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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055858 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                        | (X3) DATE SURVEY COMPLETED<br><br>09/20/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rancho Seco Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>144 F Street<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>48445</p> <p>Based on observation, interview and record review, the facility failed to ensure the Minimum Data Set (MDS, an assessment tool) for one of three sampled residents (Resident 1) accurately reflected Resident 1's wound when his MDS Section M Skin Conditions was not accurately documented.</p> <p>This failure had the potential to result in Resident 1 not receiving interventions to improve skin condition.</p> <p>Findings:</p> <p>During a review of Resident 1's admission records, the records indicated Resident 1 was admitted in July 2024 with diagnoses which included right ankle and foot acute osteomyelitis (bone infection that occurs suddenly), cellulitis (bacterial skin infection) of right lower limb, and Type 2 Diabetes Mellitus (high levels of sugar in the blood). Resident 1's MDS indicated Resident 1 had intact cognition.</p> <p>During a review of Resident 1's Discharge Summaries Notes, dated 7/31/24, the notes indicated, [Resident 1] has a deep wound just medial [middle] to the right great toe which extends between the digits [toes] on the plantar (sole of the foot) side .The ulceration (break on the skin) is rather deep with dark discoloration .</p> <p>During a review of Resident 1's progress notes, dated 8/1/24, the notes indicated, Reason for admission: nursing care, wound care.</p> <p>During a review of Resident 1's MDS Section M Skin Conditions, dated 8/3/24, the MDS indicated Other Ulcers, Wounds and Skin Problems category which indicated to check all that apply if there are foot problems such as A. infection of the foot (e.g. cellulitis, purulent [containing pus] discharge), B. Diabetic foot ulcer(s), C. Other open lesion(s) [damaged tissues] on the foot. The category further indicated to check all that apply if there are other issues such as open lesion(s) other than ulcers, rashes, cuts, surgical wounds, burn, skin tear, and Moisture-Associated Skin Damage (MASD, skin is exposed to moisture for a prolonged period of time). The MDS indicated, None of the above were present.</p> <p>During a review of Resident 1's WOUND EVALUATION, dated 8/8/24, the evaluation indicated Resident 1 had an open wound present on admission on right plantar - 1st digit (Hallux) [big toe].</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of Resident 1's care plan, initiated on 8/21/24, the care plan indicated, resident has pain in right ankle, foot and calf with redness under great toe r/t open wound on plantar side of the right foot.</p> <p>During a concurrent observation and interview on 9/20/24 at 12:40 p.m. with Resident 1 in his room, Resident 1 was observed alert, calm, and verbally responsive to questions. Resident 1 was also observed having a bandage and black boot on his right foot. Resident 1 stated, The reason I'm here is because I can't keep my wound clean.</p> <p>During an interview on 9/20/24 at 1:22 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated, He has this sore on his foot.</p> <p>During a concurrent interview and record review on 9/20/24 at 2:42 p.m. with the Social Services Director (SSD), the SSD confirmed Resident 1 was admitted in July 2024 and stated, It was for rehab and nursing care for his wound.</p> <p>During a concurrent interview and record review on 9/20/24 at 3:54 p.m. with the Infection Preventionist (IP), the IP confirmed wound on foot was marked No on the MDS and stated, That's a mistake, it's actually an open wound .I've been working on that, and it is a wound. The IP further stated, [MDS] is not accurate because the resident has an actual wound .All the information is wrong .It can affect the care and the whole plan of care.</p> <p>During a concurrent interview and record review on 9/20/24 at 4:20 p.m. with the Director of Nursing (DON), the DON confirmed Resident 1 had a wound and verified no wound was indicated on the MDS. The DON confirmed the assessment was not accurate and stated, It can affect resident care if assessment is not accurate .Expectation is for assessments to be accurate.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Conducting an Accurate Resident Assessment, dated 2024, the P&amp;P indicated, The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident ' s status at the time of the assessment, by staff qualified to assess relevant care areas .Accuracy of assessment means that the appropriate, qualified health professionals correctly document the resident ' s medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the appropriate</p> <p>Resident Assessment Instrument (RAI) . 2. Qualified staff who are knowledgeable about the resident will conduct an accurate assessment addressing each resident ' s status, needs, strengths, and areas of decline. The assessment will be documented in the medical record. 3. The appropriate, qualified health professional will correctly document the resident's medical, functional, and psychosocial problems and identifies resident strengths to maintain or improve medical status, functional abilities, and psychosocial status.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of the facility's P&amp;P titled MDS 3.0 Completion, dated 2024, the P&amp;P indicated, Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan .1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident ' s functional capacity, using the RAI specified by the State . ii. Persons completing part of the assessment must attest to the accuracy of the section they completed by signature and indication of the relevant sections.</p> |   |  |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48445</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services in accordance with acceptable professional standards of quality for one of three sampled residents (Resident 1) when referral to a podiatrist (a doctor who treats the foot, ankle, and related structures of the leg) was not ordered and carried out upon admission.</p> <p>This failure resulted in the delay in receiving necessary care and services for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's admission records, the records indicated Resident 1 was admitted in July 2024 with diagnoses which included right ankle and foot acute osteomyelitis (bone infection that occurs suddenly), cellulitis (bacterial skin infection) of right lower limb, and Type 2 Diabetes Mellitus (high levels of sugar in the blood). Resident 1's MDS indicated Resident 1 had intact cognition.</p> <p>During a review of Resident 1's Discharge Summaries Notes, dated 7/31/24, the notes indicated, Summary of Hospital Course .[Resident 1] has a deep wound just medial [middle] to the right great toe which extends between the digits [toes] .The ulceration (break on the skin) is rather deep with dark discoloration .He will need outpatient follow-up with podiatry as soon as possible. The notes further indicated, Discharge Activity . Additional Orders .Outpatient podiatry consultation soon as possible [sic].</p> <p>During a review of Resident 1's Physician H&amp;P [History and Physical] notes, dated 7/31/24, the notes indicated, Impression/plan: 1. Right foot</p> <p>osteomyelitis/cellulitis/wound .Continue wound care .follow-up with podiatrist .</p> <p>During a concurrent observation and interview on 9/20/24 at 12:40 p.m. with Resident 1 in his room, Resident 1 was observed alert, calm, and verbally responsive to questions. Resident 1 was also observed having a bandage and black boot on his right foot. Resident 1 stated, The reason I'm here is because I can't keep my wound clean.</p> <p>During a concurrent interview and record review on 9/20/24 at 1:49 p.m. with Licensed Nurse 1 (LN 1), LN 1 confirmed Resident 1 was admitted in July 2024. LN 1 stated, I don't really remember if he had an appointment .If it was dealt with earlier, it could have been better, [Resident 1] could have the wound treated right away .It could be healed better than it is.</p> <p>During a concurrent interview and record review on 9/20/24 at 2:42 p.m. with the Social Services Director (SSD), the SSD confirmed Resident 1 was admitted in July 2024 and stated, I don't remember if he had any appointments set even after he got admitted . The SSD verified the podiatry referral was ordered on 8/26/24, almost a month after Resident 1 was admitted . The SSD further stated, That's something I would have scheduled, I called [facility podiatrist], [Resident 1] was not on the list of residents to be seen. The SSD verified Resident 1 was seen by the facility podiatrist on 9/9/24.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent interview and record review on 9/20/24 at 3:03 p.m. with the Director of Nursing (DON), the DON confirmed Resident 1 was admitted in July 2024 for wound in right foot. The DON verified the discharge summary from the hospital indicated an order for outpatient podiatry consultation soon as possible [sic]. The DON stated there were no orders for referrals for outpatient podiatrist upon admission and the DON was not able to find any notes on sending referrals to outpatient podiatry. The DON stated, We put in the order and all nurses know how to schedule but I can ' t find documentation that it was carried out .The admission nurse [was] supposed to enter that order upon admission .If it was entered upon admission, something must have been done earlier.</p> <p>During a concurrent interview and record review on 9/20/24 at 3:54 p.m. with the Infection Preventionist (IP), the IP confirmed there were no orders to send the podiatry referral upon admission and stated, Medical records check all the documents from the hospital and give a note on what needs to be done .If you miss those, you forget .No orders and progress notes, that's my mistake [not to have scheduled the appointment].</p> <p>During a review of the facility's policy and procedure titled, Admission Orders, dated 2023, the P&amp;P indicated, A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the residents' immediate care and needs .2. The orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission. 3. The orders should provide information to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan.</p> <p>During a review of the facility ' s P&amp;P titled, Podiatry Services, dated 2024, the P&amp;P indicated, It is the policy of this facility to ensure residents receive proper treatment and care within professional standards of practice and state scope of practice, as applicable, to maintain mobility and good foot health .Residents requiring foot care who have complicating disease processes will be referred to qualified professionals such as a Podiatrist .</p> |