

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER River Pointe Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6041 Fair Oaks Blvd Carmichael, CA 95608	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>47465</p> <p>Based on interview and record review, the facility failed to notify Resident 1's (Res 1) representative (RP) regarding Res 1's room change.</p> <p>This failure had the potential to cause psychosocial distress to Res 1 as well as concern to Res 1's RP due to the lack of notification of a room change.</p> <p>Findings:</p> <p>In a review of the Resident Face Sheet, Res 1 was admitted mid 2024 with diagnoses including gangrene (a condition that causes tissue to die) and Parkinson's Disease (a brain disorder that negatively affects the nervous system).</p> <p>During a phone interview on 6/3/24 at 11:47 A.M., with the RP, she stated that Res 1 was moved to another room without being informed which made her upset and concerned that she didn't receive a reason why.</p> <p>During a concurrent interview and record review on 6/4/24, at 1:34 p.m., with the Director of Nursing (DON), the DON stated that she could not find any documentation in Res 1's chart that indicated the reason for the room change or that the RP was notified. The DON stated it is her expectation is that the RP is to be notified regarding room changes.</p> <p>During an interview on 6/4/24 at 2:49 p.m. with Staff Services Director (SSD), the SSD stated that she could not find any documentation in the resident's chart of the room change or that the RP was notified. The SSD stated that it should be documented that the RP was to be notified upon any room change.</p> <p>A review of the facility's policy and procedure titled, Transfer, Room to Room, dated December 2016, indicated, family and visitors will be informed of the room change . The following information should be recorded in the resident's medical record: The date and time the room transfer was made . The signature and title of the person recording the data.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 056101	If continuation sheet Page 1 of 2

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47465</p> <p>Based on interview and record review, the facility failed to protect one of their residents, Resident 1 (Res 1), from neglect by not providing showers as scheduled.</p> <p>This failure had the potential to cause physical and psychosocial harm to the resident and caused emotional distress to Res 1's representative (RP).</p> <p>Findings:</p> <p>In a review of the Resident Face Sheet, Res 1 was admitted mid 2024 with diagnoses including gangrene (a condition that causes tissue to die) and Parkinson's Disease (a brain disorder that negatively affects the nervous system).</p> <p>During a phone interview on 6/3/24, at 11:47 AM, with Res 1's RP, the RP stated that when she went to visit Res 1, he would appear dirty, and on one occasion his hair was messy and was covered in food. She further stated .he appeared like he looked homeless.</p> <p>During a concurrent interview and record review on 6/4/24 at 1:34 p.m. with the Director of Nursing (DON), the bathing tasks and showers sheets of Res 1 were reviewed from 5/12/24/-5/19/24. The DON stated that she could not find documentation that Res 1 had been offered, received, or refused a shower. The DON stated that her expectation was for the bathing logs to be documented accurately to ensure the resident received a shower. She further stated .I cannot say if Res 1 had a bath or not.</p> <p>During a review of the facilities policies and procedure titled, Bath, Shower/Tub, revised February 2018, indicated documentation should include, The date and time the shower/tub bath was performed . and If the resident refused the shower/tub bath, the reason(s) why and the intervention taken.</p>		