

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2023
NAME OF PROVIDER OR SUPPLIER  Chico Heights Rehabilitation & Wellness Centre, L		STREET ADDRESS, CITY, STATE, ZIP CODE  587 Rio Lindo Avenue Chico, CA 95926	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47596</b></p> <p>Based on interview and record review, the facility failed to ensure the plan of care for a safe transfer was implemented for one of 4 sampled residents (Resident 1) when Certified Nursing Assistant (CNA) I and Nursing Assistant (NA) 2 did not use a Hoyer lift (a mechanical device for lifting and transferring immobile patients) and assisted Resident 1 to a standing position. Resident 1 was unable to stand and was lowered to the floor.</p> <p>This failure resulted in an avoidable fall for Resident 1 and caused fractures to her right knee, pain, and delay in physical therapy treatments.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated she was admitted to the facility on [DATE], with diagnoses that included displaced trimalleolar fracture of right lower leg (a fracture of the bones of the ankle), morbid (severe) obesity (severely overweight) and difficulty walking.</p> <p>A record review of Resident 1's Minimum Data Set (MDS, a process for clinical assessment of all residents of nursing homes) dated 9/26/2023 Functional Status indicated Resident 1 required assistance and support to transfer to or from bed, chair, wheelchair or standing position. For balance during transitions and walking, Resident 1 was noted as not steady, only able to stabilize with staff assistance.</p> <p>Resident 1's Fall Risk Assessment score was 13 (greater than 13 is high risk for falls).</p> <p>A record review of Resident 1's Lift/ Transfer Evaluation dated 8/18/2023 indicated the resident could not bear weight and her current weight was over 200 pounds.</p> <p>During record review of Physical Therapy Treatment Encounter Note dated 10/25/2023 indicated Resident 1 required substantial/maximal assistance for transfers. Resident 1 's Functional Skills Assessment Mobility Performance Score was 2 (ranges from 0-12 ,12 indicating a higher functional ability) It indicated Resident 1 was a fall risk with right lower leg pain.</p> <p>During a record review of Resident 1's fall care plan dated 10/26/2023, indicated she was at risk for falls with a past history of fall with ankle fracture prior to admission and required use of a Hoyer lift for transfers with assist of 2.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Interdisciplinary Team (IDT, a meeting between department heads to discuss/plan care) Progress note dated 10/26/2023, indicate at 2:50 PM CNA 1 went to the nurse's station during change of shift to report that Resident 1 was on the floor. CNA 1 reported that Resident 1 was supposed to have her shower and CNA 1 and NA 2 were trying to remove her brief prior to shower. CNA 1 claimed that Resident 1 offered to stand up so they can remove her brief easily and CNA 1 assisted her to stand up. Resident 1 was unable to support her weight and was very unsteady, so CNA 1 assisted Resident 1 to slide down to the floor. Resident 1's right knee gave out and it hit the floor and she was then complaining of right knee pain. The Nurse Practitioner was notified and an order for x-ray was received. Resident 1 and family refused x-ray and requested to be sent out to acute care hospital. Resident 1 was transported by ambulance at 4:15 PM to acute care hospital and was found to have subtle, nondisplaced mildly impacted fractures of the proximal tibia, fibula neck and proximal fibular neck and proximal fibular shaft (fractures of both bones of the right knee). A soft cast was applied, and resident returned to facility at approximately 8:10 PM.</p> <p>During record review of Resident 1's Pain Interview dated 9/26/2023 it indicated Resident 1 had pain in the previous 5 days, pain was occasional, had no effect on sleeping, did not limit Resident 1's day-to-day activities and pain scale rating was 4/10 (0 being no pain and 10 being the worst pain).</p> <p>During a review of Resident 1's Medication Administration Record dated 10/1/2023 through 11/30/2023 it indicated Resident 1 was taking Hysingla ER (a extended release opiate medication used to treat chronic pain) once daily. After the fall on 10/25/2023 Resident 1 was taking Norco 5-325 (a mixture of narcotic pain medication and Tylenol used to treat severe pain) for 13 days averaging 3 pills per day with an average pain scale of 8 (severe pain). Resident 1 also took Tramadol (a narcotic pain medication) on 4 days during that time with an average pain scale of 8.</p> <p>A review of Resident 1's Nurse's Note, dated 10/28/23 at 4:45 am, indicated that Resident 1 was asking why her pain medication was not brought to her on time. The nurse explained that the medication is ordered as needed for pain and not a routine schedule. The nurse further explained that if Resident 1 was asleep, the nurse would not wake Resident 1 to take her pain medication. Resident 1 refused incontinent care twice, because she needed four people to help turn her.</p> <p>A review of In-Service Mechanical Lift/Transfer Equipment lesson plan dated 10/25/23 taught by Director of Staff Development (DSD) and Director of Physical Therapy (DPT) indicated that the best safety controls are machines, equipment and devices that do the lifting and transferring for you including gait belts and electric lifts (Hoyer lifts are electric devices that lift and transfer a resident in a sling). A resident's physical needs and abilities must be constantly checked to ensure that the safest lifting techniques are being used. Before transferring a resident, check the Kardex, care plan, care card or assignment sheet. Factors that should be considered: the individual's required level of assistance, the resident's weight and height, the person's cognitive status and physical ability. You should always try to avoid physically lifting residents. Always follow your facility's policies for lifting. NA 1 attended this in-service. CNA 1 did not attend this in-service.</p> <p>A review of Module 5 of Nursing Assistant Certification lesson plan dated 2019, completed by CNA 1 and NA 1 indicated mechanical lift devices should be used for residents who are morbidly obese, have fragile skin or are unable to bear weight.</p> <p>A review of Medical Doctor orders dated 10/31 /2023 indicated an order for Hoyer transfer per therapy department every shift.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/9/2023 at 7:57 AM, with Resident 1 in her room she recounted the circumstances at the time of the fall on 10/25/2023. Resident 1 stated at approximately 2:50 PM, she had been transferred from her wheelchair to her shower chair via mechanical lift by CNA 1 and NA 2. Resident 1 stated once in the shower chair it was noticed that she still had on her brief. CNA 1 stated she would lift Resident 1 while NA 1 pulled down her incontinence brief. Resident 1 stated she said no, but CNA 1 lifted her up under her arms but couldn't support her weight, so Resident 1 slithered to the floor. Resident 1 landed most of her weight on her right knee with immediate pain. Resident 1 laid on the floor while they called for help. LVN 1 (Licensed Vocational Nurse) and Registered Nurse (RN) 1 arrived quickly and assisted her into the mechanical lift sling and was put back in bed. Resident 1 texted her son, who works at the local hospital, and told him what happened. Resident 1 and her son agreed she should be taken by ambulance to the hospital where he would be waiting for her. She returned to the facility that evening with a soft cast on her right leg with a diagnosis of right medial tibial fracture (a break of the lower leg bone). She was taking Norco (a narcotic pain medication) for the first 12 days after the fall, but the medication made her loopy. Resident 1's pain medication was changed to Tramadol (a pain medication) and Tylenol (an over-the-counter pain medication). Resident 1 reports that before her fall she was able to stand for 15 seconds during her Physical Therapy (PT) session earlier in the day of her fall. Resident 1 is now having PT in her room in her bed and only on her upper body.</p> <p>On 11/8/2023 at 2:45 PM during interview with Director of Physical Therapy/Director of Rehab (DPT/DOR) stated that on 10/25/2023 Resident 1 was assessed as dependent assist which means she requires a Hoyer lift for transfers. When asked how CNAs know what level of assistance a resident requires, DPT/DOR stated that when a resident's status changes, physical therapy (PT) in services the CNAs. When asked if they in-service all CNAs on all shifts, DPT/DOR said no, the CNAs find out from the nurses. DPT/DOR stated that Resident 1's status hasn't changed in a long time.</p> <p>During record review of Emergency Department provider notes dated 10/25/2023 at 4:40 PM indicated the patient (Resident 1) had a fall while transferring at the care home. Patient is non-weight bearing (not allowed to put any weight) and staff allowed her to stand where she collapsed. She was getting physical therapy and had been bed bound for 18 months. Patient reported 10/10 on a pain scale (severe worst pain) to right knee. A review of Xray results indicated Resident 1 was diagnosed with a right subtle, nondisplaced mildly impacted fractures of the proximal tibia and subtle nondisplaced fractures of the proximal fibular neck and proximal fibula shaft and severe osteopenia (a fracture of the bones of the knee and a loss of bone strength). A soft cast was applied to right leg and Resident 1 was discharged via ambulance back to the facility at approximately 8:20 PM.</p> <p>On 11/9/2023 at 4:30 PM during telephone call with CNA 1 she recounted that on 10/25/23 at approximately 2:50 PM she was getting Resident 1 ready to shower. She and NA 2 had already used the Hoyer lift to transfer Resident 1 from her wheelchair to her shower chair. Resident 1 offered to stand up so her brief could be removed. CNA 1 assisted Resident 1 to stand but Resident 1's legs gave out and CNA 1 was unable to support her weight. CNA 1 assisted Resident 1 slowly to the floor where Resident 1 hit her knee, CNA 1 immediately went to the nurse's station to get help leaving NA 2 with Resident 1. When asked how CNAs find out a resident's transfer status, she stated CNAs must ask other CNAs or the nurses. She admitted she should have used the Hoyer lift but Resident 1 stated she could stand.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47596</p> <p>Based on observation, interview and record review, the facility failed to provide competent nursing care to 1 of 4 sampled residents (Resident 1) when Certified Nursing Assistant (CNA)1 and Nursing Assistant (NA) 2 did not implement the care plan to safely transfer Resident 1 from her wheelchair to her shower chair.</p> <p>This failure resulted in an avoidable fall for Resident 1 and caused fractures to her right knee, pain, and delay in physical therapy treatments. (Reference F689)</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated she was admitted to the facility on [DATE] with diagnoses that included displaced trimalleolar fracture of right lower leg (a fracture of the bones of the ankle), morbid (severe) obesity (severely overweight) and difficulty walking.</p> <p>A review of Resident 1's Lift/ Transfer Evaluation dated 8/18/2023 indicated the resident could bear weight and her current weight was over 200 pounds.</p> <p>A review of Resident 1's Minimum Data Set (a process for clinical assessment of all residents of nursing homes) dated 9/26/2023, Resident 1's Functional Status indicated she required extensive assistance and support to transfer to or from bed, chair, wheelchair or standing position. For balance during transitions and walking Resident 1 was noted as not steady, only able to stabilize with staff assistance.</p> <p>A record review of Physical Therapy Treatment Encounter Note dated 10/25/2023 indicated Resident 1 required substantial/maximal assistance for transfers and was able to stand for 15 seconds at a time and required extended rest breaks.</p> <p>A review of Resident 1's care plan dated 10/26/2023 indicated she was a risk for falls and required mechanical lift for transfers with two-person assist.</p> <p>A record review of Interdisciplinary Team (IDT, a meeting between department heads to discuss/plan care) Progress note dated 10/26/2023, indicated at 2:50 PM CNA 1 went to the nurse's station during change of shift to report that Resident 1 was on the floor. CNA 1 reported that Resident 1 was supposed to have her shower and CNA 1 and NA 2 were trying to remove her brief prior to shower. CNA 1 claimed that Resident 1 offered to stand up so they could remove her brief easily and CNA 1 assisted her to stand up. Resident 1 was unable to support her weight and was very unsteady, so CNA 1 assisted Resident 1 to slide down to the floor. Resident 1's right knee struck the floor, and she was then complaining of right knee pain. The Nurse Practitioner was notified and an order for x-ray was received. Resident 1 and family refused x-ray and requested to be sent out to acute care hospital. Resident 1 was transported by ambulance at 4:15 PM to acute care hospital and was found to have subtle, nondisplaced mildly impacted fractures of the proximal tibia, fibula neck and proximal fibular neck and proximal fibular shaft (fractures of both bones of the right knee). A soft cast was applied, and Resident 1 returned to facility at approximately 8:20 PM.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/9/2023 at 7:57 AM during an interview with Resident 1 in her room she recounted that at the time of the fall on 10/25/2023 at approximately 2:50 PM she had been transferred from her wheelchair to her shower chair via mechanical lift by CNA 1 and Na 2.</p> <p>Once in the shower chair it was noted that Resident 1 still had on her brief. CNA 1 said she will lift Resident 1 while NA 2 pulled down her brief. Resident 1 stated she said no but CNA 1 lifted Resident 1 up under her arms but couldn't support her weight. Resident 1 slithered to the floor, landing most of her weight on her right knee with immediate pain. She laid on the floor while they called for help. LVN 1 (Licensed Vocational Nurse) and Registered Nurse (RN) 1 arrived, assessed her, and assisted her into the mechanical lift sling and was put back in bed. She was then transported to the emergency department for care. She reports that before her fall she was able to stand for 15 seconds during her Physical Therapy (PT) session earlier in the day of her fall and now is having PT in her room in her bed and only on her upper extremities.</p> <p>During an interview on 11/8/2023 at 9:27 AM with NA 2 in staff locker room she stated she has worked as an aide for a long time and has a lot of experience. On the day of the fall, she volunteered to help CNA 1 get Resident 1 ready for her shower. When they realized Resident 1 still had her brief on, CNA 1 said she would lift Resident 1 up and NA 2 could pull her brief down. NA 2 said no, but CNA 1 lifted Resident 1 up but was unable to support her weight. Resident 1 slid to the floor hitting her right knee. NA 2 stated facility policy is to not move resident after a fall until they are assessed by nurse. CNA 1 went to the nurse's station to get help and LVN 1 and RN 1 came in, assessed Resident 1 and used the Hoyer lift to get Resident 1 back into bed. When asked how CNAs and NAs know what a resident's transfer status is, NA 2 stated that CNAs find out from each other or ask the nurses. NA 2 stated that CNAs don't have access to the resident's charts, care plans, transfer status, assist level or number of people needed to transfer and this information is not posted anywhere.</p> <p>On 11/8/2023 at 8:30 AM during interview with Director of Staff Development (DSD) stated she did an impromptu in-service about transferring residents with CNA 1 and NA 2. She was not able to provide documentation regarding what was discussed, time or date. DSD confirmed that CNA 1 had no facility provided transfer in-service trainings. DSD stated that CNA 1's trainings were provided during her CNA training course that she completed in October 2023. When asked how CNAs get information on resident's transfer status, she stated that they ask each other or the nurses and stated, I wish there was a sheet where they could look it up.</p> <p>On 11/8/2023 at 2:00 PM during an interview with Director of Nurses (DON) stated LVN 1 told CNA 1 to use the Hoyer lift to transfer Resident 1 from wheelchair to shower chair. CNA 1 and NA 2 used the Hoyer lift to transfer Resident 1 but realized she was still wearing her brief. Resident 1 was already sitting on the Hoyer lift sling, but CNA 1 did not use Hoyer lift. Resident 1 stated she could stand while NA 2 pulled her brief down as she had just come from PT and had stood for 15 seconds. CNA 1 assisted Resident 1 to stand but Resident 1 was unable to bear weight and her knees gave out and she sank to the floor, landing on her right knee. Resident 1 was immediately assessed and returned to bed via Hoyer lift. Both CNA 1 and NA 2 were counseled for not using the Hoyer lift. When asked how CNAs find out how a resident should be transferred and the amount of assistance a resident requires, the DON stated that they ask each other or ask the nurses. DON stated that CNAs do not have access to resident's charts and there is no way for them to look up resident's specific care needs.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/8/2023 at 2:45 PM during interview with Director of Physical Therapy/Director of Rehab (DPT/DOR) stated that on 10/25/2023 Resident 1 was assessed as dependent assist which means she requires a Hoyer lift for transfers. When asked how CNAs know what level of assistance a resident requires, DPT/DOT stated that when a resident's status changes, physical therapy (PT) in-services the CNAs. When asked if they in-service all CNAs on all shifts, DPT/DOR said no, the CNAs find out from the nurses. DPT/DOR stated that Resident 1's status hasn't changed in a long time.</p> <p>On 11/9/2023 at 4:30 PM during telephone call with CNA 1 she recounted that on 10/25/23 at approximately 2:50 PM she was getting Resident 1 ready to shower. She and NA 2 had already used the Hoyer lift to transfer Resident 1 from her wheelchair to her shower chair. Resident 1 offered to stand up so her brief could be removed. CNA 1 assisted Resident 1 to stand but Resident 1's legs gave out and CNA 1 was unable to support her weight. CNA 1 assisted Resident 1 slowly to the floor where Resident 1 hit her knee. CNA 1 immediately went to the nurse's station to get help leaving NA 2 with Resident 1. When asked how CNAs find out a resident's transfer status, she stated CNAs must ask other CNAs or the nurses. She admitted she should have used the Hoyer lift but Resident 1 stated she could stand, and CNA 1 didn't know Resident 1 was not able to support herself.</p> <p>A review of Module 5 of Nursing Assistant Certification lesson plan dated 2019 completed by CNA 1 and NA 2 during their CNA training course completed October 2023, indicated a gait belt must be used for residents requiring one or two-person assist. Mechanical lift devices should be used for residents who are morbidly obese, have fragile skin or are unable to bear weight.</p> <p>A review of Facility Policy titled Gait Belt Transfer Acknowledgement last revised September 2016 indicated that a gait belt should be worn by the resident when transferring or ambulating. If a resident is unstable, the gait belt must be used properly to ensure that the resident is not injured.</p> <p>A review of In-Service Mechanical Lift/Transfer Equipment lesson plan dated 10/25/23 taught by Director of Staff Development (DSD) and Director of Physical Therapy (DPT) indicated that the best safety controls are machines, equipment and devices that do the lifting and transferring, including gait belts and electric lifts (Hoyer lifts are electric devices that lift and transfer a resident in a sling). A resident's physical needs and abilities must be constantly checked to ensure that the safest lifting techniques are being used. Before transferring a resident, check the Kardex, care plan, care card or assignment sheet. Factors that should be considered: the individual's required level of assistance, the resident's weight and height, the person's cognitive status and physical ability. Employees should always try to avoid physically lifting residents. Always follow the facility's policies for lifting. NA 2 attended this in-service. CNA 1 did not attend this in-service.</p>