

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  09/09/2025
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, this requirement was not met when the facility failed to ensure a Licensed Vocational Nurse's (LVN 1's) license was current. This resulted in a potential lapse in administrative oversight of requirements for licensure, and the potential for medical error or harm. A review of the facility's policy titled License Verification dated 2025 indicated, All personnel that require a license or certification shall be verified through the appropriate issuing agency, and, 1. The Human Resources Director, or designee, is responsible for maintaining and ensuring the validity and current status of individual certification/licensure. The policy further stated, Any licensed/certified employee is responsible for maintaining continuing education hours as required for current licensure/certification status. A review of the Board of Vocational Nursing and Psychiatric Technicians licensure report for LVN1 indicated that LVN1's Vocational Nursing license was inactive, License is inactive, licensee may not practice in California. The record indicated that the license expires [DATE]; it has not expired, but is not active. In an interview on [DATE] at 11:25 AM, Administrator stated that LVN1's license was inactive as of late August and she was taken off of the working schedule. Administrator confirmed that LVN1's last day of working at the facility was [DATE]. In an interview on [DATE] at 11:45 AM, Director of Nursing (DON) confirmed that LVN 1's license was found to be inactive during a license lookup that was done sometime around [DATE] and that the license became inactive toward the end of August; the license was inactive, and not expired; it does not expire until [DATE]. DON stated, It was on my list, I went to review it and saw it was inactive. [NAME] stated it lapsed at the end of August since she had conducted monthly license lookups for staff. DON stated that she usually reviews licenses at the end of each month and just wasn't on top of it.</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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