STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056259	A. BUILDING _____ B. WING _____	**06/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTHVINE POSTACUTE CARE	**446 ARROWOOD DR SANTA ROSA, CA 95407**

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 0742 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow up and communicate to one resident's (Resident 1's) physician a psychologist's recommendation, on 10/15/19, to adjust Resident 1's anti-depressant medication ([MEDICATION NAME]). This failure delayed Resident 1 receiving medication that may have potentially prevented the escalation of behaviors that led to aggression towards Resident 2 on 10/28/19. Findings: Review of Resident 1's clinical record, Progress Note, dated 10/28/19, 4 p.m., indicated that while walking in a communal hallway, Resident 1 grabbed Resident 2's wheelchair from behind and jerked it out from beneath Resident 2. Resident 2 fell out of the wheelchair and onto the floor. During an interview on 10/30/19, at 4 p.m., Activities Director stated she witnessed the incident: Resident 1 turned the corner, walked up to Resident 2's wheelchair, and jerked the chair two times, resulting in Resident 2 falling onto the floor. During an interview on 10/30/19, at 2:15 p.m., Resident 1 stated she needed to get by the other lady and did not know the other person was going to fall. A review of Resident 1's Admission Record, dated 10/1/19, documented Resident 1's [DIAGNOSES REDACTED].) A review of Resident 1's Nursing Care Plan, printed 10/30/19, indicated the issue of the Resident taking [MEDICATION NAME] for depression. This was initiated on 5/17/18 and revised on 9/25/19 after Resident 1 .physically assaulted her roommate in which injury was sustained. The nursing care plan indicated Resident 1 was at risk of harming others. Interventions included the facility arranging a psychologist consultation for Resident 1 with follow-up and reporting to Resident 1's physician as needed. Review of Resident 1's clinical record indicated the following: 1. Resident to Resident Incident report, dated 10/29/19, documented Resident 1 was evaluated by psychology consultant on 10/15/19 and who recommended Resident 1's anti-depressant medication, [MEDICATION NAME] 20 milligrams (mg) daily, be increased to 30 mg daily. 2. Nursing Progress Note, dated 10/29/19, at 12:26 p.m., documented licensed staff faxed Psychologist Consultants recommendation to Resident 1's physician for approval and a prescription (two weeks after Psychologist Consultants recommendation and one day after Resident 1 caused Resident 2 to fall). During a review of the facility policy, titled Resident to Resident Altercations, dated 1/2018, instructed: Facility staff will monitor residents for aggressive/inappropriate behavior towards other resident . Also Review the events with the Nursing Supervisor and Director of Nursing and possible measures to try to prevent additional incidents: Make any necessary changes in the care plan approaches to any or all of the involved individual, and Document in the resident's clinical record all interventions and their effectiveness.

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.