

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER River View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1611 Scenic Drive Modesto, CA 95355	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47369</p> <p>Based on observation, interview, and record review the facility failed to maintain standards of infection prevention and control for 9 out of 89 residents residing in the facility when the Certified Nursing Assistant (CNA) assigned to their care wore a loosened gauze dressing on her right hand.</p> <p>This failure had the potential to spread infection to the nine residents in her care and those residents who were not assigned to her but were assisted by the CNA .</p> <p>Findings:</p> <p>During an observation on 10/1/24, at 1:30 PM, CNA 1 was observed in the hallway of Station 1 wearing a gauze dressing on her right hand.</p> <p>During an observation and interview, with the Director of Staff Development (DSD), on 10/1/24, at 1:40 PM, CNA 1 was observed on Station 1 wearing a gauze dressing partially covered with an occlusive dressing (air and watertight dressing) on her right hand. CNA 1 ' s dressing was observed to be dislodged near the thumb and the top of the hand. CNA 1 stated she had burned her hand at home over the weekend and covered her hand with a dressing because she did not want to call in sick . CNA 1 further stated she washed her hands with the dressing on and changed the dressing three times during her shift.</p> <p>A review of a facility document titled, DAY SHIFT DATE : 10-1-24 0600-1830 [6 AM- 6:30 PM], indicated, CNA 1 ' s resident care assignment as room [ROOM NUMBER]b through 10a. The assignment consisted of nine residents.</p> <p>A review of CNA 1 ' s CNA SKILLS COMPETENCY CHECKLIST, DATED 4/8/24, indicated, .Infection Control .Hand Hygiene/Hand Washing .S [satisfactory] .</p> <p>During an interview on 10/1/24, at 1:45 PM, the DSD confirmed the dressing on CNA 1 ' s hand was only partially covered with an occlusive dressing and was peeling away from her hand. The DSD stated the staff are trained to wash their entire hands with soap and water or with foam sanitizer. The DSD stated CNA 1 should not be washing the loosened dressing on her hand. The DSD stated the loosened dressing posed a risk of spreading infection.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/1/24, at 1:54 PM, the Administrator (ADM) stated CNA 1 should change the dressing on her hand every time she washed her hands. The ADM further stated during hand washing the dressing would become wet and could spread infection.</p> <p>A review of a facility policy and procedure (P&P) titled, Handwashing/Hand Hygiene, revised August 2019, indicated, .The facility considers hand hygiene the primary means to prevent the spread of infection .All personnel shall follow the hand washing/hand hygiene procedures to help prevent the spread of infection to other personnel, residents, and visitors .</p> <p>A review of a facility P&P titled, Policies and Practices-Infection Control, revised October 2018, indicated, . this facilities infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections . The facilities infection control policies and practices apply equally to all personnel . The objectives of our infection control policies and practices are to . Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public .</p>