Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055858	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rancho Seco Care Center	144 F Street Galt, CA 95632

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 49950 Based on observation, interview, and record review, the facility failed to ensure treatment was consistent with professional standards of practice, for an existing pressure ulcer (localized damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure or pressure in combination with shear and/or friction) for one of four sampled residents (Resident 1), when Resident 1 did not receive wound care as ordered and the facility did not notify the physician when Resident 1 repeatedly refused wound care. This failure resulted in an infection of Resident 1's pressure ulcers and hospitalization . Findings: Resident 1 was admitted to the facility in February 2024 with multiple diagnoses that included osteomyelitis (inflammation or swelling that occurs in the bone), depression, pressure ulcer of right buttocks, and pressure ulcer of left buttocks. A review of the Minimum Data Set (MDS, an assessment tool), dated 7/8/24, indicated that Resident 1 did not have a cognitive assessment done and needed maximum assistance with mobility. During a review of Resident 1's most recent Order Summary, dated 5/23/24, indicated, Resident 1 had wound care orders for the right and left buttocks pressure ulcers. The Order Summary further indicated that wound care to the right and left buttocks pressure ulcers should have been done daily. There were no updates to the wound care orders or treatment plan since 5/23/24. During a review of Resident 1's Treatment Administration Record (TAR), dated June 2024, the TAR, indicated that Resident 1 refused wound care to both the right and left buttocks pressure ulcers on 6/1/24, 6/2/24, 6/4/24, 6/11/24, 6/13/24, 6/25/24. The TAR also indicated that the resident did not receive wound care to both the right and left buttocks pressure ulcers on 6/17/24, 6/20/24, 6/23/24, 6/26/24. Progress notes were not available indicating the facility notified the physician when Resident 1 refused wound care on 6/1/24, 6/2/24, 6/4/24, 6/11/24, 6/13/24, and 6/25/24. During a review of Resident 1's, Situation, Background, Assessment, Recommendation summary (SBAR), dated 6/26/24 at 8:49 a.m., the SBAR indicated, .maggots found in buttocks wound .send out to hospital . (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

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/16/24, at 9:39 a.m., with Licensed Nurse 2 (LN 2), LN 2 stated that physicians should be notified about residents' pressure ulcer status through charting. LN 2 further stated the nursing supervisor, and the wound care doctor should also be notified. LN 2 further stated that weekly skin checks are done and if there are no changes (improvements) to the wound, the physician is contacted for new orders. LN 2 further stated that wound care orders should be followed, and the physician should be contacted for any questions. During an interview on 7/16/24, at 10:16 a.m., with LN 3, LN 3 confirmed Resident 1 was hospitalized (6/26/14) and (7/8/24) due to wound infections (buttocks). LN 3 stated Resident 1 had a decline in her condition due to refusal of care and risk management should have been done. LN 3 further stated when residents refuse care 2-3 times, the physician should be notified for a change of treatment. During an interview on 7/16/24, at 11:35 a.m., with the Infection Preventionist (IP), the IP stated the physician should be notified when residents refuse care. During a review of the facility's undated policy and procedure (P&P) titled, Wound Treatment Management , the P&P indicated, .wound treatments will be provided in accordance with physician orders .the facility will follow specific physician orders for providing wound care .the effectiveness of treatments will be monitored through ongoing assessment of the wound. Considerations for needed modifications include lack of progression towards healing .changes in resident's goals and preferences .