STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River City Post Acute	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)
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 observations, interviews, and record review, the facility failed to ensure services provided met professional standards of quality for one (Resident 1) of five sampled residents when Resident 1's Peripherally Inserted Central Catheter (a thin, flexible tube inserted into a peripheral vein in the arm and threaded to a large vein near the heart to administer medications such as antibiotics) dressing was not changed per physician orders.This failure had the potential to cause infection for Resident 1.Findings:Resident 1 was admitted to the facility in April of 2026 with diagnoses that included methicillin-resistant staphylococcus aureus (MRSA, a bacterium that causes infections resistant to common antibiotics) infection.A review of Resident 1's Order Details, dated 4/14/26, indicated, IV [intravenous] Central lines active therapy orders: Dressing change Q[every]7 days & PRN [as needed] .every evening shift every Sun [Sunday].During a concurrent observation and interview on 4/22/26 at 12:41 p.m., with Licensed Nurse 1 (LN 1), Resident 1's PICC dressing was observed to be labeled with a date of 4/13. LN 1 verbally confirmed that Resident 1's PICC dressing was dated 4/13 and should have been replaced on the evening of 4/19/26. LN 1 also confirmed that Resident 1's PICC dressing should be changed weekly due to the risk of infection.During an interview on 4/22/26 at 2:42 p.m. with LN 2, LN 2 confirmed that she did not change Resident 1's PICC dressing on 4/19/26 as ordered by the physician.During an interview on 4/22/26 at 2:47 p.m. with the Director of Nursing (DON), the DON indicated that PICC line dressings should be changed per physician orders and if not done so, places the resident at risk for infection.During a review of the facility's policy and procedure (P&P) titled, PICC DRESSING CHANGE, dated 6/18, the P&P indicated, Dressing changes using transparent dressing are performed.At least weekly.

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