

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Westview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  12225 Shale Ridge Lane Auburn, CA 95602	

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>47465</p> <p>Based on observation, interview, and record review, the facility failed to ensure dignity was promoted for one of three residents (Resident 1) when the resident did not receive routine baths per their bathing schedule.</p> <p>This failure resulted in Resident 1 feeling upset, angry, and dirty.</p> <p>Findings:</p> <p>According to the Resident Face Sheet, Resident 1 was admitted in 2021 with diagnoses that included a leg fracture, hypertension, and cancer.</p> <p>During an interview on 7/31/24 at 10:35 a.m. with Resident 1, Resident 1 stated that he had not received a bath for the last three weeks. Resident 1 stated . my hair was dirty and all stuck to each other, and this made him feel pissed off. Resident 1 further stated he looked awful, didn't feel very good, and that having a bath everyday would be good.</p> <p>During a review of Resident 1's bathing task sheet on 7/31/24 at 11:15 a.m., the bathing task sheet indicated that Resident 1 had one partial bath on 7/19/24, with no documented bathing on 7/2/24, 7/5/24, 7/9/24, 7/12/24, 7/16/24, 7/28/24 and 7/29/24.</p> <p>During a review of Resident 1's care plan on 7/31/24 at 11:15 a.m., the activities of daily living intervention/tasks, dated 12/2/22, indicated that the resident was on a shower bathing schedule at least two times per week.</p> <p>During a concurrent interview and record review on 7/31/24 at 1:23 p.m., with Licensed Nurse 1 (LN 1), LN1 reviewed the shower sheet documentation and verified that the resident only received one bath in a 30-day time frame and stated that her expectation was that the CNA's (Certified Nurse Assistants) document whether the resident had received or refused a bath.</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
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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview and record review on 7/31/24 at 1:40 p.m., with the Assistant Director of Nursing (ADON), the ADON stated that she could only find two Shower Day skin evaluation sheets. Documentation for the month of July, indicated a shower was given on 7/19/24, and Resident 1 refused a shower on 7/23/24. The ADON stated that her expectation was that CNA's document whether the resident received the bath or not per the resident's bathing schedule and if the resident had not received a bath, they were supposed to report it to the licensed nurses.</p> <p>A review of the facility's policy and procedure titled, Shower, dated May 2018, indicated, the purpose of this procedure is to promote self-determination and facilitate resident choice regarding shower and bathing to ensure cleanliness, provide comfort to the resident and to observe the condition of the resident skin . The staff will document the date the shower was performed . Notify the supervisor if the resident refuses the shower/tub bath.</p>