

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2026
NAME OF PROVIDER OR SUPPLIER The Pines at Placerville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1040 Marshall Way Placerville, CA 95667	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 1) received treatment and services in accordance with professional standards of practice when the care plan for use of antibiotics (medications used to treat infections) was not followed for Resident 1. This failure had the potential for Resident 1 to experience adverse drug reaction from the antibiotic without the knowledge of staff. A review of the admission Record indicated Resident 1 was admitted [DATE] with diagnoses including depression (persistent feeling of sadness and loss of interest) and irritable bowel syndrome (chronic condition affecting the digestive system). A review of Resident 1's care plan dated 6/3/26 indicated, [Resident 1] has a Respiratory Infection [pneumonia-an infection/inflammation in the lungs] and was taking antibiotics Levaquin [brand name of antibiotic]. The care plan interventions included, Antibiotic therapy as ordered by the physician .Document response to treatment .Monitor/document breath sounds, document rate, rhythm, and the use of any accessory muscles. A review of Resident 1's Medication Administration Record (MAR) for June 2026 indicated the following: -on 6/3/26, Resident 1 was started on Levaquin 500 milligram (mg, unit of measurement) 1 tablet one time a day for pneumonia for 7 days and the order was discontinued on 6/8/26; and,-on 6/8/26, Resident 1 was started on Amoxicillin-Potassium Clavulanate (antibiotic) 875-125 mg 1 tablet two times a day for pneumonia for 7 days. The last dose was given on 6/15/26; and,-on 6/8/26, Resident 1 was started on Vancomycin (antibiotic, used to treat specific bacterial infection in the intestines) HCl (hydrochloride) 250 mg 1 capsule by mouth two times a day for C. Diff (a germ that causes severe inflammation of the large intestine and watery diarrhea) prophylaxis for 14 days. During a concurrent interview and record review on 7/3/26 at 3:43 p.m. with the Assistant Director of Nursing (ADON), Resident 1's nursing progress was reviewed. The ADON stated it is a standard of practice for nurses to chart/document when a resident is taking an antibiotic. The ADON further stated the nurses are supposed to do progress notes every shift throughout the duration of the antibiotic therapy. The ADON confirmed there were no progress notes from nursing staff when Resident 1 was on antibiotic. The ADON added it was important to document every shift for nursing to be able to monitor the resident for adverse reaction, to monitor for drug interaction, and to monitor how the resident is responding to the antibiotic. A review of the facility's policy and procedure revised December 2016 and titled, Antibiotic Stewardship indicated, Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program .The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. A review of the facility's policy and procedure reviewed October 2025 and titled, Care Plans, Comprehensive indicated, .The comprehensive care plan will .Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .Aid in preventing or reducing decline in the resident's functional status .Identifying (continued on next page)		

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: 055497 If continuation sheet Page 1 of 2

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	problem areas and their causes and developing interventions that are targeted and meaningful to the resident.		