

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Rock Creek Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Racetrack Street Auburn, CA 95603	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47563</p> <p>Based on interview and record review the facility failed to ensure appropriate treatment and services were provided to two of four sampled residents (Resident 1 and Resident 2) when the Restorative Nursing Assistant program (RNA program: provides residents with exercises to improve or maintain mobility and strength) services were not implemented per the physician's order.</p> <p>This deficient practice had the potential to result in Resident 1 and Resident 2 experiencing declines in range of motion and strength.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility in September of 2023 with diagnoses which included muscular dystrophy (weakness and loss of muscle mass) and multiple sclerosis (causes muscle stiffness and weakness).</p> <p>A review of Resident 1's Minimum Data Set (MDS: an assessment tool), dated 3/28/24, indicated Resident 1 had moderate memory impairment and had no rejection of care behaviors.</p> <p>An interview on 6/27/24 at 11:41 a.m., Resident 1 stated he was supposed to be getting assistance in the RNA program to help with exercises three times a week but stated he had not been provided the assistance consistently. Resident 1 added he worried he would lose the strength he worked to achieve in physical therapy (PT: focuses on the resident's ability to move their body).</p> <p>A review of Resident 2's admission record indicated Resident 2 was admitted to the facility in November of 2021 with diagnoses which included generalized muscle weakness and abnormalities of gait (manner of walking) and mobility.</p> <p>A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had no memory impairments.</p> <p>During an interview on 6/27/24 at 12:33 p.m., Resident 2 stated he was supposed to be getting assistance with RNA program to help with getting out of bed and upper body exercises. Resident 2 added he was not sure how often he was supposed to be getting RNA sessions but stated he doesn't get them very often and wanted more assistance than he had been getting.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/27/24 at 1:05 p.m. with Director of Rehabilitation (DOR), Resident 1's and Resident 2's PT discharge summaries were reviewed. The DOR stated Resident 1's and Resident 2's PT discharge summaries both indicated they were referred for RNA program after they completed their PT program. The DOR stated the Director of Nursing (DON) and Director of Staff Development (DSD) oversaw the RNA program.</p> <p>During an interview on 6/27/24 at 3:13 p.m., the DON stated she expected RNA program staff to document the days RNA assistance was provided, time spent on RNA exercises, and if the resident refused to participate in the RNA program. The DON stated the DSD would be the best to discuss the RNA program documentation.</p> <p>During a concurrent interview and record review on 6/27/24 at 3:20 p.m., with the DSD, Resident 1's and Resident 2's order summary report (OSR: report indicating physician prescribed treatments and services) and RNA Range of Motion (ROM) program task sheets (RNATS) for date ranges 5/29/24-6/27/24 were reviewed. The DSD stated she expected residents with orders for RNA program to get the services as ordered and she expected the RNATS to indicate when the resident was helped with the RNA program, what exercises were performed, and how long the RNA exercises were performed. The DSD confirmed both Resident 1 and Resident 2 had orders to receive RNA program three times a week. Upon reviewing Resident 1's RNATS the DSD confirmed Resident 1 did not have any documented refusals for RNA program and did not receive RNA assistance three times a week when it was documented as given on 6/1/24, 6/3/24, and not again until 6/19/24. Upon reviewing Resident 2's RNATS the DSD confirmed Resident 2 did not have any documented refusals of RNA program and did not receive RNA assistance three times a week when it was documented as given on 6/2/24, 6/3/24, 6/9/24, 6/10/24, and 6/17/24. The DSD acknowledged that a lack of documentation means it was not done.</p> <p>An interview on 6/27/24 at 4:18 p.m., the Restorative Nursing Assistant 1 (RNA 1) stated he assisted residents with their RNA program and was trained to document the date RNA assistance was offered, any refusals, what exercises were performed, and how much time was spent on RNA program exercises. The RNA 1 stated if it was not documented it means it was not done.</p> <p>A review of facility policy and procedure titled, RNA program, revised 8/14/23, indicated, .Facility should have designated certified and trained RNA staff to fully provide the RNA treatment as recommended for each resident . provide per physician's order .</p> <p>Based on interview and record review the facility failed to ensure appropriate treatment and services were provided to two of four sampled residents (Resident 1 and Resident 2) when the Restorative Nursing Assistant program (RNA program: provides residents with exercises to improve or maintain mobility and strength) services were not implemented per the physician's order.</p> <p>This deficient practice had the potential to result in Resident 1 and Resident 2 experiencing declines in range of motion and strength.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility in September of 2023 with diagnoses which included muscular dystrophy (weakness and loss of muscle mass) and multiple sclerosis (causes muscle stiffness and weakness).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47563</p> <p>Based on observation, interview, and record review, the facility failed to maintain professional standards for food service safety when ready to use dishware was found dirty and in uncleanable condition.</p> <p>These failures had the potential to cause food-borne illnesses (an illness caused by food or water contaminated with bacteria, viruses, parasites or toxins) to all residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/27/24 at 10:55 a.m. with the Activities Assistant (AA) in the main dining room, eight residents with beverage mugs were in the dining room playing a game and there was a cart with urns of coffee and mugs available for residents to use. The AA confirmed three of the mugs available for residents to use had brown and white residue stuck to the inside of the mugs. The AA stated the mugs were not clean, should not be used for residents, and she would take them back to the kitchen to be cleaned.</p> <p>During a concurrent observation and interview on 6/27/24 at 10:59 a.m. with the Certified Dietary Manager (CDM) in the kitchen, the CDM stated clean, ready to use dishware was stored on a rack next to the dishwashing machine. The CDM confirmed on the rack of ready to use dishware was the presence of a plastic cup with yellow residue and bowl with white residue and stated they were not clean and needed to be rewashed. The CDM confirmed the presence of a plastic cup with brown residue, two bowls that had rough surfaces inside and stated all three items needed to be thrown out because they were uncleanable due to staining and rough surfaces. The CDM acknowledged dishwashing staff should be checking dishware for cleanliness prior to putting them on the ready to use rack and, if unclean, they could cause food borne illness to the residents.</p> <p>During a concurrent observation and interview on 6/27/24 at 1:39 p.m. with the Dietary Aide (DA) in the kitchen, the DA was putting dishware that came out of the dishwashing machine on to the ready to use storage rack. The DA stated when she is putting away dishware she was expected to check for cleanliness. The DA added if the dishware is no longer cleanable, they should be thrown out. The DA stated dishware that is still dirty but cleanable will be sent back to the dishwasher to be cleaned. The DA stated if residents were served food and beverages in dirty dishes, they could get sick from food borne illness.</p> <p>A review of the facility's policy and procedure titled, Sanitation, dated 2023, indicated, .the FNS [Food and Nutritional Services] Director is responsible for instructing employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques .plastic ware, china, and glassware that becomes unsightly, unsanitary or hazardous because of chips, cracks, or loss of glaze shall be discarded .</p> <p>Based on observation, interview, and record review, the facility failed to maintain professional standards for food service safety when ready to use dishware was found dirty and in uncleanable condition.</p> <p>(continued on next page)</p>		

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