

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055887	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER River Bend Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2215 Oakmont Way West Sacramento, CA 95691	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48175</p> <p>Based on observation, interview, and record review, the facility failed to maintain timely and appropriate pharmaceutical services for one out of three sampled residents (Resident 1) when a prescribed medication was unavailable to be administered as ordered by the physician.</p> <p>This failure caused Resident 1 to experience worsening tremors, increased rigidity, loss of balance, confusion, and agitation due to not achieving the therapeutic dose.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in early 2024 with diagnoses that included parkinsonism (brain condition that cause slowed movements, rigidity (stiffness), and tremors), fibromyalgia (a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory, and mood issues), muscle wasting, atrophy, and difficulty walking.</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 6/4/24, the OSR indicated, Rytary(R) Oral Capsule Extended Release 23.75-95 MG [mg, unit of measure] (Carbidopa-Levodopa) Give 2 capsules by mouth three times a day related to PARKINSONISM .</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 7/25/24, the MDS indicated Resident 1 had no memory impairment.</p> <p>During an interview on 9/16/24 at 4:39 p.m. with Resident 1, Resident 1 was lying in bed with the head of the bed slightly elevated. Resident 1 was alert, oriented, and well-groomed. When asked if she had any concerns, Resident 1 stated, I am worried that I may be running out of my medications again, and I don't want to have my symptoms exacerbated. My symptoms get so bad that I crawl like a dog.</p> <p>During an interview on 9/16/24 at 5:07 p.m. with Licensed Nurse (LN 1), LN 1 stated, Resident 1 only has two capsules of Rytary(R) remaining for tomorrow morning dose, and the pharmacy should deliver before noon when the next dose is due .</p> <p>During an interview on 9/17/24 at 11:11 a.m. with LN 2, LN 2 stated, . we get medications delivered to the facility at different times, 11 a.m. - noon, 6 p.m. - 7 p.m., and 3 a.m. Resident 1's medication has not yet been delivered.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/17/24 at 1 p.m. with Resident 1, Resident 1 stated they had not received their 1 p. m. dose of Rytary(R), as scheduled. Resident 1 further stated their tremors were worsening and they had increased rigidity, loss of balance, confusion, and agitation due to not achieving the therapeutic dose of the medication.</p> <p>During an interview on 9/17/24 at 1:30 p.m. with LN 2, LN 2 stated that Resident 1's Rytary(R) had not yet been delivered. LN 2 acknowledged this could worsen Resident 1's symptoms.</p> <p>During an interview on 9/17/24/at 2:15 p.m. with the DON, the DON stated, .Resident 1's medication has not arrived yet . The DON acknowledged that the medication should have been administered as prescribed by the physician or Resident 1 could start having withdrawal symptoms for not receiving her medication on time.</p> <p>During a review of records emailed on 9/18/24 at 1:13 p.m. by the DON, the DON indicated, .The resident did not receive the medication (Rytary(R)) on 9/17/24 at 1 p.m. The DON was unable to provide Resident 1's Medication Administration Record (MAR) with documentation of all missed doses of medications when requested by the Department.</p> <p>During a review of the facility's policy and procedure (P&P) titled, PROVIDER PHARMACY REQUIREMENTS, dated 2007, the P&P indicated, .Providing routine and timely pharmacy services .</p> <p>During a review of the facility's policy and procedure (P&P) titled, ORDERING AND RECEIVING NON-CONTROLLED MEDICATIONS, dated 2007, the P&P indicated, .Medications and related products are received .on a timely basis. Reorder routine .to ensure an adequate supply is on hand.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Administering Medications, revised 4/19, the P&P indicated, .Medications are administered within one (1) hour of their prescribed time .</p>		