

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 06/15/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46147</p> <p>Based on interview, and record review, the facility failed to ensure that 2 of 3 residents sampled (Resident 1 and Resident 2), for assistance with activities of daily living (ADLs) received scheduled showers or baths, when twice weekly bathing was not completed scheduled.</p> <p>These failures had the potential to result in residents feeling depressed with poor self-esteem, and had the potential to contribute to skin breakdown, infection, and negatively impact their ability to attain or maintain their highest practicable level of well-being.</p> <p>Findings:</p> <p>A review of the facility ' s policy revised on 1/1/2012, titled, Showering and Bathing, indicated the purpose of a tab bath or shower is given to the residents to provide cleanliness, comfort, and to prevent body odors. This facility ' s policy also indicated to observe the skin during the bath or shower.</p> <p>A review of the facility ' s policy dated 8/31/22, titled Bed Bath, indicated residents are given baths as scheduled to promote cleanliness, comfort, and stimulate circulation.</p> <p>A review of the facility ' s policy dated 1/1/2012, titled, Resident Rights, is to promote and protect the rights of all residents in the facility. This policy also indicated the facility makes every effort to assist each resident in exercising his/her rights by providing the following services to include the facility staff encourages residents to participate in planning their daily care routines, including ADLs.</p> <p>During a review of Resident 1 ' s medical record, the Admission Record, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included need for assistance with personal care, high blood pressure, history of falling, heart disease, Chronic Obstructive Pulmonary disease, (COPD, a progressive lung disease), and abnormal weight loss.</p> <p>A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 4/11/24, indicated that Resident 1 required maximal assistance with transfers, toileting, bathing, and dressing. This MDS also indicated Resident was not able to make his own health care decisions and had a responsible party (RP).</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
---	-------	-----------

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 06/15/2024
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 0677</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 medical record, the ADL Look Back Report, dated 4/1/24 through 4/30/24, indicated Resident 1 only received 4 baths or showers in the month of April 2024. The dates of baths documented were 4/2/2, 4/9/24, 4/23/24, and 4/29/24.</p> <p>During a record review of Resident 1 ' s medical record, there were no progress notes documented indicating any refusal of bathing or updating Resident 1 ' s RP the scheduled baths/showers were not provided to Resident 1 per the facility policy.</p> <p>During a review of Resident 2 ' s medical record, the Admission Record, indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included need for personal assistance, diabetes (a disease when there is too much sugar in the blood), chronic kidney disease, Urinary Tract Infection (UTI, a bladder infection) and muscle weakness.</p> <p>A review of the most recent MDS, dated [DATE], indicated that Resident 2 required maximal assistance with transfers, toileting, bathing, and dressing. This MDS indicated Resident 2 was cognitively intact, and was her own responsible party that could make her own medical decisions.</p> <p>During a review of Resident 2 ' s medical record, the ADL Look Back Report, dated 4/8/24 through 4/22/24, indicated Resident 2 only received 1 shower in the month of April 2024. The date of the shower was documented on 4/12/24.</p> <p>During a documented interview on 6/4/24 at 07:00 am, Resident 2 stated, I didn ' t get but one shower the whole time I was there.</p> <p>During an interview on 6/12/24 at 12:20 pm, the Licensed Nurse (LN) B confirmed showers and baths are scheduled two times weekly per the shower schedule, and per request or as needed for all residents. LN B also confirmed all refusals are documented, the RP ' s are updated, and additional attempts are tried to complete bathing. LN B stated, The Certified Nursing Assistants (CNAs) know to update update the nurses if the resident refuses.</p> <p>During an interview on 6/13/24 at 4:46 pm, the Director of Nursing (DON) confirmed all baths are documented on the ADL look back report sheets, and if the shower or bath is not documented then the bathing was not completed. DON also confirmed there was a shower schedule to follow, and all staff should update any refusals or not completed baths or showers as scheduled to the charge nurse to document and follow up as needed for all residents.</p>