STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055640	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grass Valley Healthcare Center	355 Joerschke Dr Grass Valley, CA 95945

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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based on interview and record review, the facility failed to ensure dental services were provided in accordance with professional standards of care for one out of 24 sampled residents (Resident 7), when facility staff did not assist Resident 7 in obtaining a dental appointment as physician ordered. This failure had the potential for Resident 7 to experience unnecessary pain and an increased risk for infection. Resident 7 was originally admitted to the facility in August 2024 with multiple diagnosis which included bacteremia (bacteria in the blood), depression (mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities) and anemia (low levels of healthy red blood cells). A review of Resident 7's Minimum Data Set (MDS, an assessment tool) signed 6/27/25, indicated, Resident 7 had severe cognitive impairment. A review of Resident 7's Order Summary Report, with start date 7/30/25, indicated, Dental referral for dental pain.During a concurrent interview and record review on 9/24/25, at 3:21 p.m., with the Social Services Director (SSD), Resident 7's Order Summary Report was reviewed. The SSD confirmed she was responsible for ensuring all residents with dental referrals are seen by the dentist. SSD stated all dental referrals for dental pain are scheduled immediately and residents are usually seen the next day. The SSD confirmed Resident 7 had a physician order for a dental referral for dental pain on 7/30/25 and stated Resident 7 was not seen by the dentist after that date. SSD further stated she was not aware of the dental referral and missed scheduling it. A review of the facility's policies and procedures (P&P) titled, DENTAL CARE, undated, indicated, To assure that residents are provided with the provision of dental services.Social services shall assist the resident in obtaining access to appropriate dental services.Social service staff shall assist the resident/responsible party in scheduling dental appointments.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview and record review, the facility failed to ensure the menu was followed for therapeutic diets (a modification of a regular diet, tailored to fit the nutritional needs of a particular person - may be part of a treatment or medical condition and usually prescribed by a physician) during the lunch meals on 9/22/25 and 9/23/25 when:1. Two residents (Resident 19 and 77) with CCHO (controlled carbohydrate) diets (a therapeutic diet to manage diabetic disease and/or to stabilize blood sugar level) received one slice of garlic bread instead of one half (1/2) slice.2. 22 residents (Resident 3, 5, 16, 22, 28, 32, 37, 38, 40, 47, 50, 62, 63, 65, 66, 67, 70, 74, 77, 81, and 96) with fortified diets (a dietary pattern that includes foods that have been enriched with additional nutrients, such as calories and protein) did not get the fortified foods.3. Two residents (Resident 26 and 44) with puree (a very smooth, crushed or blended food usually for people with swallowing and/or chewing difficulties) diet received mashed potatoes and did not get the pureed red beans and rice as the menu indicated.4. Two residents (Resident 10 and 40) had diets with half (1/2) portion size got served with small portion size.These deficient practices had the potential to result in compromising the medical and nutritional status of 26 residents for a census of 80 who consumed meals from the facility kitchen. Findings:During dining observation on 9/22/25 at 12:04 p.m. and 12:16 p.m. in the dining room: 1.Resident 19 and Resident 77 were noted with CCHO diet received one slice of garlic bread with their lunch meals. A concurrent review of the spreadsheet (a menu excel sheet that indicated what items and portions to be served for each prescribed diet) titled, Fall Menus, Week 4 Monday, indicated CCHO diet should receive 1/2 slice of garlic bread. During an interview and concurrent review of spreadsheet on 9/23/25 at 1:20 p.m. with Registered Dietitian (RD), RD stated residents with CCHO diet should receive 1/2 slice of garlic bread. During the lunch meal distribution on 9/23/25 beginning at 11:57 a.m., the following was noted: 2. 22 residents (Resident 3, 5, 16, 22, 28, 32, 37, 38, 40, 47, 50, 62, 63, 65, 66, 67, 70, 74, 77, 81, and 96) with fortified diets did not receive 1/2 ounce (oz., a unit of measurement) extra melted margarine on the red beans and rice and extra two teaspoons (tsp) salad dressing as fortified food. A review of facility document titled, Week 4, Fortified Breakfast, Fortified lunch, Fortified Dinner, Fall 2025, indicated fortified diets should get extra 1/2 oz melted margarine on the red beans and rice, and extra two tsp of salad dressing for lunch meal.During an interview on 9/23/25 at 1:22 p.m. with RD, RD stated residents should get the fortified food as stated on the fortified menu. RD stated the fortified diet was therapeutic diet to provide extra calories for the residents at risk for weight loss. RD stated if residents did not get the fortified food, residents would not get the calories that they need.3. During the lunch meal distribution on 9/23/25 beginning at 11:57 a.m., two residents (Resident 26 and 44) with puree diet orders did not get pureed red beans and rice. During an observation on 9/23/25, began at11:27 a.m. of the lunch meal distribution, it was noted Resident 26 and 44 received pureed mashed potatoes instead of pureed red beans and rice. A concurrent review of the facility document titled, Fall Menus, Week 4, Tuesday dated 9/23/25, indicated pureed diet should include pureed rice and beans in the lunch meal. During an interview on 9/23/25 at 1:29 p.m. with RD, RD confirmed [NAME] (CK)1 did not prepare the puree red beans and rice for the puree diet meal on lunch. 4. During the lunch meal distribution on 9/23/25 beginning at 11:57 a.m., two residents (Resident 10 and 40) had diet orders of 1/2 portion size for their meals but got served with small portion size. A review of the spreadsheet Fall Menus, Week 4 Tuesday, dated 9/23/25, it did not have 1/2 portion size included on the spreadsheet. During an interview on 9/23/25 at 11:45 a.m. with Dietary Supervisor (DS) 1, DS 1 stated 1/2 portion size was the same amount as small portion size. During an interview on 9/23/25 at 1:22 p.m. with RD, RD confirms 1/2 portion meals should get 1/2 of the regular portion. RD stated if regular portion was three oz. of meat, 1/2 portion would equate to 1.5 oz. of meat. RD stated verbal in-services have been done regarding 1/2 portion sizes, but there have not been formal in-services and there was no policy and procedure for the staff to reference. During a follow-up interview on 9/24/25 at 3:23 p.m. with RD, RD acknowledged the findings mentioned above during the dining observation on 9/22/25 and meal distribution observation 9/23/25. RD confirmed and stated the expectation was the dietary staff needed to follow the spreadsheet and fortified food menu.A review of facility policy and procedure (P&P) titled, JOB DESCRIPTION-Food and Nutrition Service Director, dated 2023, indicated .ability to follow prepared menus and portion control guides. DUTIES AND RESPONSIBILITIES: 1. Schedule and supervise the FNS Staff providing in-service training. 3. Is responsible for the food preparation and service of all food and ensures approved menus and accompanying recipes are followed.