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	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Pointe Post-Acute	6041 Fair Oaks Boulevard 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 0602 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on observation, interview, and record review, the facility failed to protect one of three residents (Resident 1) from misappropriation of property, when Certified Nursing Assistant (CNA) 1 solicited and borrowed money from Resident 1, and used Resident 1's debit card for personal use. This failure resulted in Resident 1'sˆemotional distress and loss of property. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted in 10/24/2024 with diagnoses which included anxiety disorder (excessive fear or worry that interferes with daily life to cause significant distress), depression (serious mental condition characterized by persistent sadness or loss of interest in activities), and limitation of activities due to disability. ˆ During a review of Resident 1's Activities Care Plan (ACP), revised 7/7/25, the ACP indicated, [Resident 1] has stated a preference for independent self-directed and group activities . During a review of Resident 1's Minimum Data Set (MDS - Federally mandated resident assessment tool), dated 11/25/25, the MDS indicated Resident 1 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident with a scored range of 0-15,15 with no memory impairment) score of 14, which indicated intact cognition. During a review of Resident 1's Activities Progress Notes (APN), dated 1/22/26, the APN indicated, [Resident 1 verbalized feeling upset and concerned related to recent discovery of financial transactions.[Resident 1] discussed trust placed in CNA and acknowledged difficulty recognizing appropriate financial boundaries with staff. During a review of Resident 1's IDT (Interdisciplinary Team) Notes, dated 1/23/26, the IDT Notes indicated, On 1/22/26.[Resident 1] reported concerns regarding a sudden depletion of funds from her bank account. [Resident 1] stated she was informed by her bank that her account balance was low and expressed that her debit card may have been used inappropriately.Facility staff assisted the resident in reviewing her recent bank transactions.multiple transactions were identified associated with [delivery food services].[Resident 1] stated she is physically unharmed and expressed concern and temporary emotional upset related to the discovery of financial transactions .During the review, staff observed text message communications between the resident and [CNA 1]. During a review of Resident 1's APN, dated 1/23/26, the APN indicated, [Resident 1] stated she's still upset.Her feelings are hurt and she's disappointed in the situation. During a review of Resident 1's APN, dated 1/24/26, the APN indicated, [Resident 1] stated she was emotional, and upset.[Resident 1] stated she doesn't want to see the person the alleged incident is with. During a review of Resident 1's APN, dated 1/27/26, the APN indicated, [Resident 1] responded she is hurt and disappointed in herself and the alleged staff member in the alleged incident. She is finding it hard to understand why would someone do this. [Resident 1] stated it makes it hard to trust others to this point. During a review of Resident 1's APN, dated 1/28/26, the APN indicated, [Resident 1] is still upset .resident stated the alleged staff member has ruined her reputation with her bank. ˆ During a review of Resident 1's APN, dated 1/29/26, the APN indicated, [Resident 1] has been asleep all day .The writer has went bye (sic) the room multiple times throughout the day.The writer awoke the resident at last visit and [Resident 1] said she wanted to just sleep and did not feel up to doing anything today. During a review of the facility's investigation binder which included an emailed statement completed by Resident 1 dated (continued on next page)

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 0602 Level of Harm - Actual harm Residents Affected - Few	1/22/26, the statement indicated Resident 1 alleged CNA 1 accepted, borrowed, and solicited money from Resident 1, and stated I am physically okay but mentally upset.She's asked me at least five or six times. Resident 1 indicated CNA 1 used Resident 1's debit card without Resident 1's permission. The facility investigation document further confirmed text messages from CNA 1 to Resident 1 requesting money from Resident 1. ˆ During a review of Resident 1's Nursing Progress Notes (NPN) dated 1/26/26, the NPN indicated that Resident 1 was emotionally distressed, betrayed and depressed. Resident 1's NPN further indicated Resident 1 experienced sleep disturbances, social withdrawal and lack of interest in activities and remained mostly in her room. During a concurrent interview and record review on 2/10/26 at 9:20 a.m. with the Administrator (ADM), the facilities investigation binder was reviewed. The ADM stated Resident 1 allowed CNA 1 to use Resident 1's debit card to get money and buy her things. and loaned money to [CNA 1]. The ADM further stated Resident 1 was still expressing emotional distress, and the staff receiving money or gifts from residents was against company policy, and that CNA 1 was no longer employed with the facility. ˆ During a concurrent interview and record review on 2/10/26 at 2:24 p.m. with Resident 1 in Resident 1's room, Resident 1 reviewed her bank statements and stated CNA 1 had taken thousands of dollars from her bank via debit card and asked her for money via text messages and in person. Resident 1 stated she thought CNA 1 was her friend and sometimes CNA 1 mentioned she would need money because CNA 1 did not get paid until a certain time. Resident 1 stated, I let [CNA 1] use my card, but I never gave her permission to take money like this. Resident 1 stated she felt bad and dumb for giving CNA 1 her debit card and money. Resident 1 indicated she has remained mostly in her room. Resident 1 further stated she felt pressured and gave money to CNA 1 and was never told (by facility) not to give money to a staff. Resident 1's facial expression appeared sad during the duration of the interview. ˆ During an interview on 2/11/26 at 10:30 a.m. with Licensed Nurse 1 (LN 1), LN 1 stated, It is the expectation for staff not to ask for or receive money from residents and to follow proper reporting channels and asking a resident for money is a reportable incident. LN 1 further stated, It [asking and receiving money from residents] is not ok and falls in line with financial abuse. We [the facility] do have a protocol not to take money. ˆ During an interview on 2/11/26 at 12:37 p.m. with CNA 2, CNA 2 stated, Staff are trained not to take money from residents or buy resident gifts. CNA 2 taking money from residents is against the facilities abuse policy and not good for the residents. ˆ ˆ During a concurrent observation and interview on 2/11/26 at 12:48 p.m. with Resident 1 in Resident 1's room, Resident 1 was observed lying in bed with lights off. The cell phone text messages from CNA 1 to Resident 1 were reviewed. Resident 1 confirmed the text messages from CNA 1 showed CNA 1 requested money on 11/28/25, 11/29/25, 12/1/25, 12/11/25, 12/29/25,1/6/26,1/9/26 and 1/12/26. Resident 1 stated, I feel dumb for trusting her.still sad about it. ˆ During a review of Resident 1's APN, dated 2/12/26, the APN indicated, [Resident 1] was asking about clarification in regards to her debit card. She wanted to make sure her bank was sending her another bank card.[Resident 1] stated she is anxious about receiving her new card and rebuilding her relationship with her bank.building trust in people. During an interview on 2/12/26 at 10:14 a.m. with Social Services Assistant (SSA), the SSA stated Resident 1 was a very social person and after the reported incident with CNA 1, Resident 1 was somewhat depressed after the incident.was isolated in room, and stated, Staff taking or receiving money could be a possible abuse. ˆ During an interview on 2/12/26 at 11:05 a.m. with Director of Nursing (DON), the DON stated she expected staff not to borrow money or use residents' property.ˆ During a phone interview on 2/13/26 at 10:34 a.m. with CNA 1, CNA 1 confirmed she requested and received gifts and money from Resident 1. CNA 1 stated, I borrowed money from her a couple of times. I did ATM [automated teller machine] withdrawal and no one said I couldn't do that. ˆ During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention Program, revised 12/2016, the P&P indicated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.As part of the resident abuse prevention program, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 2) received adequate assistance with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves), when showers were not provided as scheduled. ˆ This failure had the potential to result in Resident 2 not attaining his highest practicable physical, mental and psychosocial well-being. Findings: During a review of Resident 2's admission record (AR), the AR indicated Resident 2 was admitted in late winter 2026 with diagnoses which included walking and mobility abnormalities, need for assistance with personal care, and heart failure. ˆ A review of Resident 2's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 1/26/26, indicated Resident 2 had no memory impairment and was totally dependent on shower transfer (getting in and out of shower/tub). ˆ A review of Resident 2's ADL care plan, initiated 1/28/26, indicated [Resident 2] has an ADL selfcare performance, and [Resident 2] is at risk for pressure injury development and skin breakdown, and skin discoloration should be noted during baths. ˆ A review of Resident 2's shower sheet, the facility was unable to provide a shower sheet for week 1/14/26, which indicated Resident 2 did not receive a shower that week. ˆ A review of Resident 2's shower sheet dated 1/22/26, indicated that Resident 2 had received 1 shower that week. ˆ A review of Resident 2's shower sheet dated 1/26/26, indicated that Resident 2 had received 1 shower that week. ˆ A review of Resident 2's shower sheet dated 2/2/26, indicated Resident 2 had received 1 shower that week. ˆ During an interview on 2/10/26 at 10:38 a.m. with Licensed Nurse 2 (LN 2), LN 2 ˆindicated showers were expected to be provided two times per week and should be offered in the evening if resident was not available due to an appointment, and that showers helped residents feel better. LN 2 stated, Shower is important for overall health so [residents] don't get sick. ˆ During an interview on 2/11/26 at12:37 p.m. with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated, Every resident is scheduled for bath twice per week.divided between am and pm shift. No residents are scheduled once per week unless they refuse and we document all refusals.skipped baths and refusals are informed to the nurse. We will try again and make a shower sheet. Everyone has a shower sheet. CNA 2 indicated that showers were important because they kept the resident clean and comfortable.ˆ ˆ During an interview on 2/11/26 at 11:30 a.m. with Resident 2 and Resident 2's family member (FM) in Resident 2's room, Resident 2 confirmed that he had missed multiple showers and stated that he felt dirty. Resident 2 stated, Sometimes I skip an entire week. Only get a shower. I did not request to get one shower a week. Prefer to get more than one. At home I normally take more than one shower a week. ˆ During an interview on 2/11/26 1:52 p.m. with the Assistant Director of Nursing (ADON), the ADON indicated that shower sheets were used to document all showers, and staff were expected to use them. The ADON confirmed showers were scheduled two times per week and staff were expected to document any refusals on the shower sheet and that showers were important for the dignity of the residents so they could feel good and clean. During a review of the facility's policy and procedure (P&P) titled, Abuse and Neglect-Clinical Protocol, revised 3/2018, the P&P indicated, .staff will institute measures to address the needs of residents to minimize the possibility of .neglect. During a review of the facility's P&P titled, Activities of Daily Living (ADLs), Supporting, dated 3/18, the P&P indicated, Residents will provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.