

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRING LAKE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5555 MONTGOMERY DRIVE SANTA ROSA, CA 95409</b>	
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 0561  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</b></p> <p>Based on observation, interview and record review, the facility failed to ensure staff respected one of three sampled residents' (Resident 1) choice when Resident 1 resisted bedtime preparation. This failure resulted in Resident 1 physically and verbally resisting care, with potential for escalation into physical abuse. Findings: Review of an [ST] Department of Public Health intake form, dated [DATE]3/20, indicated a Certified Nursing Assistant B (CNA-B) may have slapped Resident 1 while attempting to transfer Resident 1 to the bathroom for bedtime care. A potential witness could not confirm that CNA-B had slapped Resident 1. During an initial tour and observation on [DATE]4/20 at 2:10 p.m., an elderly Resident 1 sat napping in her wheelchair. Resident 1's wheelchair was positioned facing a nursing station, and approximately 15 feet from her bedroom. The nursing station was enclosed and did not provide a direct view of non-ambulatory residents to staff sitting behind the barrier. An observation of Resident 1's bedroom indicated the room had a private bathroom with toilet at the far end of the room. Resident 1's bed was also located at the far end of the bedroom, close to the bathroom. During a concurrent interview, when asked whether staff had ever abused her, Resident denied any abuse. During an interview on [DATE]4/20, at 2:15 p.m., Charge Nurse A stated she had been sitting behind the nurse's station on the evening of [DATE]0/20 and had heard Resident 1 protesting. Charge Nurse A described Resident 1 as having [CONDITION] with short-term memory loss and dementia-related behaviors that included resistance to care. Charge Nurse A stated Resident 1 often resisted going to bed, even when tired and ready for bed. Charge Nurse A stated when staff tried to move Resident 1, the resident would protest and could be abusive towards staff, flailing her arms and yelling. Charge Nurse A denied observing how staff (Certified Nursing Assistant B) initiated Resident 1's transfer from the hallway to her bedroom on the evening of [DATE]0/20. During a telephone interview on 5/4/20, at 12:13 p.m., Certified Nursing Assistant C (CNA-C) stated she had observed CNA - B return from a meal break, come behind Resident 1's wheelchair, and push Resident 1 towards her bedroom. CNA-C stated she could see that Resident 1 had been startled awake and could hear Resident 1 say, 'wait a minute' and 'hold on'. CNA - C stated she saw Resident 1 try to grab the doorway and resisted being pushed into her bedroom. CNA-C stated she followed CNA-B and Resident 1 to intervene because she knew Resident 1 was sensitive and needed time, persuasion, and patience before toileting and preparing for bed. CNA-C stated the facility policy required staff to leave residents alone and try again later when they resisted care, or to get help if residents were being combative. CNA-C stated she had seen CNA-B approach other residents in the past, and tell them what she intended to do, without giving residents an opportunity to respond affirmatively. CNA-C could not confirm that CNA-B had slapped Resident 1. An interview with CNA-B, on 5/4/20 at 3:10 p.m., indicated CNA-B denied slapping Resident 1. CNA-B stated Resident 1 could be resistant to care, but denied Resident 1 had been resistant on evening of [DATE]0/20. CNA-B stated the charge nurse had told her Resident 1 was tired and to put Resident 1 to bed. Review of Resident 1's nursing care plans, initiated [DATE]7/19, indicated Resident 1 exhibited striking out during direct care and often refused showers. Interventions included staff should offer reassurance, ensure Resident 1's safety, and return later. Interventions also included directions to staff to speak slowly and clearly to Resident 1, giving one step directions. Nursing care plans, initiated 5/2/18 and revised 11/19/19, indicated Resident 1 rejected care and displayed verbal behaviors. Interventions included directions to staff to allow Resident 1 to demonstrate her preferences, discuss and educate Resident 1 by using encouragement and reassurance. Review of the facility's policy, Dignity, Policy ID number 130.600, indicated staff should treat residents with dignity and respect, which included explaining procedures before they were done. The policy defined treatment with dignity as staff treating all residents in a manner that maintained residents' self-esteem and self-worth. Review of the facility's policy, Resident Rights, Policy ID number 130.612, indicated each resident had a right to self-determination and to be ensured of living in an environment that promoted kindness, respect, and dignity.</p>		
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.