

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 10/08/2024
NAME OF PROVIDER OR SUPPLIER Rancho Seco Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48445</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident-centered activities were implemented for one of six sampled residents (Resident 1) when one on one (1:1) visits were not done and documented for Resident 1.</p> <p>This failure decreased the facility's potential in supporting and enhancing the physical, mental, and psychosocial well-being for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's admission records, the records indicated Resident 1 was admitted [DATE] with diagnoses which included multiple sclerosis (a condition that affects nerves disrupting communication between the brain and the body) and depression. Resident 1's Minimum Data Set (MDS, an assessment tool) indicated Resident 1 had intact cognition.</p> <p>During a review of Resident 1's Annual MDS Assessment, dated 1/25/24, the assessment indicated it was very important for Resident 1 to have books, newspapers, and magazines to read while in the facility. The assessment further indicated it was very important for Resident 1 to do her favorite activities.</p> <p>During a review of Resident 1's care plan, initiated on 8/21/24, the care plan indicated, I would like to continue participating in the recreational activities I currently enjoy on the same level. Such as playing cards during room visits, conversing/discussions, doing word search puzzles. I also enjoy reading books and spending time on my tablet .Check in with me to make sure I can still do activities independently and have any supplies I need.</p> <p>During an interview on 10/8/24 at 2:20 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated, [Resident 1] was upset .The activities director doesn't do room visits, she doesn't do it. She never came to see the resident for 21 days .For bed-bound residents, she's never done room visits.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/8/24 at 3:08 p.m. with Resident 1, Resident 1 showed a calendar indicating the activities for September 2024. The calendar indicated room visits were scheduled at 9:15 a.m., Mondays to Fridays. Resident 1 stated she marked the calendar on the days she did not have room visits from the activities department and that there were no room visits done in September 2024. Resident 1 stated, [The] activities person is not doing her job, 21 days I've not seen her .I didn't get room visits. I don't have a calendar for this month. She could bring me puzzles, she can bring me pages, she can bring me books .It makes me feel like I don't matter.</p> <p>During an interview on 10/8/24 at 3:21 p.m. with the Activities Director (AD), when asked regarding documentation of the room visits, the AD stated, I do have a sheet that I'm supposed to be documenting, to be honest, I don't have the documents available but I'm in the process of organizing it up .I just don't know where the documentation is, but I know we have it .I write or document my visit in PCC (electronic chart), it's under activities, under tasks.</p> <p>During a review of Resident 1's Activity Participation Tasks, the tasks indicated Resident 1's activity participation for Cognitive, Motor Skills, Social, Spiritual, and Sensory, was 1:1, In Room, Independent. The tasks further indicated there was no documentation for each activity participation task for a look back of 14 days.</p> <p>During an interview on 10/8/24 at 4:24 p.m. with the Administrator (ADM), the ADM stated, It's important for these residents to have activities to promote their social abilities and to socialize with care staff .I expect the activities director to document what happened during 1:1 visits.</p> <p>During a concurrent interview and record review on 10/8/24 at 5:41 p.m. with the ADM, the ADM confirmed there was no documentation regarding 1:1 visits and that there was no documentation on the activity participation tasks. The ADM stated, The expectation is to document it. What's not documented did not happen.</p> <p>During a review of the facility's policy and procedure (P&P) titled Dignity, revised 2/2021, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem .2. The facility culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs .5. When assisting with care, residents are supported in exercising their rights. For example, residents are: .b. encouraged to attend activities of their choice, including religious, political, civic, recreational, or social activities</p> <p>During a review of the facility's P&P titled Activities, dated 2024, the P&P indicated, It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designed to meet the interests of each resident, as well as support their physical, mental, and psychosocial well-being.</p> <p>(continued on next page)</p>		

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<p>F 0679</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&P titled Resident Self-Determination and Participation (Activities), dated 2024, the P&P indicated, The facility's activity program is designed to promote and facilitate resident self-determination through support of resident choice and resident rights. Each resident has the opportunity to exercise his or her autonomy regarding those things that are important in his or her life .1. A resident ' s right to self-determination includes, but is not limited to: a. The right to choose activities, schedules . consistent with his or her interests, assessments, and plan of care .2. The Activity Director shall assist the resident to maintain as normal a lifestyle as possible while in the facility through the provision of activities consistent with the resident's interests.</p>		