

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46147</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) was treated with dignity and respect during communication with an employee when asking about lost clothing.</p> <p>This failure caused Resident 3 to feel angry, and had the potential to result in emotional stress, embarrassment, feelings of neglect, and the potential for negative clinical outcomes.</p> <p>Findings:</p> <p>A review of a policy revised 2024, titled, Resident Rights, indicated the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The resident has the right to: Voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished; and the behavior of staff and of other residents; and other concerns regarding their LTC facility stay. The resident has the right to, and the facility must make prompt efforts by the facility to resolve grievances the resident may have.</p> <p>A review of the facility ' s policy titled, Promoting/Maintaining Resident Dignity, revised 2/2023, indicated, It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity, as well as care for each resident in a manner and in an environment, that maintains or enhances resident ' s quality of life by recognizing each resident ' s individuality. This facility ' s policy also indicated All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. During interactions with residents, staff must report, document and act upon information regarding resident preferences.</p> <p>During a review of Resident 3 ' s medical record, the Admission Record, indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included Rheumatoid Arthritis (RA, a long term condition that causes pain, swelling, and stiffness in the joints), spinal stenosis of the cervical region (narrowing of the spine in the neck, causing pain, numbness, and weakness), adult failure to thrive (decline in health, losing weight, less energy), gastroenteritis (irritated or inflamed stomach) and Colitis (swelling of the large intestine), and a history of falling.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 8/6/2024, indicated that Resident 3 had a Brief Interview for Mental Status, (BIMS) score of 15 out of 15 and was cognitively intact (able to think and reason).</p> <p>During an interview on 12/2/24 at 3:34 the Maintenance Supervisor (MS) stated, [Resident 3] was upset because we did lose her pants, but the administrator paid for the lost clothing.</p> <p>During an interview on 12/2/24 at 5:45 pm, Resident 3 stated, The MS was rude, disrespectful to me. He told me I could not ask about the lost pants again; he said I need to quit asking everyone. He yelled at me and told me the pants were not labeled, but they did have a label in them.</p> <p>During an interview on 12/2/24 at 6:55 pm, the Administrator confirmed no employee has the right to be disrespectful to any resident even if the resident is upset.</p> <p>During an interview on 12/3/24 with the Director of Nursing (DON) at 11:10 am, the DON confirmed resident rights were violated when MS was disrespectful to Resident 3 when asking about lost clothing.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>46147</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) needs were accommodated when a second bedside table was removed from her room that stored art supplies used daily.</p> <p>This failure resulted in Resident 3 becoming frustrated, angry, and violated the right to accommodate specific resident needs.</p> <p>Findings:</p> <p>A review of a policy revised 2024, titled, Resident Rights, indicated the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The resident has a right to be treated with respect and dignity, including: The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents.</p> <p>A review of a policy revised 2024, titled, Resident Rights, indicated the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The resident has the right to: Voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished; and the behavior of staff and of other residents; and other concerns regarding their LTC facility stay. The resident has the right to, and the facility must make prompt efforts by the facility to resolve grievances the resident may have.</p> <p>A review of the facility ' s policy titled, Promoting/Maintaining Resident Dignity, revised 2/2023, indicated, It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity, as well as care for each resident in a manner and in an environment, that maintains or enhances resident ' s quality of life by recognizing each resident ' s individuality.</p> <p>This facility ' s policy also indicated All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. During interactions with residents, staff must report, document and act upon information regarding resident preferences.</p> <p>During an interview on 12/2/24 at 3:38 pm, the Maintenance Supervisor (MS) stated, I was not rude, I just went in and took the table out of Resident 3 ' s room. We needed the table for another resident, and we were running short on bed side tables.</p> <p>During an interview on 12/2/24 at 6:17 pm, Resident 3 stated, It was just the principle the MS just came in here and took the table, he did not ask me. I had been using the extra table for my art supplies I use for making cards and other activities. A family member brought me in a new shelf.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/2/24 at 6:55 pm, the Administrator confirmed the MS should have asked Resident 3 before removing the table out of her room. Admin stated, We could have given her another type of desk or something to store Resident 3 ' s art supplies.</p> <p>During an interview on 12/3/24 at 11:05, the Director of Nursing (DON) confirmed Resident 3 needed two separate tables, one for eating and one used for her hobbies, the art supplies. DON stated, I confirm by not asking or explaining to [Resident 3] and rushing while removing the bedside table was not the best way to communicate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46147</p> <p>Based on interview, and record review, the facility failed to ensure a care plan for one of three sampled residents (Resident 3) was revised and updated to reflect current individual needs for pain management.</p> <p>This failure resulted in the resident ' s individual care needs to go unrecognized, and the potential for a further decline in resident ' s physical, mental, and psychological status.</p> <p>Findings:</p> <p>During a review of a policy revised 8/2024, titled, Care Plan Revisions Upon Status Change, indicated the purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents experiencing a status change. The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change. The care plan will be updated with the new or modified interventions. Staff involved in the care of the resident will report resident response to new or modified interventions.</p> <p>During a review of a policy revised 8/2024, titled, Pain Management, indicated The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents ' goals and preferences Monitoring, Reassessment and Care Plan Revision. Facility staff will reassess resident ' s pain management at established intervals for effectiveness and/or adverse consequences. If re-assessment findings indicate pain is not adequately controlled, the pain management regimen and plan of care will be revised as indicated.</p> <p>During a review of Resident 3 ' s medical record, the Admission Record, indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included Rheumatoid Arthritis (RA, a long term condition that causes pain, swelling, and stiffness in the joints), spinal stenosis of the cervical region (narrowing of the spine in the neck, causing pain, numbness, and weakness), adult failure to thrive (decline in health, losing weight, less energy), gastroenteritis (irritated or inflamed stomach) and Colitis (swelling of the large intestine), and a history of falling.</p> <p>A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 8/6/2024, indicated that Resident 3 had a Brief Interview for Mental Status, (BIMS) score of 15 out of 15 and was cognitively intact (able to think and reason). This MDS also indicated Resident 3 required extensive assistance with bathing, toileting, and lower body dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3 ' s clinical record, a document dated 10/21/24, titled, Social Service Progress Note, indicated the following: .The resident expressed her discomfort, explaining that it is painful for her knees to be touched during the night. She requested that the staff reposition her by only touching her hips or back to avoid causing her pain The Administrator (Admin) committed to following up to further educate the new registry staff on the resident ' s specific needs and preferences. Follow up will include detailed instructions on how to reposition the resident without causing her discomfort, ensuring that all staff members are aware of and adhere to her care plan . The Admin will provide ongoing support and training to the registry staff to prevent any future issues and to maintain a high standard of care.</p> <p>During a review of Resident 3 ' s clinical record, a document dated 11/27/24, titled, Order Summary Report, indicated Resident 3 was ordered Methotrexate (medication for RA), subcutaneous (beneath the layers of skin) solution autoinjector, 15 Milligrams (mg, a unit of measure) per 0.3 Milliliters, (ml, a unit of measure) Methotrexate (Antirheumatic), inject 15 mg subcutaneously one time a day every Mon for rheumatoid arthritis.</p> <p>During a review of Resident 3 ' s clinical record, a document dated 11/27/24, titled, Order Summary Report, indicated Resident 3 was ordered Prednisone (medication to reduce inflammation), oral tablet 5 mg two tablets by mouth one time a day for rheumatoid arthritis for 10 days take with breakfast.</p> <p>During an interview on 12/2/24 at 5:20 pm, Resident 3 stated, I have a lot of pain, I have RA, but my doctor has ordered me new medication.</p> <p>During a concurrent interview and record review on 12/2/24 at 7:00 pm, Registered Nurse 2 confirmed the care plan for Resident 3 had not been revised for new medications ordered and for pain management.</p> <p>During an interview on 12/3/24 at 10:59 am, the Director of Nursing confirmed the new pain medications should have been added to the current care plan, and revisions are needed for new medications and new interventions for pain management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46147</b></p> <p>Based on observation, interview, and record review, the facility failed to complete daily hair care for one of three sampled residents, (Resident 3).</p> <p>This failure had the potential to result in Resident 3 feeling depressed with poor self-esteem, frustrated, and negatively impact their ability to attain or maintain their highest practicable level of well-being.</p> <p>Findings:</p> <p>A review of the facility ' s policy revised 8/2024, titled, Hygiene, Grooming, and Activities of daily Living (ADLs), indicated care and services will be provided for the following Adls: bathing, dressing, grooming, oral care, transfers, ambulation, toileting, and eating. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>A review of the facility ' s policy titled, Promoting/Maintaining Resident Dignity, revised 2/2023, indicated, It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity, as well as care for each resident in a manner and in an environment, that maintains or enhances resident ' s quality of life by recognizing each resident ' s individuality. This facility ' s policy also indicated All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. During interactions with residents, staff must report, document and act upon information regarding resident preferences.</p> <p>During a review of Resident 3 ' s medical record, the Admission Record, indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included Rheumatoid Arthritis (RA, a long term condition that causes pain, swelling, and stiffness in the joints), spinal stenosis of the cervical region (narrowing of the spine in the neck, causing pain, numbness, and weakness), adult failure to thrive (decline in health, losing weight, less energy), gastroenteritis (irritated or inflamed stomach) and Colitis (swelling of the large intestine), and a history of falling.</p> <p>A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 8/6/2024, indicated that Resident 3 had a Brief Interview for Mental Status, (BIMS) score of 15 out of 15 and was cognitively intact (able to think and reason). This MDS also indicated Resident 3 required extensive assistance with bathing, toileting, and lower body dressing and minimum assistance with personal hygiene such as hair care.</p> <p>During a review of Resident 3 ' s medical record dated 10/1/24 through 10/31/24, a document titled, Documentation Survey Report V-2 indicated Resident 3 had three days of maximum assistance with hair care completed, one day of total dependent care, one day with moderate assistance, seventeen days of independent or set up only for hair care, seven days of no assistance documented, and no resident refusals were documented. This documentation record is inconsistent for the needs of Resident 3 and does not indicate hair care was provided daily for Resident 3 or with the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Feather River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3 ' s medical record dated 11/1/24 through 11/30/24, a document titled, Documentation Survey V-2 indicated Resident 3 had 10 days of dependent hair care completed, two days of substantial/maximal assistance with hair care, and 15 days of independent care documented. This documentation record is inconsistent for the needs of Resident 3 and does not indicate hair care was provided daily for Resident 3 or with the resident.</p> <p>During an observation on 12/2/24 at 5:15 pm, Resident 3 was observed with a portion of hair not combed or neat, with matted tangles on the resident ' s left side and back of hair.</p> <p>During an interview on 12/2/24 at 5:30 pm, Resident 3 stated, I went to the beauty shop when I first got here, and she wanted to cut my hair and shave the left side of my head and I would not let her. I like my long hair; I have natural curls and just need help with getting all the tangles out. It is embarrassing, I don ' t like the braids, but they are sectioning it off after they detangle it. The staff doesn ' t have the time to help me every day.</p> <p>During an interview on 12/2/24 at 6:15 pm, with Certified Nursing Assistant (CNA) 4, confirmed Resident 3 does not have the appropriate supplies to detangle her matted hair. CNA 4 stated, She needs a wide tooth comb and a detangler product, and I will help [Resident 3] with hair care.</p> <p>During an interview on 12/3/24 at 10:55 am, The Director of Nursing (DON) confirmed Resident 3 needs help with her hair due to RA and reduced fine motor skills. DON confirmed she will make sure the staff helps Resident 3 daily with hair care and obtains the supplies needed.</p>		