STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055612	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Care Center	1 Gilmore Lane Oroville, CA 95966

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 49934 Based on observation, interview, and record review, the facility failed to protect resident rights for 6 out of 6 residents (Resident 1, 2, 3, 4, 5and 6) when nursing staff failed to safeguard the resident ' s dignity and respect when they ignored call lights, calls for assistance, and failed to administer pain medications in a timely manner for Resident 2. These failures resulted in residents feeling angry, sad, scared, and with an increase in anxiety and pain. Findings A review of a policy and procedure titled, Resident Rights, copyrighted in 2024, states that a resident has the right to a dignified existence and self-determination. The resident has a right to be treated with respect and dignity, and a right to a safe, comfortable homelike environment, including support for daily living. A review of a policy and procedure titled, Pain Management, copyrighted in 2023, states that the facility must ensure that pain management is provided to resident ' s who require such services. The facility will utilize a systematic approach for recognition, assessment, treatment, and monitoring of pain, in order for a resident to attain or maintain their highest practicable level of physical, mental, and psychosocial well-being and to prevent or manage pain. A review of a policy and procedure titled, Medication Administration, copyrighted in 2024, states licensed nurses need to ensure that the six rights of medication administration are followed: a. Right Resident b. Right Drug c. Right Dosage d. Right Route e. Right Time f. Right Documentation (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055612	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Care Center	1 Gilmore Lane Oroville, CA 95966

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the Director of Nursing (DON, over-sees the nursing department and their duties) on 09/19/24 at 12:20 pm, who stated that he had worked with a Licensed Vocational Nurse (LVN 1) at a previous place of employment and felt she would be a good fit at this facility. The DON went on to state that the LVN 1 had been there 2 weeks and has already asked for a different position, preferably a desk job. The LVN 1 has also stated to the DON that she may possibly quit. The DON stated she is possibly overwhelmed with her current position and has had daily complaints about her from the residents, and she herself has complained about her job. During an interview with a Resident (Resident 1) on 09/19/24 at 1:09 pm, stated that LVN 1 argued with her over her medication on 09/12/24. LVN 1 was administering two teal-colored tablets of Meloxicam (non-steroidal anti-inflammatory pain medication), to which Resident 1 stated was incorrect because the teal colored tablets were 10 milligrams and she takes one teal colored tablet or two yellow colored tablets, which are 5 milligrams, for a dose total of 10 milligrams of Meloxicam. LVN 1 continued to argue with Resident 1 about the medications, and Resident 1 took the two teal-colored tablets because LVN1 would not stop arguing. Resident 1 stated, I know it was wrong. Resident 1 stated she felt angry, frustrated and she scared me. In regard to call lights, Resident 1 states it can take 45 minutes or more for nursing staff to answer her light. The other night, one of the nursing staff stated, We are busy! and then walked out of her room without asking what she needed help with. Resident 1 said it took about an hour for someone to answer her call light and help her with her request. During an interview with a Resident on Hospice (Resident 2) on 09/19/24 at 1:48 pm, stated last night, 09/18/24, it took 45 minutes to get her medications, on top of the hour when she requested her pain medication. I try take my Oxy (Oxycodone, an opioid pain medication) regularly and my Norco (an opioid pain medication) depends on my pain level. LVN 1 was not nice and instead of giving me my pain medication, she said the doctor should increase the strength of my pain medication and then walked away. Resident 2 also stated that during this time she was in her wheelchair in the hallway, dinner trays were coming out, and she was calling for her friend, Resident 1, for help. Resident 1 stated that she could hear Resident 2 becoming short of breath, agitated and could hear her crying. Resident 2 states that she told Resident 1 that, That b**ch nurse won ' t give me my meds! She won ' t help me, and she is yelling at me. I need help! Resident 2 stated this made her mad, upset, and increased her anxiety and pain. It still took almost two hours to get my medications, including my pain medication, stated Resident 2. During a record review of Resident 2 ' s electronic medication administration record (EMAR) dated 09/18/24, it is noted Resident 2 ' s pain medication administration of Oxycodone was given at 11:22 pm. Her previous pain medication administration was given at 4:17 pm. Resident 2 ' s physician ' s order for this pain medication is to be given, as needed, every hour for moderate to severe pain. During an interview with a Resident (Resident 3) on 09/19/24 at 2:21 pm, stated it takes at least a half-hour for anyone to answer the call lights; they sometimes answer call lights timely. If there was an emergency, they wouldn ' t get here on time. During an interview with a Resident (Resident 4) on 09/19/24 at 2:27 pm, stated that the staff do not address her concerns. The nursing staff at night do not do their work. It took an hour to get her briefs changed the other night, Resident 4 stated. It takes at least a half-hour to get a call light answered, it takes too long. If it was an emergency, I wouldn ' t make it, stated Resident 4 with a sad look on her face. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055612	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Care Center	1 Gilmore Lane Oroville, CA 95966

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with a Resident (Resident 5) and his wife on 09/19/24 at 2:33 pm, stated last night, 09/18/24, his catheter was hurting him. He had his call light on for too long and even yelled for help. No one answered. His roommate had to help. Resident 5 states he gets good care during the day but it is the NOC (work shift through the late evening into the morning) shift with the problems. Resident 5 ' s wife filed a complaint with the facility in regard to her husband ' s care last night. During an interview with a Resident (Resident 6) on 09/19/24 at 2:48 pm, stated that he had to assist his roommate (Resident 5) last night, 09/18/24, because no one would answer his light. I went out to the nurses ' station 3, 4, 5 times. I finally stayed out there to get them to help my roommate with his catheter because he was in pain. It was 1:30 in the morning. When I told the 4 different staff members sitting at the nurses ' station that my roommate needed help with his catheter because it was wrapped around his leg, they stated, Oh, that ' s good! They then just sat there on their butts. When asked how long it takes to get call lights answered, Resident 6 responded, They don ' t, accompanied with an eyeroll. I don ' t have a lot of health issues but if I have an emergency, I am not safe. I know I won ' t get help in time. Received from the Operations Manager on 09/19/24 at 3:11 pm, paperwork showing LVN 1 was given notice of suspension without pay, pending this investigation. During an observation with LVN 2 on 09/19/224 at 3:50 pm, observed a blister pack of Resident 1 pain medication, Meloxicam, 10 milligrams; the color is teal and is for one tablet/capsule.