

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  12/05/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49814</p> <p>Based on observation, interview, and record review, the facility failed to follow proper infection control practices for one of seven sampled residents (Resident 1) when a Certified Nursing Assistant (CNA) did not put on a protective gown when performing resident care.</p> <p>This failure had the potential to increase the spread of infection.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in November of 2024 with diagnoses that included skin infection.</p> <p>A review of Resident 1 ' s Order Details, dated 12/2/24, indicated, Enhanced Barrier Precautions [EBP, precautions taken by healthcare staff to prevent the spread of infection] during high contact time secondary to indwelling Foley Catheter [a flexible plastic tube inserted into the bladder to provide continuous urinary drainage].</p> <p>Review of the facility ' s policy and procedure (P&amp;P) titled, Enhanced Barrier Precautions, revised 8/22, the P&amp;P indicated, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) [bacteria that are resistant to certain commonly used antibiotics] to residents .EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply .Gloves and gown are applied prior to performing the high contact resident care activity .Examples of high-contact resident activities requiring the use of gown and gloves for EBPs include . changing briefs or assisting with toileting.</p> <p>During a concurrent observation and interview on 12/5/24 at 10:16 a.m., with CNA 1, CNA 1 changed Resident 1 ' s soiled brief without wearing a gown. CNA 1 confirmed she was not wearing a protective gown while changing Resident 1 ' s brief and indicated that a gown was required to prevent the spread of bodily fluids.</p> <p>During an interview on 12/5/24 at 12:56 p.m., with the Infection Preventionist (IP), the IP indicated staff should be wearing gowns when performing high contact care for residents placed on EBP due to the increased risk of spreading multi drug resistant organisms.</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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