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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055446	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock Creek Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility document review, the facility failed to store cookware pans and utensils in accordance with professional standards for food service safety when:2 steam table pans were found wet while stored away2 spatulas, 1 whisk were found wet while stored in the dry storage area1 steam table lid was found with dried food debris at the dry storage area1 gray scoop, and 1green serving spoon found with dry food debris in the dry storage area.These failures had potential to cause food-borne illnesses in a highly susceptible population of 80 residents who received food from the kitchen.Findings:During a concurrent initial tour observation and interview on 1/20/26 at 9 a.m. at the kitchen with the Certified Dietary Manager (CDM), two wet steam tables pans, and several cooking utensils were stacked wet. Additionally, there were cooking utensils found to have dried food debris stored at the clean and ready-to-use storage areas. The following were the findings during the initial visit:2 steam table pans wet at dry storage area2 spatulas, 1 whisk were found wet1 steam table lid cover with dry food particles1 gray scoop and 1 green serving spoons found with dry food particlesThe CDM confirmed that the 2 steam table pans, 2 spatulas and 1 whisk were wet. CDM confirmed 1 steam table lid, 1 gray color scoop, 1 green colored serving spoon had dried food particles and were stored in the ready to use storage area. CDM stated, the steam table pans, spatulas and whisk must be fully dried before storage. CDM further stated, the steam table lid cover, scoop and serving spoon must be fully cleaned without any food particles before stored away.During an interview on 1/23/26 at 10 a.m. with Registered Dietician (RD), the RD stated, the expectation was: all cookware and utensils must be fully cleaned and completely air dried before storage.During a review of the facility's policy and procedure titled, Dishwashing, undated, indicated, .gross food particles shall be removed by careful scraping and pre -rinsing in running water.dishes are to be air dried in racks before stacking and storing .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure activities of daily living (ADLs) were provided to one of 19 sampled residents when Resident 82 was not provided with a shower for a week.This failure had the potential to further negatively impact Resident 82's psychosocial well-being and carried a risk for skin breakdown, leading to infection.A review of Resident 82's admission Record indicated Resident 82 is a [AGE] year old female who was admitted in January of 2026 with multiple diagnoses including radiculopathy (a pinch nerve in the spine causing symptoms like pain, numbness, tingling, or weakness that can radiate from the back into the arms or legs), difficulty walking and muscle weakness.A review of Resident 82's Minimum Data Set (MDS- federally mandated assessment tool), Cognitive Patterns, dated 1/17/26, indicated Resident 82 had no cognitive impairment.A review of Resident 82's Care Plan dated 1/14/26 titled Skin, indicated, . [Resident 82] is at risk for skin breakdown related to activity intolerance, impaired AOL [activities of living] ability . Intervention: Keep skin clean and dry to the extent possible .A review of Resident 82's Care Plan dated 1/14/26 titled AOL/Mobility, indicated, . [Resident 82] . is at risk for AOL/mobility decline and requires assistance related to fluctuating ADLs, pain, recent hospitalization, weakness . Intervention: Will have have needs anticipated and met by staff. Bathing Assistance: Mod A [Moderate Assistance] .During an observation and interview on 1/20/26 at 2:58 p.m., in Resident 82's room, Resident 82 was observed lying in bed. Resident 82 stated she had some skin breakdown on her thighs and required staff assistance with ADLs. When asked about frequency of showering/bathing, the resident became teary eyed and stated that she had not received a shower for a week, despite requesting assistance from multiple staff. During a concurrent interview and record review on 1/21/26 at 11:08 a.m., with the Director of Staff Development (DSD), Resident 82's medical chart was reviewed and indicated Resident 82 received a shower on 1/20/26 at 1:18 p.m. DSD confirmed certified nursing assistant (CNA) 2 was scheduled to shower Resident 82 on 1/21/26, during the morning shift. DSD stated CNAs are scheduled to offer showers to all residents two times a week. DSD also stated Resident 82 is scheduled to receive showers on Tuesdays and Fridays. DSD stated that it was her expectation that CNAs offer all residents showers two times a week in order to allow for inspection of the residents' skin integrity, to honor and maintain the residents' dignity, and maintain personal hygiene. During a concurrent observation and interview on 1/21/26 at 11:30 a.m., with the DSD and Resident 82 in Resident 82's room, Resident 82 explained she had not received a shower in a week. Resident 82 stated to the DSD that she did not receive a shower on 1/21/26 at 1:18 p.m. Resident 82 became teary eyed and stated, I feel less than human . I have asked multiple staff to help me . no one comes . its embarrassing as a woman to not shower and feel like you smell like this .During a interview on 1/21/26 at 11:40 a.m., with the DSD and CNA 2, CNA 2 admitted he charted that a shower was provided for Resident 82, but that he did not actually assist Resident 82 with a shower.During an interview on 1/21/26 at 3:03 p.m., with the Assistant Director of Nursing (ADON), ADON stated his expectation was that all residents are offered shower two times a week. The ADON stated it was important to provide showers to residents in order to maintain proper personal hygiene and monitor for skin breakdown.A review of the facility's Policy and Procedure (P&P) titled Activities of Daily Living (ADLs), Supporting, revised October 2024, indicated, . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) .A review of the facility's Policy and Procedure (P&P) titled Shower and Bathing, revised October 2024, indicated, . The purpose of this policy is to promote self-determination and facilitate resident choice regarding shower and bathing to ensure cleanliness, provide comfort, observe the overall condition of the resident and skin integrity .

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and facility document review, the facility failed to provide 80 square feet of space per resident in rooms 1-8, 11, 12, 17, 18, 19, 21, and 23-36. This failure decreased the facility's potential to provide adequate personal space for the residents in these rooms for a census of 77. Findings: During concurrent observations and interviews conducted on 1/20/26 beginning at 3:32 p.m., room numbers 1, 2, 3, 4, 5, 6, 12 and 24 were observed to be uncluttered with sufficient space for the personal effects of residents. There was enough room for entrance, egress (going out), and maneuvering of equipment in and out of the rooms and access to the bathrooms. There were no validated issues or safety concerns regarding lack of space for the delivery of care verbalized by any of the residents in these rooms.During an interview on 1/21/26 at 9:05 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 indicated that she has enough space in the facility rooms to perform resident care, maneuver, and transfer residents. During an interview on 1/23/26 at 9:25 a.m. with the Maintenance Director (MD), the MD indicated no alterations had been made to any room in the facility. During a concurrent observation and interview on 1/23/26 at 10:01 a.m. Licensed Nurse 1 (LN 1) and Resident 47, LN 1 indicated that she has no problems performing resident care in the rooms. LN 1 was observed transferring Resident 47 out of her bed and into her wheelchair and wheeled her out of the room. During a review of a facility letter addressed to the Department, rooms 1-8, 11, 12, 17, 18, 19, 21, and 23-36 were noted to not meet the minimum space requirements of 80 square feet per resident. Double occupancy rooms provided 142.8-157.3 square feet of living space and 71.4-78.65 square feet per resident. Triple occupancy rooms provided 211.4-229.6 square feet of living space and 70.4-76.5 square feet per resident. The letter also indicated that the Administrator (ADM) requested a continuance of the room size waiver for the specified rooms.The Department recommends continuing the room size waiver for rooms 1-8, 11, 12, 17, 18, 19, 21, and 23-36.