. ☐ Urinating more frequently

14. ☐ Needs to urinate more urgently

15. ☐ Painful urination

16. ☐ Blood in urine

17. ☐ Distended Lower Abdomen/Pelvic

18. ☐ Abdomen/Pelvic Tenderness

19. ☐ Pelvic Pain

20. ☐ Lower Back Pain

21. ATB:<b/>

22. ☐ No side effects from ATB given on this shift

Asymptomatic Bacteruria:

36. ☐ Urinalysis showing >100,000 bacterial colonies and resident has no signs and symptoms of UTI

37. **Comments:**

M. Physical Functioning (ADL's)

Bed Mobility

1. Self Performance:
   0) Independent
   1) Supervision
   2) Limited assistance
   3) Extensive assistance
   4) Total Dependence
   8) ADL did not occur

2. Support Provided ◌ Independent. ◌ 1 Assist. ◌ 2+ Assist.

Transfer

3. Self Performance:
   0) Independent
   1) Supervision
   2) Limited assistance
   3) Extensive assistance
   4) Total Dependence
   8) ADL did not occur

4. Support Provided: ◌ Independent. ◌ 1 Assist. ◌ 2+ Assist.

Locomotion

5. Self Performance:
   0) Independent
   1) Supervision
   2) Limited assistance
   3) Extensive assistance
   4) Total Dependence
   8) ADL did not occur

6. Support Provided: ◌ Independent. ◌ 1 Assist. ◌ 2+ Assist.

Toileting

7. Self Performance:

0) Independent
1) Supervision
2) Limited assistance
3) Extensive assistance
4) Total Dependence
8) ADL did not occur

8. Support Provided: ○ Independent. ○ 1 Assist. ○ 2+ Assist.

Functional Status Changes (Compared to Baseline):

9.

- ☐ a. Needs more assistance with ADL's
- ☐ b. Weakness or hemiparesis
- ☐ c. Decreased mobility
- ☐ d. Fall

10. **Comments:**

N. Psychotropic Med Review

Is the resident on psychotropics?
○ Yes. ○ No.

1. **Antipsychotic:**

1a. Is this a new medication?
○ Yes. ○ No.

2. **Antianxiety:**

2a. Is this a new medication?
○ Yes. ○ No.

3. **Antidepressant:**

3a. Is this a new medication?
○ Yes. ○ No.

4. **Hypnotic:**

4a. Is this a new medication?
○ Yes. ○ No.

4b. # of hrs sleeping this shift:

5. **Other:**

5a. Is this a new medication?
○ Yes. ○ No.

6. **Comments:**

O. Mood

Check all that apply:

1. ☐ Calm
2. ☐ Little interest in doing things
3. ☐ Depressed/hopeless
4. ☐ Abnormal sleep patterns
5. ☐ Tired/little energy
6. ☐ Poor appetite/overeating
7. ☐ Feeling bad about self
8. ☐ Inability to concentrate
9. ☐ Restless/fidgety/anxious
10. ☐ Self-deprivation/suicidal thoughts
11. ☐ Short tempered/annoyed
12. ☐ Other
13. **Comments:**

P. Behavior

Check all that apply:

1. ☐ Cooperative
2. ☐ Hallucinations
3. ☐ Illusions
4. ☐ Delusions
5. ☐ Inappropriate physical behaviors
6. ☐ Inappropriate verbal behaviors
7. ☐ Inappropriate sexual behaviors
8. ☐ Inappropriate social behaviors
9. ☐ Wandering
10. ☐ Rejects care
11. ☐ Risk for physical injury
12. ☐ Disrupts care/living environment
13. ☐ Unresponsiveness
14. ☐ Other:
15. **Comments:**

Q. Oral/Dental Status

☐ No problems noted

1. NEW Diet:
2. ☐ Difficulty swallowing
3. ☐ Difficulty chewing
4. ☐ Decreased appetite
5. ☐ Inflamed gums
6. ☐ Ulcerations/lacerations
7. ☐ Mouth Pain (describe location & intensity in comments)
8. ☐ Loose/missing teeth
9. ☐ Loose fitting partials/dentures

Please reference tooth diagram and indicate which teeth are affected below:<i/>

10.

11. Fluid Restrictions:
12. **ATB:**
13. ☐ No side effects from ATB given on this shift

Mouth/Peri-Oral: *Check all that apply:*

14. ☐ Diagnosis by physician or dentist (mouth or peri-oral infection)
15. ☐ Organism isolated from culture or oral material and on appropriate therapy
16. **Comments:**

R. Vision

1. Vision:

○ Adequate. ○ Impaired.

2. ☐ New eye drops
3. **ATB:**
4. ☐ No side effects from ATB given on this shift

Eye S/S: *Check all that apply:*

5. ☐ Pus from one or both eyes, present for >24 hrs
6. ☐ Conjunctival redness, with or without itching or pain
7. ☐ Pathogen isolated from culture of eye drainage
8. **Comments:**

S. Skin Conditions & Preventive Measures

1. Is there a new skin problem noted?

○ Yes. ○ No.

5. **Does the resident have TX ORDERS for skin?:**

○ Yes. ○ No.

Resident: ACER[illegible] (18068) **Location:** North 27 B

General Skin Conditions:

2.

- ☐ Intact.
- ☐ Fragile.
- ☐ Dry.

Skin Color:

3.

- ☐ Normal.
- ☐ Pallor.
- ☐ Cyanosis.
- ☐ Other.

Prevention Measures:

4.

- ☐ a. Staff turned & repositioned per care plan/interventions
- ☐ b. Self-turned & repositioned
- ☐ c. Kept clean, dry, and odor free
- ☐ d. Pressure reducing mattress
- ☐ e. Pressure reducing cushion in W/C

6. New TX orders:

7. **ATB:**

8. ☐ No side effects from ATB given on this shift

9. **Comments:**

T. Skin

☐ N/A

<u>Incisional Surgical Wound:</u> *Check all that apply:*

1. ☐ Purulent drainage from the incision or drain location above the fascial layer
2. ☐ Organism isolated from culture of fluid from wound
3. ☐ Surgeon deliberately opens wound, unless wound is culture-negative
4. ☐ Surgeon's or attending physician's diagnosis of infection

<u>Deep Surgical Wound:</u> *Check all that apply:*

5. ☐ Purulent drainage from the drain placed beneath fascial layer
6. ☐ Wound spontaneously dehisces or is deliberately opened by surgeon when the resident has:
7. ☐ Fever (>100°F) (>38°C)
8. ☐ Hypothermia (<98.6°F) (<37°C)
9. ☐ Apnea, OR Bardycardia AND any of the following:
10. ☐ An abscess, OR the evidence of infection seen on direct examination, during surgery, or by histopatholic examination
11. ☐ Surgeon's diagnosis of infection

<u>Cellulitis Soft Tissue Wound:</u> *Check all that apply:*

12. ☐ Pus at the wound, skin, or soft tissue site
13. ☐ Fever (>100°F) or chills

<u>Fungal Skin:</u> *Check all that apply:*

20. ☐ A maculopapular rash
21. ☐ Physician diagnosis OR lab confirmation

<u>Herpes Simplex:</u> *Check all that apply:*

22. ☐ A vesicular rash
23. ☐ Physician diagnosis OR lab confirmation

<u>Herpes Zoster (Shingles):</u> *Check all that apply:*

24. ☐ A vesicular rash
25. ☐ Physician diagnosis OR lab confirmation

<u>Scabies:</u> *Check all that apply:*

26. ☐ A maculopapular rash; and/or
27. ☐ Itching rash
28. **Comments:**

14. ☐ Worsening of mental or functional status
15. ☐ Heat at site
16. ☐ Redness at site
17. ☐ Swelling at site
18. ☐ Tenderness or pain at site
19. ☐ Serious drainage from affected site

U. Rehab Services

Is resident receiving any rehab services or nursing RNA?

○ Yes. ○ No.

1. ☐ PT
2. ☐ OT
3. ☐ ST
4. ☐ Nursing RNA

5. **Comments:**

V. Diagnostic Testing (Lab & X-Ray)

Anticoagulants:

a. ☐ Resident is on Warfarin/Coumadin

b. Result of last PT/INR:

c. Date of last PT/INR:

Primary Bloodstream Infection: ***Check all that apply:***

5. ☐ Blood cultures positive with the organism
6. ☐ Diagnosis by physician of bloodstream infection (bacteremia)

7. **Comments:**

1. **Did Resident receive any new labs/X-rays?**

○ Yes. ○ No.

2. What is the lab/X-ray order?

2a. Was the lab/X-ray order completed?

○ Yes. ○ No.

3.

☐ MD notified of results. ☐ MD notified of results if required.

3a. MD notified of results by:

☐ Phone.
☐ Fax.

4. What is the MD's response?

W. Other & Advanced Directives

1. IV's:

○ Yes. ○ No.

Advanced Directives:

8.

☐ a. DNR (Do Not Resuscitate)
☐ b. DNI (Do Not Intubate)
☐ c. DNH (Do Not Hospitalize)
☐ d. No Enteral Feeding
☐ e. Other Order/Living Will (specify below)

Resident: A[illegible],SERAFIN (18068) Location: North 27 B

2. Chemo:
○ Yes. ○ No.

3. Radiation:
○ Yes. ○ No.

4. Dialysis:
○ Yes. ○ No.

5. Diabetic Blood Sugar:

6. ☐ IM injections

7. ☐ Intravenous feeding

Other Resident/Family preferences for care:

9.

X. Nurse to Resident Teaching

Any nurse to resident teaching? ○ Yes. ○ No.

1. ☐ Medications
2. ☐ Diabetic care (diet, foot care, etc.)
3. ☐ Turning and repositioning
4. ☐ Gait training/prosthesis care
5. ☐ Ostomy/ileostomy care
6. ☐ Use and care of braces, splints, orthotics
7. ☐ Proper care of specialized dressings/skin treatments
8. ☐ Self-catheterization/self-administration of gastrostomy feedings
9. ☐ Care/maintain central venous lines
10. ☐ Nutrition
11. ☐ Other (describe below):
12. Comments:

Y. RN of LVN (subjective)

What do you think is going on with the Resident?

1. For RN's: I think the problem may be...(i.e. cardiac, infection, respiratory, dehydration):

2. For LVN's: The resident appears...(i.e. short of breath, in pain, more confused):

Z. Requests/New Telephone Orders

Physcian Requests: (Check all that Apply)

1.

- ☐ a. Monitor vital signs
- ☐ b. Lab work
- ☐ c. X-ray
- ☐ d. EKG
- ☐ e. Provider visit (MD/NP/PA)
- ☐ f. Transfer to hospital (send copy of this form)
- ☐ g. Other new orders (specify below)

Comments/Other:

2.

AA. SBAR Charting Notes

Route of Current Reconciled Medication List Transmission to Subsequent Provider

A1. Check all that apply.

☐ a. Electronic Health Record ☐ b. Verbal(e. g., in-person, telephone, video Conferencing) ☐ c. Paper-based (e.g., fax, copies, printouts)

BB. Notifications

1. Fam/Resp. Party Notified:

1a. Date & Time of Notification:

2. Primary MD Notified:

2a. Date & Time of Notification:

3. Assessed & validated by RN

3a. Date & Time Reviewed:

Signature **Date**

EXHIBIT B

Lesson Plan and Inservice record

SANTA PAULA
POST ACUTE

Date of Training: 12/23/2024	Length of Training: 1hr

Subject of Inservice: SERVICES PROVIDED MEET FC58 - PROFESSIONAL STANDARDS

Name(s) of Presenters: ESPERANZA P. COLLINS LVN RN

Name	Signature	Title
Andrew Orrelas		LVN
NORBERTO PANGILINAN		RN
JOYS BARAYUGA		LVN
TSAM SACASA		
Richard Fenner		RN
Christina Jimenez		LVN
MIKAELA DIAZ		LVN
Theresa Delgado		admin LVN
PAM SALAZAR		RN
ARLYN SARMIENTO		LVN
Rocio Oseda		RN
Ashley Bogdanich	Ashley Bogdanich	LVN
Kyara Herrera		LVN
Ella Damron		RN
Leah Wyatt		RN
Jeanette Sandoval		LVN/ADM
Erika Arroyo		LVN/IP
Daniel Tellez		LVN
Leticia Velasquez		LVN
Juan Alvarez		LVN
OSCAR ZAMORA		LVN

In-Service Sign-In Sheet

SANTA PAULA
POST ACUTE

Date of Training: 12/23/2024	Length of Training: 1hr
Subject of Inservice: F658 - SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	
Name(s) of Presenters: Esperanza P. CORTES, RN - DON	

Name	Signature	Title
Judelyn Ramos		LVN
Martha Nolasco		LVN
Elida D		LVN
Ella Damron		RN
Oscar Zavala		LVN
Rosalia Aguila-Guzman		RN
ANNA BETINA B. GANAY		RN
Marissa Vargas		LVN
Elda Morales		LVN
Andrew Ornelas		LVN
TERMINATIVE INSERVICE: 1/3/2025		
DAVID ORR LVN		
MARLENE DIONICIO, LVN		
MALEAH MARASCO, LVN		
JESSICA HERNANDEZ, LVN		
MARISCA JUAREZ, LVN		

LESSON PLAN

PROGRAM: INSERVICE	DATE: 12/23/2024	
CLASS TITLE: F658 > SERVICES PROVIDED MEET PROFESSIONAL STANDARDS Re: Role of RN's and LVN's	LENGTH: 1HR	
INSTRUCTOR: ESPERANZA COLLINS, DON		

PERFORMANCED STANDARD/OBJECTIVE	COURSE CONTENT	TEACHING METHODS	EVALUATION
PARTICIPANTS WILL BE ABLE TO: 1. Understand the role and responsibility of a Registered Nurse and Licensed Vocational Nurse	• The Licensed Vocational nurse is under the supervision of a Registered Nurse, and assumes responsibility and accountability for the application of the nursing procedures and the delivery of care. An LVN consistently performs according to Nursing Standards and is accountable in managing resident care and assisting others in the management of resident care.	• Lecture • Hand out	• Discussion Q & A

LESSON PLAN

	• In terms of Assessment, Observation and Reporting, The LVN must have the ability to implement established nursing policies and procedures and identify and promptly report any change of condition that requires additional follow up. • LVN must have the ability to assess and report changes in resident's condition to Physician, Director of Nursing and responsible party and take follow up action as necessary including obtaining Physician orders and any revisions for all treatments as needed.		
2)Understand the correct practice performed by Registered Nurse and LVN under the Nursing Practice Act and Business and Professional Code	• The Registered Nurse plans, directs and supervises nursing care given to residents by ancillary personnel to ensure the highest degree of quality resident care in accordance with laws, regulations and Nursing facility standards.		

LESSON PLAN

	• According to the Nursing Practice Act,Business and Professions Code, the RN is accountable for an ongoing comprehensive assessment that includes data collection (including LVN data collection), analysis, and drawing conclusions/making judgements, in order to formulate or change the plan of care, prioritize and coordinate delivery of care. • RN uses scientific knowledge and experience to make clinical judgements/assessments about observed abnormalities and changes based on a series of complex, independent and collaborative decision -making activities. • LVN is not prepared by formal education to make RN level Nursing judgement and assessments that include independent analysis, synthesis and decision making.		

LESSON PLAN

	• RN is responsible for collecting (LVN data collection),analyzing, and collaborating with all information sources to ensure a comprehensive written plan of care that is based on current standards of safe practice.		
3) Facility updated the SBAR/COC in PCC to which the section BB : Notification was added: Assessed and Validated by RN - All data collected by LVN to any change of conditions & or assessments will be checked and validated by Registered Nurses.	• Licensed Vocational Nurses can participate in gathering any data for any change of conditions, and or any incidents/accidents that require assessments and must be coordinated and collaborated with RN for further executing interventions in accordance with the care plan or treatment. RN needs to co-sign resident assessment for validation. (See attached revised updated SBAR/COC form)		

EXHIBIT C

Monitoring Tool for SBAR/COC Assessments

MONITORING TOOL FOR SBAR/COC ASSESSMENTS

DON/Designee will be responsible for monitoring resident 's SBAR/COC to ensure that RN oversees and collaborates with LVN with the data collected, thereby re-assessing and re-evaluating resident's assessment in order to formulate or change the plan of care, prioritize and coordinate delivery of care.

A monitoring tool will be utilized in keeping track of the record to ensure that the facility follows the process. Findings will be reported to the CQI Committee monthly x 3 months or until 100% compliance is achieved.

DATE_____

ROOM #	RES NAME	DATE OF ADMISSION	SBAR/COC & Date Initiated	RN REVIEWED/RE-EVALUATED YES/NO	RN SIGNATURE