

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  05/21/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48445</p> <p>Based on interview and record review, the facility failed to ensure professional standards of practice were followed for three of six sampled residents (Resident 1, Resident 2, and Resident 3), when:</p> <ol style="list-style-type: none"> <li>1. Resident 1 ' s Permethrin (a medication used to treat scabies - a very itchy rash caused by a parasitic mite that burrows in the skin surface) was not given per physician ' s order and Resident 1 ' s Ivermectin (used for infections caused by parasites) order was not carried out as ordered;</li> <li>2. Resident 2 ' s Permethrin order was not followed as ordered; and</li> <li>3. Resident 3 ' s Permethrin order was not carried out timely.</li> </ol> <p>These failures had the potential to result in Resident 1, Resident 2, and Resident 3 not having the desired effects of the medications.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 1 ' s admission records, the records indicated Resident 1 was admitted in February 2025 with diagnoses that included schizophrenia (a mental illness that is characterized by disturbances in thought). Resident 1 ' s Minimum Data Set (MDS, a federally mandated assessment tool) indicated Resident 1 had moderate cognitive impairment.</li> </ol> <p>During a review of Resident 1 ' s SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 5/16/25, the SBAR indicated, [Resident 1] with non-improving rash to BUE [both upper extremities]. scattered redness/bumps. [Resident 1] c/o [complained of] itching on and off .Orders received for PO [by mouth] Ivermectin and topical permerthin [sic] cream x 1 now and again in 14 days for prophylactic [prevention] tx [treatment] .</p> <p>During a review of Resident 1 ' s physician order, dated 5/16/25, the order indicated, Permethrin [define] External [outside body surface] Cream 5% (Permethrin) .Apply to neck down to toes topically only for prophylactic scabies for 1 Day Apply to whole body from neck to toes topically. Wash after 8 to 14 hours, repeat after 14 days .</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  05/21/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1 ' s Medication Administration Record (MAR) for May 2025, the MAR indicated Resident 1 was scheduled to receive Permethrin on 5/18/25. The MAR further indicated Resident 1 ' s Permethrin was not signed on the scheduled date.</p> <p>During a concurrent interview and record review on 5/21/25 at 3:26 p.m. with the Assistant Director of Nursing (ADON), the ADON verified Resident 1 had an order for Permethrin cream and confirmed Resident 1 ' s MAR for Permethrin was not signed by the nurse. The ADON stated, 'the nurse did not click it off . When asked if the Permethrin dose was given, the ADON stated, doesn ' t look like it .[Resident 1] .should have gotten her treatment .It ' s a doctor ' s order that should have been followed .</p> <p>During a follow-up concurrent interview and record review on 5/21/25 at 4:53 p.m. with the ADON, the ADON verified Resident 1 ' s SBAR indicated orders were received for PO Ivermectin. The ADON confirmed there was no order for Ivermectin in Resident 1 ' s record and that the order was not carried out. The DON stated, If there ' s a verbal order or written order for the MD, it should be carried out.</p> <p>2. During a review of Resident 2 ' s admission records, the records indicated Resident 2 was admitted to the facility in March 2024 with diagnoses that included Adult Failure to Thrive (AFTT, a condition where an adult experiences a general decline in physical and mental health) and dementia (a progressive state of decline in mental abilities). Resident 2 ' s MDS indicated Resident 2 had moderate cognitive impairment.</p> <p>During a review of Resident 2 ' s SBAR, dated 5/14/25, the SBAR indicated, [Resident 2] noted with generalized rash to BUE. Rash with redness, pimple like spots and [Resident 2] c/o of itching .Orders received for PO Ivermectin and topical permethrin [sic] cream today and in 14 days for prophylactic tx.</p> <p>During a review of Resident 2 ' s MAR for May 2025, the MAR indicated an order with start date of 5/13/25 for Permethrin External Cream .Apply to jawline to toes topically one time only for scabies prophylactic until 5/13/25 .Wash off after 8-16 hours. The order was discontinued on 5/14/25 and another order was entered on 5/14/25 for Resident 2 ' s permethrin cream. The MAR further indicated Resident 2 ' s Permethrin cream was signed and administered for two consecutive days, on 5/13/25 and on 5/14/25.</p> <p>During a concurrent interview and record review on 5/21/25 at 4:53 p.m. with the ADON, the ADON verified Resident 2 ' s SBAR indicated orders were received for topical permethrin and for permethrin to be repeated in 14 days. The ADON confirmed Resident 2 ' s permethrin was administered for two consecutive days, on 5/13/25 and on 5/14/25. The ADON stated, I ' ve seen that [staff] entered another order and they signed both orders, it was clicked off so the resident received permethrin for two consecutive days .They gave it back to back days, I know that there could be side effects that can happen .It could affect his liver, and the order was not followed .</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Scabies Identification, Treatment and Environmental Cleaning, revised 8/2016, the P&amp;P indicated, Treatment with Permethrin .8. A single treatment is generally adequate .</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  05/21/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Permethrin cream prescription label, revised 11/2023, the label indicated, .Excessive topical use (see DOSAGE AND ADMINISTRATION) may result in increased irritation and erythema [skin redness] .DOSAGE AND ADMINISTRATION .ONE APPLICATION IS GENERALLY CURATIVE .</p> <p>During a review of the Center for Disease Control and Prevention (CDC) website titled Clinical Care of Scabies, dated 12/18/2023, the website indicated, .Permethrin is safe and effective with a single application. However, two (or more) applications, each about a week apart, may be necessary to eliminate all mites . (<a href="https://www.cdc.gov/scabies/hcp/clinical-care/?CDC_AAref_Val=https://www.cdc.gov/parasites/scabies/health_professionals/meds.html">https://www.cdc.gov/scabies/hcp/clinical-care/?CDC_AAref_Val=https://www.cdc.gov/parasites/scabies/health_professionals/meds.html</a>; accessed 5/22/25).</p> <p>3. During a review of Resident 3 ' s admission records, the records indicated Resident 3 was admitted to the facility in April 2025 with diagnoses that included dementia. Resident 3 ' s MDS indicated Resident 3 had severe cognitive impairment.</p> <p>During a review of Resident 3 ' s SBAR, dated 5/16/25, the SBAR indicated, [Resident 3] noted with moisture associated redness to the breast/abd [abdomen] folds, no generalized body rash noted. [Resident 3] denies itching. Roommate being treated for prophylactic scabies d/t [due to] non-improving generalized rash. [Name of doctor] .orders to treat [Resident 3] with .topical permerthin [sic] cream x 1 and again in 14 days .</p> <p>During a review of Resident 3 ' s physician order, the order indicated a start date of 5/18/25 for Permethrin External Cream 5% .Apply to neck down to toes topically one time only for prophylactic scabies for 1 day . repeat after 14 days .</p> <p>During a review of Resident 3 ' s MAR for May 2025, the MAR indicated Resident 3 received the Permethrin cream on 5/18/25.</p> <p>During a concurrent interview and record review on 5/21/25 at 4:53 p.m. with the ADON, the ADON confirmed Resident 3 ' s SBAR indicated orders were received for permethrin cream on 5/16/25. The ADON verified Resident 2 ' s permethrin cream was administered on 5/18/25 and confirmed the order was carried out two days after it was ordered. The ADON stated there was no documentation why Resident 3 ' s permethrin cream was not carried out timely and stated, Expectation is always follow MD [medical doctor] orders, residents should be receiving medications as ordered and document it .If [staff] don ' t have the medication, make a note and notify the doctor .</p> <p>During a review of the facility ' s P&amp;P titled Administering Medications, revised 4/2019, the P&amp;P indicated, . Medications are administered in accordance with prescriber orders, including any required time frame .</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  05/21/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the undated document titled, Nursing Practice Act Rules and Regulations, the document indicated, Article 2. Scope of Regulation 2725 (b). The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require substantial amount of specific knowledge of the following: .(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician . (Nursing Practice Act Rules and Regulations Issued by Board of Registered Nursing - State of California Department of Consumer Affairs).</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  05/21/2025
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>48445</p> <p>Based on observation, interview, and record review, the facility failed to follow and maintain an effective infection prevention and control program for one of six sampled residents (Resident 1) when Resident 1 ' s contact precaution (isolation measures used to prevent the spread of infections transmitted through direct contact or indirect contact) was removed before Resident 1 received treatment for scabies (a very itchy rash caused by a parasitic mite that burrows in the skin surface).</p> <p>This failure decreased the facility ' s potential in preventing transmission of diseases among residents and staff.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission records, the records indicated Resident 1 was admitted in February 2025 with diagnoses that included schizophrenia (a mental illness that is characterized by disturbances in thought). Resident 1 ' s Minimum Data Set (MDS, a federally mandated assessment tool) indicated Resident 1 had moderate cognitive impairment.</p> <p>During a review of Resident 1 ' s physician order, dated 5/14/25, the order indicated, CONTACT ISOLATION. Check in with Nurse and follow PPE [Personal Protective Equipment] .one time only until 05/28/2025 .</p> <p>During a review of Resident 1 ' s SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 5/16/25, the SBAR indicated, [Resident 1] with non-improving rash to BUE [both upper extremities]. scattered redness/bumps. [Resident 1] c/o [complained of] itching on and off .IP [Infection Preventionist] notified and [Resident 1] placed on contact isolation precautions x 14 days.</p> <p>During a review of Resident 1 ' s physician order, dated 5/16/25, the order indicated, Permethrin [medication used to treat scabies] External [outside surface of skin] Cream 5% [percent, a unit of measurement] .Apply to neck down to toes topically only for prophylactic [prevention] scabies for 1 Day Apply to whole body from neck to toes topically. Wash after 8 to 14 hours, repeat after 14 days .</p> <p>During a concurrent observation and interview on 5/21/25 at 1:01 p.m. with the ADON outside Resident 1 ' s room, contact precaution signage was posted by the door of Resident 1 ' s room. The ADON was observed removing the signage and stated Resident 1 was no longer on contact precaution.</p> <p>During a concurrent observation and interview on 5/21/25 at 1:03 p.m. with Resident 1 in her room, Resident 1 was observed alert, lying in bed, fairly groomed. Small, red, pimple-like rashes were observed on Resident 1 ' s left hand and right arm. Resident 1 stated she had rashes mostly at the back of her neck and some in the arms.</p> <p>During an interview on 5/21/25 at 2:36 p.m. with the IP, the IP stated, If a resident is suspected with scabies, we inform the doctor and put on contact precaution. The IP added residents stay on contact precaution for 24 hours after completion of treatment.</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  05/21/2025
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>During a review of Resident 1 ' s Medication Administration Record (MAR) for May 2025, the MAR indicated Resident 1 was scheduled to receive Permethrin on 5/18/25. The MAR further indicated Resident 1 ' s Permethrin was not signed on the scheduled date.</p> <p>During a concurrent interview and record review on 5/21/25 at 3:26 p.m. with the Assistant Director of Nursing (ADON), the ADON confirmed the contact precaution on Resident 1 ' s room was removed 5/21/25. The ADON verified Resident 1 had an order for Permethrin cream and confirmed the cream was not administered to Resident 1. The ADON stated, [Resident 1] .should have gotten her treatment .[Resident 1] should have stayed on contact isolation .Important because it ' s risk for exposure .</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Scabies Identification, Treatment and Environmental Cleaning, revised 8/2016, the P&amp;P indicated, 8. Affected residents should remain on contact precautions until twenty-four (24) hours after treatment .</p>		