

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Folsom Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Mill Street Folsom, CA 95630	
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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 47197 Based on observation, interview and record review, the facility failed to provide an accessible call system for two of six sampled residents (Resident 1, and Resident 6) when Resident 1 and Resident 6's call light buttons were not within their reach. This failure has the potential to result in the residents' not attaining their needs and not maintaining their highest practicable physical, mental, emotional, and psychosocial well-being. Findings: 1a. A review of Resident 1's clinical record indicated Resident 1 was admitted April of 2022 and had diagnoses that included cardiomyopathy (a disorder that affects the heart muscle and causes the heart to lose its ability to pump blood well), and dementia (impairment of the ability to remember, think, or make decisions that interferes with everyday activities). A review of Resident 1's Minimum Data Set (MDS- an assessment tool used to guide care) Cognitive Patterns, dated 1/10/24, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 11 out of 15 which indicated Resident 1 had a moderately impaired cognition. A review of Resident 1's MDS Mood Status, dated 1/10/24, indicated Resident 1 would always feel lonely or isolated from those around him. A review of Resident 1's MDS Functional Abilities and Goals, dated 1/10/24, indicated Resident 1 required substantial/maximal assistance with oral hygiene, toileting hygiene, shower/bathing, upper and lower body dressing, putting on/ taking off footwear, and personal hygiene. Resident 1 also required partial/moderate assistance with rolling left or right, toilet transfers, and tub/shower transfers. Resident 1 further required supervision or touching assistance with movement from sitting to lying or lying to sitting position, movement from sitting to standing position, and chair/bed-to-chair transfers. During a concurrent observation and interview on 3/28/24 at 2:05 p.m. with Resident 1, in Resident 1's room, Resident 1 was unable to locate his call light button and stated, I don't know where it [call light button] is. (continued on next page)		

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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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 3/28/24 at 2:21 p.m. with Certified Nurse Assistant (CNA) 1, in Resident 1's room, CNA 1 found Resident 1's call light button inside the top shelf of Resident 1's bedside drawer which was approximately 2 feet away from Resident 1's bed. CNA 1 and stated, .Normally, it [call light button] should be next to him [Resident 1] where he can reach it. When asked if the resident would be able to reach the call light button and use it if he would need help, CNA 1 stated, Probably no, especially if there's an emergency. During an interview on 3/28/24 at 3:18 p.m. with the Director of Nursing (DON), the facility's policy and procedure (P&P) regarding call lights was requested. The DON stated, We [facility] don't have [a] policy for call light .That's [call light use] a regulation, so we [facility] don't need a policy for it [call light use]. 1b. A review of Resident 6's clinical record indicated Resident 6 was admitted November of 2023 and had diagnoses that included atherosclerosis of native arteries (hardening of arteries from plaque building up gradually causing slowed or blocked blood flow), and dementia. A review of Resident 6's MDS Cognitive Patterns, dated 2/29/24, indicated Resident 6 had a BIMS score of 3 out of 15 which indicated Resident 6 had a severely impaired cognition. A review of Resident 1's MDS Mood Status, dated 2/29/24, indicated Resident 1 would sometimes feel lonely or isolated from those around her. A review of Resident 6's MDS Functional Abilities and Goals, dated 2/29/24, indicated Resident 6 was dependent with toileting hygiene, and shower/bathing. Resident 6 also required substantial/maximal assistance with lower body dressing and putting on/ taking off footwear. Resident 6 further required partial/moderate assistance with oral hygiene, upper body dressing, personal hygiene, rolling left or right, movement from sitting to lying or lying to sitting position, movement from sitting to standing position, doing chair/bed-to-chair transfers, toilet transfers, and tub/shower transfers. During a concurrent observation 3/28/24 at 3:34 p.m. in Resident 1's room, Resident 6 was observed being assisted with care and being fixed in bed after returning in the facility by CNA 2. During a concurrent observation and interview on 3/28/24 at 3:41 p.m. with Resident 6, in Resident 6's room, Resident 6 stated she did not know where her call light button was located. Resident 6's call light button was then found on the bottom of her bed, touching the floor. During a concurrent observation and interview on 3/28/24 at 3:46 p.m. with CNA 4, in Resident 6's room, CNA 4 confirmed that Resident 6's call light button was on the bottom of Resident 6's bed, touching the floor. CNA 4 stated, The call light [button] should be next to her [Resident 6] so she [Resident 6] can call for help when she needs to .She [Resident 6] won ' t be able to reach it [call light button] if it's on the floor . During an interview on 3/28/24 at 3:51 p.m. with the Unit Manger (UM), the UM stated, .the call light [button] should be [placed] where they [residents] can reach it [call light button] .It [placing call light button within resident's reach] is our protocol .So they [residents] can use the call light [button] whenever they [residents] need help, and especially if there's an emergency. A review of the facility's P&P titled, RESIDENT RIGHTS, revised 03/2017, indicated, Safe Environment . [residents] have the right to a safe .and homelike environment. (continued on next page)		

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Centers for Medicare & Medicaid Services document titled, .Physical Environment, undated, indicated, The call system [call light] must be accessible to residents while in their bed or other sleeping accommodations within the resident ' s room. (https://qsep.cms.gov/data/352/PhysicalEnvironment.pdf)		