

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER River City Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2540 Carmichael Way Carmichael, CA 95608	

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>Based on observation, interview, and record review, the facility failed to maintain infection control practices for two of three sampled residents (Resident 1 and Resident 2) who had indwelling urinary catheters (a soft tube inserted into the bladder to drain urine into bag outside the body) when: CNA 1 removed his gloves, put on a new pair of gloves without washing hands, and then provided care to another resident. CNA 2 adjusted Resident 2's urine drainage bag without wearing gloves. These deficiencies had the potential to result in catheter-associated urinary tract infections (CAUTIs) for Resident 1 and Resident 2. Findings: 1. Resident 1 was admitted to the facility late 2025 with diagnoses which included urinary retention and personal history of infectious disease. During a review of Resident 1's Care Plan Report [CP], dated 1/04/26, the CP indicated, Enhanced standard/barrier precautions for the prevention of transmission of multidrug-resistant organisms with residents with urinary catheter. The interventions included: .g) change gowns and gloves and perform hand hygiene when moving from contact with one resident to contact with another resident gowns and gloves and perform hand hygiene when moving from contact with one resident to contact with another resident. During an observation on 2/11/26 at 9:23 a.m., CNA 1 removed his gloves after adjusting Resident 1's urine drainage bag. CNA 1 went to another room for new gloves without performing hand hygiene and then attended to another resident. During an interview on 2/11/26 at 9:25 a.m., CNA 1 stated he should have washed his hands before putting on new gloves. 2. Resident 2 was re-admitted on 1/26 after hospitalization for sepsis, urinary tract infection and acute kidney failure. During a review of Resident 2's CP date initiated on 11/23/24, the CP indicated, Enhanced standard/barrier precautions for the prevention of transmission of multidrug-resistant organisms with residents with urinary catheter. The interventions included: 2. Wear gowns and gloves while performing the following tasks associated with the greatest risk for MDRO contamination. b) device care, for example. urinary catheter. During an observation on 2/11/26 at 9:30 a.m., CNA 2 adjusted Resident 2's urine drainage bag without wearing gloves. During an interview with CNA 2 on 2/11/26 at 9:48 a.m., CNA 2 confirmed that she did not wear gloves and stated that she should have worn gloves. A review of the facility's policy and procedure (P&P) titled, Enhanced barrier precautions revised date: 2/21/25. The P&P indicated, Enhanced barrier precautions [EBP] refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. b. The residents that will benefit with EBP are the following: .b. Wounds. and/or indwelling medical device (e.g., urinary catheters). During an interview with the Infection Preventionist Nurse (IPN) on 2/11/26 at 1:21 p.m., the IPN stated that residents with indwelling catheters were placed on EBP. Staff were required to wear gowns and gloves and perform hand hygiene between residents. During an interview on 8/27/25 at 3 p.m. with the Assistant Director of Nursing (ADON), the ADON stated that staff should wear personal protective equipment (PPE) when a resident is on EBP and performed hand hygiene to prevent the spread of infection.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055402
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