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	06/10/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow infection control and prevention practices for a census of 171, when, inside room [ROOM NUMBER], which was on Enhanced Barrier Precaution (EBP, infection control measures that require healthcare staff to wear gowns and gloves during high-contact activities for residents), the following were found: 1. Used gloves was discarded on the floor;2. Used pieces of gauze packets were discarded on the floor;3. Used gown was halfway discarded in the garbage bin;4. Several wound treatment supplies including normal saline, gauze, and treatment liner-sheets were left exposed and unattended at the windowpane;5. Urinal with urine was left on top of the overbed table near the resident's eyeglasses and television remote;6. Overbed table had scattered whitish colored sand-like-substances; and 7. Inside the bathroom, the shower drain had a rust-like colored substance. These failures had the potential to result in the spread, development and transmission of diseases and infections to a vulnerable population. Findings: During an observation on 6/10/26 at 3:19 p.m., inside room [ROOM NUMBER], which was on EBP, the following were found: 1. Used gloves was discarded on the floor;2. Used pieces of gauze packets were discarded on the floor;3. Used gown was halfway discarded in the garbage bin;4. Several wound treatment supplies like normal saline, gauze, and treatment liner-sheets were left exposed and unattended at the windowpane;5. Urinal with urine was left on top of the overbed table near the resident's eyeglasses and television remote;6. Overbed table had scattered whitish colored sand-like-substances; and,7. Inside the bathroom, the shower drain had a rust-like colored substance. During a concurrent observation and interview on 6/10/26 at 3:19 p.m. with the Registered Nurse (RN), the RN confirmed the findings mentioned above. The RN stated room [ROOM NUMBER] was on EBP and used gloves, gowns, and gauze packets should be properly discarded on the trash bins. The RN stated that treatment supplies should not be left unattended and unused supplies should be returned to the treatment cart, the urinal should be emptied as soon as possible and placed on the urinal holder, the overbed table should be wiped and kept cleaned, and bathroom drain should be cleaned. The RN stated for the safety of the residents in the room, infection control and prevention measures put in placed should be followed to prevent the transmission of diseases. The RN also stated that residents' room should be free from environmental hazards. During an interview on 6/10/26 at 3:36 p.m. with the Assistant Director of Nursing (ADON), the ADON stated that the expectations were for the staff to practice infection control and prevention at all times to ensure the safety of the residents and kept the environment sanitary. During a review of the facility's Policy and Procedure (P&P) titled, INFECTION PREVENTION AND CONTROL, revised 12/23, the P&P indicated, The facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.

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