STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056101	A. Building B. Wing	07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Pointe Post-Acute	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure nursing care staff meet certification requirements defined under State law and regulation for one of four sampled staff (Certified Nursing Assistant 4 [CNA 4]) when CNA 4 was scheduled to work with expired CNA certification.This failure had the potential to result in residents not receiving appropriate care based on professional standards of practice.Findings:During a review of CNA 4's employee file, the employee file indicated CNA 4's certification expired on [DATE].During an interview on [DATE] at 3:14 p.m. with the Director of Staff Development (DSD), the DSD verified CNA 4's certification expired from [DATE] and CNA 4 last worked on [DATE]. When asked about the expired certification, the DSD stated, .I know I messed up, certification not renewed.Somebody can get harmed, it affects everybody.During an interview on [DATE] at 3:27 p.m. with the Director of Nursing, the DON stated, Expectation is that the DSD maintains a spreadsheet or tracker prior to certifications getting expired and ensure they [staff] renew it before they are back on schedule.During a review of the document titled Health and Safety Code - HSC.Division 2. Licensing Provisions, dated [DATE], the document indicated, ARTICLE 9. Training Programs in Skilled Nursing and Intermediate Care Facilities.1337. (a) The Legislature finds that the quality of patient care in skilled nursing and intermediate care facilities is dependent upon the competence of the personnel who staff its facilities. The Legislature further finds that direct patient care in skilled nursing and intermediate care facilities is currently rendered largely by certified nurse assistants.(d) For the purpose of this article:.(3) Certified nurse assistant means any person who holds himself or herself out as a certified nurse assistant and who, for compensation, performs basic patient care services directed at the safety, comfort, personal hygiene, and protection of patients, and is certified as having completed the requirements of this article.

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow and maintain an effective infection prevention and control program for a census of 107 when: Staff did not wear appropriate personal protective equipment (PPE) for residents on isolation precaution (measures to reduce transmission of diseases) for COVID-19 (a contagious disease caused by the coronavirus [a type of virus]); and,Licensed Nurse 3 (LN 3) was observed eating by the cart in the hallway.These failures decreased the facility's potential in preventing transmission of diseases among residents and staff.Findings:1. During an observation on 7/22/25 at 10:35 a.m. in room [ROOM NUMBER], Novel Respiratory Isolation [measures to reduce transmission of COVID-19] signage was observed by the door of the room, which indicated one or all the residents in the room had tested positive for COVID-19. Housekeeping Staff (HS) was observed inside the room, holding an empty can of soda and cleaning the room. HS was observed wearing a surgical mask and not wearing a gown. Certified Nursing Assistant 1 (CNA 1) came and was observed telling HS to wear PPE. HS immediately went out of the room upon seeing the state surveyor and started wearing the gown.During an interview on 7/22/25 at 10:37 a.m. with HS, HS confirmed room [ROOM NUMBER] was on COVID-19 isolation and stated, I forgot [to wear PPE] .You need to put gown gloves and PPE.Important because I already know they have COVID. During an interview on 7/22/25 at 10:44 a.m. with CNA 1, CNA 1 confirmed HS did not wear gown and N95 mask (a type of respiratory protection that filters 95% of airborne particles) while inside room [ROOM NUMBER]. CNA 1 stated, .It is important to wear those [PPE] so you won't be exposed, so she don't contract the virus, so you don't give it to the [residents] too.Housekeepers go in every room.During an observation on 7/22/25 at 10:51 a.m. in room [ROOM NUMBER], signage for COVID-19 isolation was observed by the door. CNA 2 was observed inside the room, wearing an isolation gown, and wearing surgical mask instead of N95 mask.During an observation on 7/22/25 at 10:54 a.m. in room [ROOM NUMBER], CNA 3 went inside the room wearing a surgical mask instead of N95 mask and was not wearing an isolation gown. CNA 3 was heard talking to the resident behind the privacy curtain.During an interview on 7/22/25 at 10:55 a.m. with CNA 3, CNA 3 confirmed room [ROOM NUMBER] was on COVID-19 isolation precaution and PPEs such as gown and N95 should be worn upon entering the room. CNA 3 confirmed she was not wearing the proper PPE upon entering room [ROOM NUMBER] and stated, .you can get whatever they [resident] have.During an interview on 7/22/25 at 10:57 a.m. with CNA 2, CNA 2 stated the signage outside room [ROOM NUMBER] indicated one or all the residents in the room tested positive for COVID-19 and confirmed the signage indicated to wear N95 mask upon entering. CNA 2 confirmed she was not wearing N95 mask while providing care inside the room.During an interview on 7/22/25 at 11:34 a.m. with Licensed Nurse 1 (LN 1), LN 1 stated N95 mask and gown should be worn before entering rooms on COVID-19 isolation. LN 1 stated, Important so you don't give to yourself and prevent the spread to other residents in the facility.During an interview on 7/22/25 at 11:40 a.m. with LN 2, LN 2 stated eye protection, gown, gloves, and N95 mask should be worn before entering a room on COVID-19 isolation and stated, .Regular masks are not as good as protecting like N95.Important because I don't want to go and get anyone sick.During an interview on 7/22/25 at 1:12 p.m. with the Infection Preventionist (IP), the IP stated staff should be wearing gown, gloves, N95 mask and face shield upon entering rooms on COVID-19 isolation. The IP stated, .All staff entering or providing care in the room should wear the PPE.Includes licensed nurses, CNAs, department heads, and housekeeping, everybody.Important so they don't get exposed and help prevent transmission.During an interview on 7/22/25 at 2:02 p.m. with the Director of Nursing (DON), the DON stated the signages for COVID-19 isolation show the PPE needed by staff every time they enter the room. The DON stated, .N95 is required, not just a regular mask, not when entering a room with COVID positive.During a review of the facility's policy and procedure (P&P), revised 10/2018, the P&P indicated, .11. Prevention of Infection.a. Important facets of infection prevention include.(3) educating staff and ensuring that they adhere to proper techniques and procedures.(7) implementing appropriate isolation precautions when necessary.During a review of the facility's P&P titled Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised 5/2023, the P&P indicated, .Personal Protective Equipment.16. Staff who enter the room of a resident with suspected or confirmed SARS-CoV-2 [COVID-19] infection will adhere to standard precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face.)2. During an

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to ensure COVID-19 (a contagious disease caused by the coronavirus [a type of virus]) vaccinations were offered to residents and staff when one of four sampled residents (Resident 1), and one out of four sampled staff (CNA 4), had no documented evidence of their COVID-19 vaccination status.This failure had the potential to result in Resident 1 and CNA 4 not to be aware of the risk and benefits of the vaccination and increased their risk of acquiring COVID-19.Findings:1a. During a review of Resident 1's admission record, the record indicated Resident 1 was admitted in the facility in May 2025 with diagnoses that included cerebral palsy (a congenital disorder of movement, muscle tone, or posture). Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 had severe cognitive impairment.During a review of Resident 1's care plan, initiated on 7/15/25, the care plan indicated, Novel respiratory precautions [COVID-19 isolation] r/t [related to] COVID positive test results.During a review of Resident 1's clinical record, the record did not indicate Resident 1 received COVID-19 vaccination in the facility and no records were found regarding her vaccination history. The record also did not indicate that COVID-19 vaccination was offered to Resident 1.During an interview on 7/22/25 at 1:12 p.m. with the Infection Preventionist (IP), when asked if COVID-19 vaccination is offered to residents upon admission, the IP stated, I believe so.We have COVID consent form, that's being signed by resident or RP upon admission. The IP verified Resident 1 did not receive COVID-19 vaccination in the facility, and there were no records of refusal or contraindication to the vaccine and stated, I don't think it was offered upon admission. The IP confirmed Resident 1 tested positive for COVID-19 on 7/15/25 and stated, . Important to offer vaccine to prevent them from getting COVID prophylactically.Expectation is it should have been offered to her. The IP added that the facility had no monitoring for COVID-19 vaccinations for residents. During a review of the Centers for Disease Control and Prevention (CDC) website, dated 6/11/25, the website indicated, .Consent or assent for a COVID-19 vaccine is given by LTC [long-term care] residents (or people appointed to make medical decisions on their behalf, called a medical proxy) and documented in their charts per the provider's standard practice.Residents who receive a COVID-19 vaccine (or their medical proxy) also receive a fact sheet before vaccination. The fact sheet explains the risks and benefits of COVID-19 vaccination. (https://www.cdc.gov/covid/vaccines/long-term-care-residents.html).1b. During a review of CNA 4's employee health file, the health file did not indicate COVID-19 vaccination was offered to CNA 4. The health file also did not contain evidence of CNA 4's COVID vaccination status or refusal.During an interview on 7/22/25 at 1:12 p.m. with the IP, the IP stated the Director of Staff Development (DSD) offer the vaccine upon hire and that staff can refuse if they have contraindication.During an interview on 7/22/25 at 3:14 p.m. with the DSD, the DSD stated that the facility requires vaccination status of staff upon hire. The DSD confirmed CNA 4 had no evidence of vaccination status or refusal in the employee file and stated, . Important to have COVID declination or confirmation if they want to have it or not.It protects us.During an interview on 7/22/25 at 3:27 p.m. with the DON, the DON stated, .Expectation is we should be offering it to all staff annually and upon hire.It helps prevent infection and protect our residents and staff.During a review of the facility's policy and procedure (P&P) titled Infection Prevention and Control Program, revised 10/2018, the P&P indicated, .11. Prevention of Infection.a. Important facets of infection prevention include:.(6) immunizing residents and staff to try to prevent illness.(8) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).During a review of the facility's P&P titled Coronavirus Disease (COVID-19) - Vaccination of Staff, revised 6/2023, the P&P indicated, .Vaccine Offering and Administration.1. Staff are offered vaccination against COVID-19.17. The facility maintains documentation related to staff COVID-19 vaccination that includes, at a minimum, the following (as applicable): a. That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; k. Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and l. The COVID-19 vaccine status of staff.