

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 02/19/2026
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>Based on observations, interviews, and record review, the facility failed to follow proper infection control practices for one of six sampled residents (Resident 1) when a contracted staff member provided care to Resident 1 without wearing a gown. This failure had the potential to increase the spread of infection for a census of 112. Findings:Resident 1 was admitted to the facility in February of 2026 with diagnoses that included Methicillin Resistant Staphylococcus Aureus Infection (MRSA, an infection caused by antibiotic resistant bacteria). A review of Resident 1's Physician Orders (PO), dated 2/9/26, indicated, CONTACT PRECAUTIONS [infection-control measures used in healthcare settings to prevent the spread of germs transmitted by direct or indirect contact with a patient or their environment. They require wearing gloves and a gown for all room interactions, dedicated equipment usage, and strict hand hygiene] SECONDARY TO DX: Sacral Wound Infection (MRSA) every shift.During a concurrent observation and interview on 2/19/26 at 8:46 a.m. with the Contract Phlebotomist (CP, a licensed healthcare professional who draws blood for lab tests), the CP was observed drawing blood on Resident 1 without having worn a gown. CP then left the room and began touching his phlebotomy equipment without changing his gloves or having performed hand hygiene and returned to Resident 1 to continue drawing blood. When asked about the contact precautions for Resident 1, CP was unable to state what constituted contact precautions and if a gown was required to provide direct care to Resident 1. After the interview, CP went into Resident 2's room to draw blood without cleaning his equipment.During an interview on 2/19/26 at 12:17 p.m. with the Infection Preventionist (IP), the IP confirmed Resident 1 is on contact precautions and, if staff come in and perform direct care such as a blood draw, they should wear a gown. The IP further indicated that wearing a gown during care for a resident on contact precautions was important to prevent the spread of infection to other residents. During an interview on 2/19/26 at 2:12 p.m. with the Director of Nursing (DON), the DON indicated that contact precautions should be followed by all staff including contracted staff. During a review of the facility P&P titled, Isolation - Categories of Transmission-Based Precautions, revised 10/18, the P&P indicated, Contact Precautions.Contact precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.Staff and visitors will wear gloves (clean, non-sterile) when entering the room.While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage).Gloves will be removed and hand hygiene performed before leaving the room.Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</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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