

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER MARIAN MEDICAL CENTER D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 1530 E CYPRESS WY SANTA MARIA, CA 93454	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview and record review the facility failed to ensure a staff member remained with a resident (Resident 1), who was a high fall risk, post showering her, for one of two sampled residents (Resident 1) and failed to use the appropriate style of shower chair for Resident 1's shower. This failure had the potential for all high fall risk resident's receiving showers to be placed in their rooms unattended post showering, all residents needing to be showered in a shower chair being placed in the wrong type of shower chair, and had the potential for increased fall injuries. Findings: The facility's policy and procedure titled, Policy # 8721-47 Fall Prevention, dated 10/19, indicated in part, It is the policy of (name of facility) unit that all patients shall be provided a safe environment. Staff to remain with patient when up to the bathroom. During an observation of the facility on 8/8/2020, the facility was noted to have different types of shower chairs. The first type of shower chair was a square shaped base with a round seat and four wheels with locks. The second type was a reclined style with a seat and four wheels. Resident 1's room was located at the end of the hall away from the nurse's station. a third unsampled resident's (Resident 3) room was located across the hallway from Resident 1's room. In an interview with a certified nursing assistant (CNA1), on 8/8/20, at 12:25 pm, she indicated she had showered Resident 1 and was pushing Resident 1 back to her room when she saw Resident 3 trying to get out of her wheelchair. CNA1 pushed Resident 1 into her room and asked her to wait a few minutes and not get up. CNA1 went and assisted Resident 2 to prevent Resident 2 from falling. When CNA1 returned to Resident 1's room she found resident 1 on the floor with the shower chair on top of her. Resident 1 was assessed and did not complain of pain at that time. In an interview with Resident 1, on 8/8/2020 at 11:45 am, Resident 1 indicated she had been showered and was pushed back into her room. She indicated the shower chair broke and she fell to the floor by her bed. In an interview with the clinical coordinator (CC1), on 8/10/2020, at 7:45 am, she indicated that the shower chair was inspected and had not broken. She also indicated that CNA1 had used the reclining shower chair for Resident 1's shower which is a chair not designed to be used with residents who can move themselves around because it could tilt over if the resident shifted their weight. When asked if the CNA1 had been educated on the indications for use of the chair the CC1 indicated she did not know. She indicated CNA1 should have chosen the standard square shaped shower chair to use with Resident 1. The CC1 indicated the facility practice was for a staff member to remain with the resident during showering and after until they were dressed and either placed back into bed or up in their chair.		
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.