

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Rocky Point Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 625 16th Street Lakeport, CA 95453	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview, the facility failed to create a homelike environment for a census of 57 residents when walls in multiple residents' rooms were damaged and carpeting throughout the facility was worn and stained. These failures decreased the facility's potential to ensure residents were provided a safe, clean, comfortable, homelike environment to support their overall well-being. Findings: During interval observations on 7/17/25 between 9:48 a.m. and 2:50 p.m., carpeting throughout hallways of the facility was noted to be worn with multiple stains of varying sizes and colors. The carpeting was matted down with dirt and heavy traffic at each doorway entry. During an observation on 7/17/25 at 10:16 a.m., torn wallpaper and wall damage with exposed drywall (building material) was observed in Resident 2's room. During a concurrent observation and interview on 7/17/25 at 10:26 a.m., torn wallpaper in several areas in Resident 3's room was observed. Resident 3 stated, It's been that way for a long, long time. I don't know how it happened. But you can't miss it unfortunately. During a concurrent observation and interview on 7/17/25 at 10:36 a.m., torn wallpaper was observed in Resident 4's room. Resident 4 stated, It's not pretty. During an observation on 7/17/25 at 10:51 a.m., torn wallpaper and wall damage with exposed drywall was observed in Resident 5's room. During an interview on 7/17/25 at 2:51 p.m., the Administrator (ADM) acknowledged the wall damage and torn wallpaper existed in most of the residents' rooms. The ADM believed the damage had occurred due to the residents' head of beds hitting the wall with force. The ADM also stated he was aware of the old, stained carpeting and directed the maintenance team to clean it monthly. The ADM also acknowledged the carpeting made it difficult for residents to propel their wheelchairs and staff to move patient care equipment. A review of the facility's policy titled Homelike Environment dated 2001 indicated, The .management maximizes the characteristics of the facility that reflect a homelike setting. these characteristics include a clean, sanitary and orderly environment.</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 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>(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>Based on observation, interview and record review, the facility failed to ensure food was stored, prepared and served safely in accordance with professional standards of food service when:1. Soiled equipment was observed in a food prep area;2. The floor was noted to have solid food debris, built up dust, and dirt underneath the sink and behind the oven;3. Kitchen staff did not monitor the tray line food temperatures; and, 4. Kitchen staff did not use facial hair nets.These failures posed the risk for food borne illnesses for 57 of 57 residents who resided in the facility and consumed food prepared in the kitchen.Findings:1. During an observation on 7/16/25 at 12:15 p.m., the following observations were made:The stovetop had black residue and debris in burner wells; The dishrack had visible grime and black residue; The ceiling vents over the steamtable had a large amount of dust build up; and the air conditioning unit had dust build up on the vents over the food prep table. During an interview on 7/17/25 at 12:20 p.m., the Corporate Registered Dietician (CRD) acknowledged the kitchen equipment needed to be cleaned. The CRD stated she ensured a deep cleaning was performed every month but did not have a cleaning log. The CRD further stated cleaning was not being monitored since the Dietary Manager (DM) left a few months ago. The CRD stated she was attempting to get dietary staff to take ownership for a clean kitchen.A review of a facility document titled Sanitization dated 2001, indicated, The food service area shall be maintained in a clean and sanitary manner. All.equipment shall be kept clean.According to the FDA Food Code 2022, Section 4-601.11, Food Contact Surfaces, Nonfood Contact Surfaces, and Utensils (A) Equipment, food contact surfaces, and utensils shall be clean to sight and touch, (C) Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.2.During an observation on 7/16/25 at 12:15 p.m., food debris located on the floor in the corner by the sink and behind the stove was noted. An accumulation of dust, dried liquid, and small black particulates was noted in the area directly beneath the sink. A sample was gathered for CRD confirmation.During an interview on 7/17/25 at 2:30 p.m., the CRD was unable to identify the bits of food taken from the corner underneath the sink. The CRD again stated she was attempting to gain staff buy in to clean the kitchen and will begin to establish a routine cleaning schedule. During a review of document titled Sanitization, dated 2001, indicated All kitchens, kitchen areas.shall be kept clean, free from litter and rubbish.According to the FDA Food Code 2022, Section 6-501.12 (a), Physical facilities, including floors, walls, ceilings, and other structural components, must be cleaned as often as necessary to keep them clean. This means facilities should establish and maintain a regular cleaning schedule based on the level of activity and potential for contamination in each area.3. During a concurrent interview and observation on 7/17/25 at 11:34 a.m., [NAME] 1 (CK 1) was taking temperatures of food on the steamtable in preparation for the lunch tray line and entering the temperatures in a logbook. She stated entries in the tray line temperature log must be made with every meal to prevent the residents getting sick. During a concurrent interview and observation on 7/17/25 at 11:55 a.m., there were several temperature entries missing for several days in the tray line logbook. The CRD confirmed the missing temperature entries and stated, Food temperature logs must be filled out with each meal, every day. This helps us to keep the hot food hot. The CRD stated food temperatures below 135 degrees will begin to multiply with bacteria growth that would cause food borne illnesses amongst the residents. A review of facility policy titled Meal Serving Temperatures dated 2023, indicated, .food temperatures will be taken while the hot food items are on the steamtable just prior to serving. these temperatures will be recorded on the form called Food Temperature Log.According to the FDA Food Code 2022, Section 3-501.16, the requirements for maintaining hot foods at safe temperatures. It stipulates that hot TCS (Time/Temperature Control for Safety) foods must be held at 135 F (57 C) or above. 4.During a concurrent observation and interview on 7/17/25 at 11:45 a.m., Dietary Aide (DA) was observed not wearing a facial hair restraint while in the kitchen prepping for tray line. The DA stated he was not aware he needed to wear one. The DA obtained a surgical mask to wear from the CRD.During a concurrent observation and interview on 7/17/25 at 11:50 a.m., the CK 2 was observed not wearing a facial hair restraint while in the kitchen preparing cookies. CK 2 stated there were no facial hair restraints available. CK 2 obtained a surgical mask to wear from the CRD.During an interview on 7/17/25 at 12:15 p.m., the CRD stated she had ordered more facial hair restraints, and the order had not arrived yet. She confirmed the necessity for facial hair nets was to prevent contamination of food with hair. The CRDO confirmed surgical masks would not contain hair from dropping into food or equipment used in food prep. During a review of facility document titled Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices dated 2001, indicated, Hair nets or caps and/or</p>		