

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Chico Terrace Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  188 Cohasset Lane Chico, CA 95926	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>46194</p> <p>Based on observations, interviews, record review, and facility policy, the facility failed to secure urinary catheter tubing for 1 (Resident #12) of 2 sampled residents reviewed for urinary catheter.</p> <p>Findings included:</p> <p>Review of the facility policy titled, Catheter Care, revised on 06/15/2011, revealed, The catheter will be anchored to prevent excessive tension on the catheter.</p> <p>Review of Resident #12's Admission Record revealed the facility admitted the resident on 01/13/2023, with diagnoses to include neuromuscular dysfunction of the bladder and overactive bladder.</p> <p>Review of Resident #12's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident had an indwelling catheter.</p> <p>Review of Resident #12's care plan initiated on 01/18/2023, revealed the resident had an indwelling urinary catheter related to a diagnosis of neurogenic bladder.</p> <p>On 03/25/2024 at 1:26 PM and on 03/26/2024 at 12:16 PM, the resident was noted not to have a leg strap on the tubing of their urinary catheter.</p> <p>On 03/27/2024 at 9:34 AM, Licensed Vocational Nurse (LVN) #2 was observed to flush Resident #12's urinary catheter and the surveyor noted the resident did not have a leg band strap on. LVN #2 stated the leg strap was important so that the resident would not pull on their catheter and so the catheter would not become dislodged.</p> <p>In an interview on 03/27/2024 at 9:48 AM, Certified Nursing Aide #1 stated the purpose of the leg band strap was to secure the urinary catheter so that would not be pulled or become dislodged.</p> <p>In an interview on 03/28/2024 at 2:04 PM, the Director of Nursing stated a catheter should be secured with a fast lock or leg strap.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/28/2024 at 2:20 PM, the Administrator stated she preferred for catheters to be secured unless the resident refused. She stated the catheter should be secured to prevent it from getting tugged and/or dislodged.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>46194</p> <p>Based on interviews, record review, and facility policy titled, the facility failed to ensure an as-needed psychotropic medication had a 14-day end date for 1 (Resident #1) of 5 sampled residents reviewed for psychotropic medications.</p> <p>Findings included:</p> <p>Review of the facility policy titled, Behavior/Psychoactive Drug Management, revised in November 2018, revealed, Any Psychoactive Medication ordered on a prn basis, must be ordered not to exceed 14 days. If the physician feels the medication needs to be continued, he/she must document the reason(s) for the continued usage, and write the order for the medication; not to exceed the 14 day time frame.</p> <p>Review of Resident #1's Admission Record revealed the facility admitted the resident on 07/26/2019, with diagnoses to include anxiety disorder and insomnia.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/14/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident received antianxiety medication.</p> <p>Review of Resident #1's care plan revised on 09/22/2023, revealed the resident used antianxiety medication related to anxiety as evidenced by agitation/anxiety.</p> <p>Review of Resident #1's physician orders, with a last order review date of 02/26/2024, revealed an order dated 03/05/2024, for lorazepam 0.5 milligram tablet give one tablet by mouth every four hours as needed for anxiety as evidence by agitation. This order did not have an end (stop) date.</p> <p>In an interview on 03/28/2024 at 7:28 AM, the Director of Nursing (DON) acknowledged there was not an end date on Resident #1's order for lorazepam and there should be. According to the DON, she would talk with the physician and get it fixed.</p> <p>In an interview on 03/28/2024 at 10:05 AM, the Pharmacist stated as-needed medications should have a 14-day stop date unless the physician ordered the medication for a longer period and documented a rationale in the resident's medical record.</p> <p>In an interview on 03/28/2024 at 2:23 PM, the Administrator stated as-needed medications should be limited to 14 days. She stated the lorazepam for Resident #1 should have an end date.</p>		