

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 10/28/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47197</p> <p>Based on observation, interview, and record review, the facility failed to ensure the rights of the residents were maintained for three of six sampled residents (Resident 2, Resident 5 and Resident 6) when four facility employees did not wear identification badges (ID).</p> <p>This failure had the potential to cause residents to feel vulnerable and did not promote safety and security measures for all the residents in the facility.</p> <p>Findings:</p> <p>A review of Resident 2's clinical record indicated Resident 2 was admitted October of 2024 and had diagnoses that included ulcer (open sore) on both legs, heart failure (a serious condition in which the heart does not pump blood as efficiently as it should), abnormalities of gait and mobility, and muscle weakness. A review of Resident 2's Minimum Data Set (MDS- an assessment tool used to guide care) Cognitive Patterns, dated 10/19/24, indicated Resident 2 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 10 out of 15 which indicated Resident 2 had a moderately impaired cognition.</p> <p>During an interview on 10/28/24 at 12:26 p.m. with Resident 2, Resident 2 stated he does not know his nurse or his Certified Nurse Assistant (CNA). Resident 2 further stated some of the facility employees do not wear their ID badges.</p> <p>A review of Resident 5's clinical record indicated Resident 5 was admitted September of 2024 and had diagnoses that included stimulant dependence, anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), muscle weakness, and bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). A review of Resident 5's MDS Cognitive Patterns, dated 10/5/24, indicated Resident 5 had a BIMS score of 12 out of 15 which indicated Resident 5 had a moderately impaired cognition.</p> <p>During an interview on 10/28/24 at 1:50 p.m. with Resident 5, Resident 5 stated she was concerned about facility employees not wearing ID badges. Resident 5 stated that was why she does not know the names of the employees that attend to her.</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: 056101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 6's clinical record indicated Resident 1 was admitted October of 2023 and had diagnoses that included heart failure, anoxic brain damage (a brain injury caused by oxygen deprivation), muscle weakness, and dependence on other enabling machines and devices. A review of Resident 6's MDS Cognitive Patterns, dated 9/19/24, indicated Resident 6 had a BIMS score of 15 out of 15 which indicated Resident 6 had an intact cognition.</p> <p>During an interview on 10/28/24 at 2:06 p.m. with Resident 6, Resident 6 stated she does not know the name of her nurse or her aid because they do not wear ID badges. Resident 6 further stated she is bothered because she would not know if the nurse or aid taking care of her was an employee of the facility.</p> <p>During a concurrent observation and interview on 10/28/24 at 2:50 p.m. with Licensed Nurse (LN) 2, LN 2 was observed working at the nurses ' station but was not wearing an ID badge. LN 2 confirmed the observation and stated she forgot to wear it.</p> <p>During a concurrent observation and interview on 10/28/24 at 2:52 p.m. with CNA 5, CNA 5 was observed attending a resident but was not wearing an ID badge. CNA 5 confirmed the observation and stated she left her ID badge in her car. CNA 5 further stated she is working as a CNA (provides vital support to both residents and nurses which includes assisting, transporting, bathing, and feeding patients, stocking medical supplies and logging patient information).</p> <p>During a concurrent observation and interview on 10/28/24 at 2:54 p.m. with CNA 6, CNA 6 was observed coming out from the resident's dining area but was not wearing an ID badge. CNA 6 confirmed the observation and stated she forgot her ID badge in her bag. CNA 6 stated she is working as a CNA.</p> <p>During a concurrent observation and interview on 10/28/24 at 3:04 p.m. with LN 3, LN 3 stated she is the charge nurse (a licensed nurse responsible for assisting patients and administering treatments and medications) for PM shift. LN 3 was observed working on a medication cart but was not wearing an ID badge. LN 3 confirmed the observation and stated her ID badge is in her bag.</p> <p>During an interview on 10/28/24 at 3:55 p.m. with LN 2, LN 2 stated it should be important for facility employees to wear their ID badges so that the families or residents would know who the staff is. LN 2 further stated that it is a residents' right to know who is taking care of them.</p> <p>During an interview on 10/28/24 at 4:27 p.m. with the Administrator (ADM), the ADM stated, It's [facility employees not wearing ID badges] definitely not okay, they [facility employees] should wear [ID] badge so residents can identify them.</p> <p>A review of the facility's P&P titled, Identification Name Badges, revised 01/2008, indicated, In order to promote safety and security measures established by our facility, each employee must wear his/her identification name badge at all times while on duty .1. All personnel are required to wear identification name tags or badges during their work shift .</p>		

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 10/28/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47197</p> <p>Based on interview and record review, the facility failed to ensure one out of seven sampled residents (Resident 1) received treatment and care in accordance with professional standards of practice, and facility's policy and procedure (P&P) when Resident 1's physician's order for moisture associated skin damage (MASD) treatment was not followed.</p> <p>This failure had the potential for Resident 1's wound to worsen and for Resident 1 to not achieve their highest practicable well-being.</p> <p>Findings:</p> <p>A review of Resident 1's clinical record indicated Resident 1 was admitted October of 2024 and had diagnoses that included osteomyelitis of vertebra (a serious infection of the backbone), diabetes mellitus (a chronic condition causing too much sugar in the blood which inhibits the body's natural wound-healing capabilities), muscle weakness, and severe obesity.</p> <p>A review of Resident 1's Minimum Data Set (MDS- an assessment tool used to guide care) Cognitive Patterns, dated 10/19/24, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 13 out of 15 which indicated</p> <p>Resident 1 had an intact cognition. A review of Resident 1's Skin Conditions, dated 10/19/24, indicated Resident 1 was at risk of developing pressure ulcers/injuries (PU/PI- injury to skin and underlying tissue resulting from prolonged pressure) and had MASD.</p> <p>During an interview on 10/28/24 at 12:17 a.m. with Resident 1, Resident 1 stated he has developed redness on his bottom and facility staff had been treating it.</p> <p>A review of Resident 1's active physician's order, dated 10/16/24, indicated, Cleanse moisture associated skin damage (MASD) at intergluteal cleft [groove between the buttocks] with NS [normal saline- a mixture of water and salt], pat dry, apply zinc oxide [an ointment used to treat or prevent skin irritations] QS [every shift]. Monitor and assess during treatment for any worsening, s/sx [signs and symptoms] of infection, skin breakdown, or if treatment is ineffective and call MD [Doctor of Medicine]. every shift for skin integrity.</p> <p>A review of Resident 1's Treatment Administration Record (TAR, a legal document used to record treatments given to the residents) for the month of October 2024 indicated that the MASD treatment was not done on the following dates and shifts:</p> <p>10/17/24- PM shift</p> <p>10/18/24- PM shift</p> <p>10/19/24- PM shift</p> <p>10/20/24- PM shift</p> <p>(continued on next page)</p>		

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 10/28/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/22/24- PM shift</p> <p>10/23/24- PM shift</p> <p>10/25/24- PM shift</p> <p>10/27/24- PM shift</p> <p>During a concurrent interview and record review on 10/28/24 at 3:55 p.m. with Licensed Nurse (LN) 2, Resident 1's clinical record was reviewed. LN 2 confirmed that Resident 1 has an order of MASD treatment every shift but there was no documentation that it was completed on eight [8] shifts. LN 2 stated Resident 1's MASD treatment should be done every shift as ordered by the physician. LN 2 further stated, Yes, it [Resident 1's MASD treatment] should be done every shift .So that the patient [Resident 1] won ' t get infection or complication and it [resident 1's MASD] will heal faster.</p> <p>During an interview on 10/28/24 at 4:27 p.m. with the Administrator (ADM), the ADM stated physician's orders for treatments should be followed.</p> <p>A review of the facility's P&P titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol, revised 04/2018, indicated, Treatment/Management 1. The physician will order pertinent wound treatments, including .wound cleansing .dressings .and application of topical agents.</p> <p>A review of the Centers for Medicare & Medicaid Services (CMS- the federal agency in the United States that provides health coverage) publication titled, Wound Care L37166, revised 4/23/20, indicated, Wound care must be performed in accordance with accepted standards for medical and surgical treatment of wounds . (https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=37166).</p>

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 10/28/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>47197</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident call system in the toilet and bathing area for one of seven sampled residents (Resident 7) when Resident 7 did not have a functional call system in the bathroom.</p> <p>This failure had the potential to jeopardize Resident 7's health and safety when using the bathroom and requiring assistance within their room.</p> <p>Findings:</p> <p>A review of Resident 7's clinical record indicated Resident 7 was admitted October of 2024 and had diagnoses that included atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and muscle weakness. A review of</p> <p>Resident 7's active physician's orders, dated 10/23/24, indicated, Resident [Resident 7] is capable of making her own health decisions.</p> <p>During an observation on 10/28/24 at 12:06 p.m. of Resident 7's room, Resident 7's call light was on.</p> <p>During a concurrent observation and interview on 10/28/24 at 2:11 p.m. with Licensed Nurse (LN) 1, of Resident 7's room, LN 1 confirmed that Resident 7's call light was on. LN 1 stated, That call light [Resident 7's call light] is always on, it has been broken .Maintenance has been aware about it [Resident 7's broken call light].</p> <p>During a concurrent interview and record review on 10/28/24 at 2:25 p.m. with the Director of Environmental Services (DES), a facility document titled Maintenance Work Request was reviewed. The document indicated, Room # [Resident 7's room] Date 05/07 .Requested work . [Resident 7's room] Bathroom call light broken. The DES confirmed that Resident 7's call light was broken, and he was made aware about it on 5/7/24. The DES stated they have been trying to fix the call light but was unsuccessful. The DES further stated the resident in the room was given a call bell at the bathroom to use as a call system.</p> <p>During a concurrent observation and interview on 10/28/24 at 2:44 p.m. with Resident 7, at Resident 7's room, Resident 7 stated, I don't know, there's no [call] bell, when asked if she was given a bell to use as a call system when she needed help. Resident 7 confirmed she was able to walk and go to the bathroom using her walker. The resident's bedside and bathroom were checked but there was no call bell noted.</p> <p>During a concurrent observation and interview on 10/28/24 at 3:10 p.m. with Certified Nurse Assistant (CNA) 7, at Resident 7's room, CNA 7 confirmed that there was no call bell in Resident 7's bathroom or at bedside. CNA 7 further stated Resident 7 should have a call system in the bathroom so she can call for help if there ' s a problem and or if she needed assistance in the bathroom.</p> <p>(continued on next page)</p>		

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 10/28/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/28/24 at 3:55 p.m. with LN 2, LN 2 stated she would expect that all residents have a functioning call system in their bathroom so residents could call staff if there would be an emergency situation in the bathroom.</p> <p>During an interview on 10/28/24 at 4:27 p.m. with the Administrator (ADM), the ADM stated, At any given point, that [call light system in the bathroom] should be in place for residents to call in case they need help.</p> <p>A review of the facility's policies and procedures titled, Call Light Policy and Procedure, undated, indicated, It is this facility's policy to ensure the presence of a resident call system is available .What to do when call light system malfunctions: .h. To the extent possible, provide residents with call bells .</p> <p>A review of the Centers for Medicare & Medicaid Services document titled, .Physical Environment, undated, indicated, .the communication system relays the call directly to a staff member or to a centralized staff work area from each resident ' s bedside; and from the toilet and bathing facilities the call system must be accessible to the resident at each toilet, bath or shower and should be accessible to a resident lying on the floor. (https://qsep.cms.gov/data/352/PhysicalEnvironment.pdf)</p>