

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555744	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER SIENA SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 11600 EDUCATION STREET AUBURN, CA 95603	
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 0685 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure ancillary services was provided for one of three residents (Resident 1) when Resident 1's need for hearing aid (HA) was not followed up. This failure had increased Resident 1's inability to hear clearly and communicate properly. Findings: Resident 1's clinical record indicated he had [DIAGNOSES REDACTED]. A review of Resident 1's memory and hearing assessment, dated 12/29/19, indicated his memory was intact and his hearing was moderately impaired. A review of Resident 1's hearing impairment revised care plan, dated 7/10/19, indicated that on 6/28/19, the Social Services Director (SSD) noted, Resident 1's FM (family) was to check with Veterans Affairs (VA) about his HAs. There was no documented evidence the SSD followed up with the FM about Resident 1's need for HA. During an interview and record review on 3/3/20 at 1:58 p.m., when asked about Resident 1's HAs or an updated audiologist (treats hearing problem) appointment at VA, the SSD indicated there was no follow done about Resident 1's HAs. SSD acknowledged her care plan note dated 6/28/19 should have been followed up with Resident 1's FM but it was not. During an interview on 3/3/20 at 2:06 p.m., the Certified Nurse Assistant (CNA) indicated he had not seen Resident 1 wear any HAs. CNA stated Resident 1 usually would asked him to repeat his words during resident's care. During an observation and interview on 3/3/20 at 2:29 p.m., Resident 1 pushed his left earlobe and slightly leaned his body forward to be able to hear clearly. Resident 1 asked this writer to repeat the question. Resident 1 indicated he was not wearing any HAs and was not seen by the audiologist. Resident 1 also indicated he needed his HAs because he kept asking other residents to repeat their words during group conversations. A review of the facility's policy and procedure titled, Availability of Services, Dental, Hearing, Vision & Podiatry, revised 3/20, indicated, Social Services will communicate with Resident and/or Resident's Representative to ensure Resident Rights to determine plan of care are protected. Social Services will be responsible for ensuring services are provided per residents preferences.		

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.