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	04/23/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50363 Based on observation, interview and record review, the facility failed to update the care plan with a 1:1 monitor (where one staff member is assigned to continuously monitor a single resident for behaviors, needs, etc) for one of four residents (Resident 1) when Resident 1 walked past Resident 2 and hit him in the back of his head. This failure had the potential to result in physical and/or psychosocial harm to other residents. Findings: A record review of facility policy titled Care Plan Revisions Upon Status Change copyright 2024 indicated the care plan will be reviewed, and revised as necessary, when a resident experiences a status change. Facility policy further indicated the Interdisciplinary Team (IDT - a group of facility healthcare professionals who collaborate to provide comprehensive care to residents) will discuss the resident condition and collaborate on intervention options and the care plan will be updated with the new or modified interventions. A record review of Resident 1's Admission Record indicated she was readmitted to the facility on [DATE] with diagnoses that included bipolar disorder (a mental illness characterized by extreme shifts in mood, energy, and activity levels, including both high and low periods), schizoaffective disorder (a mental health condition characterized by symptoms of both schizophrenia (like hallucinations and delusions) and a mood disorder (like depression or mania), adjustment disorder with mixed anxiety and depressed mood (a mental health condition where an individual experiences an excessive emotional or behavioral reaction to a stressful life event or change), and parkinsonism (symptoms can include tremor, bradykinesia (slowed movement), rigidity (stiffness), and postural instability). During a record review of Progress Notes SBAR Note for Providers dated 4/22/25 4:40 pm, indicated provider was notified of incident between Resident 1 and Resident 2. Provider recommended a 1:1 until further notice. During a record review of IDT - Interdisciplinary Post Event Note dated 4/23/25 11:50 am, indicated IDT team met and discussed the incident between Resident 1 and Resident 2 on 4/22/25. IDT note further indicated a 1:1 will be in place until behaviors are decreased. (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	04/23/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 1's Care Plan dated 1/31/25 indicated Resident 1 had a history of being the aggressor in resident-to-resident altercations. Care plan further indicated interventions included allow Resident 1 to express concerns, approach Resident 1 in a calm manner, do not argue with Resident 1, attempt to de-escalate, and psychiatry consultation as needed. Care plan did not indicate a 1:1 monitor as an intervention for Resident 1. During a concurrent observation and interview with Certified Nursing Assistant (CNA) A on 4/23/25 at 11:07 am, CNA A stated she was designated to sit outside of Resident 1's room as her 1:1 monitor after incident between Resident 1 and Resident 2 on 4/22/25. CNA A stated Resident 1 had a history of aggressive behaviors towards other residents. Observed Resident 1 resting on her side in her bed. CNA A stated she did not read or verify interventions in Resident 1's care plan. During an interview with Director of Nursing (DON) on 4/23/25 at 11:36 am, DON stated Resident 1's 1:1 monitor should have been updated in her care plan during the IDT meeting that occurred on 4/23/25 in the morning. DON stated the 1:1 monitor intervention should have been in Resident 1's care plans each time Resident 1 had an aggressive event with another resident. DON confirmed facility should have updated Resident 1's care plan to reflect 1:1 monitor intervention as current plan of care. DON confirmed facility did not update Resident 1's care plan per facility policy and expectation.