

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>River Pointe Post-Acute                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6041 Fair Oaks Boulevard<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                 |
| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview and record review the facility failed to provide adequate supervision to prevent elopement for one resident (Resident 2) of three sampled residents, when Resident 2 left the facility unsupervised and his whereabouts accounted for. This failure resulted in Resident 2 exiting the facility premises, which placed him in a potentially unsafe and perilous place and situation with the risk of being injured or harmed, as he was able to leave the facility without staff being aware. Findings: During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted to the facility in October 2025 with diagnoses that included dementia (a progressive state of decline in mental abilities) and Schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 2's Care Plan (CP), dated 10/17/25, the CP indicated, original care plan item. Resident [Resident 2] has exhibited wandering behavior which places him at risk of getting into a dangerous place or encountering a dangerous situation-Related to anger over placement in SNF, has verbalize wanting to leave and wanting to go home- At risk for elopement related to: history of wandering out of facility/history of wandering out of home prior to placement.During a review of Resident 2's CP's interventions, dated 10/17/25, indicated, . Assess/reassess for wandering.Check resident constantly and be aware of resident's whereabouts. Wanderguard (alarm bracelet) for resident's safety.During a review of Resident 2's IDT[interdisciplinary team]-CHANGE OF CONDITION / INCIDENT (IDT) notes dated 7/27/26, the IDT notes indicated, .Resident eloped from the facility on 7/26/26.Between 1:37am and 2:23am, the resident removed the wanderguard and admitted to AIT [Administrator-in-Training] upon pick up that he had thrown it away. Resident planned to elope and had requested his juice be refilled and snacks provided. Resident then sat in the hallway and observed staff. When staff had temporarily left the hallway, resident took his snacks and juice and exited through the ambulance bay door. This door did not alarm upon exit because the wanderguard had been removed by the resident. Staff recognized that the resident was missing at 4:45am .When it was determined that the resident was no longer in the facility, RN supervisor notified 911 and Administrator. This occurred at 5:40am. Review of the medical record demonstrated multiple prior episodes of exit-seeking behavior . Review of Resident 2's IDT notes further indicated, Facility staff began a search party and began walking/driving through the nearby neighborhoods in attempts to locate the resident. Camera footage was reviewed to determine the time and exit route of the resident. It was determined that the resident eloped at 2:23 am through the ambulance bay door. Information was provided to the police who arrived on scene after 6:40am. Police assisted the facility with their search and posted information to twitter for public assistance as well. Facility staff continued to search for the resident until the resident was found at 4:12pm by the local police. Facility staff provided transportation for the resident back to the facility. During transportation resident admitted to removing his wanderguard . During a concurrent observation and (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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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | interview with Licensed Nurse (LN) on 7/28/26 at 1 p.m., Resident 2 was playing chess with a 1:1<br>sitter (a person who provides continuous one-on-one supervision, monitoring, and companionship to<br>high-risk patients) in his room. LN confirmed that Resident 2 frequently had exit-seeking behaviors<br>prior to his elopement incident on 7/26/26. During a concurrent interview and record review on<br>7/28/26 at 3:16 p.m., with Regional Administrator (ADM), the ADM confirmed that Resident 2's<br>whereabouts were unaccounted for from 1:37a.m. to 4:45 a.m. The ADM acknowledged that the care<br>plan was not followed. During a review of the facility policy and procedure (P&P), Wandering and<br>Elopements, undated, indicated, .The facility will identify resident who are at risk of unsafe wandering<br>and strive to prevent harm. the resident's care plan will include strategies and interventions to<br>maintain the resident's safety. |                                                                                               |                                                 |

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| F 0805<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the appropriate food texture was provided for one of three sampled residents (Resident 1), when Resident 1, who was on a puree diet (a diet with food texture of smooth like pudding or mashed potatoes that requires no chewing for one who has difficulty chewing and/or swallowing) received sponge cake. This deficient practice resulted to Resident 1 being hospitalized on [DATE] due to aspiration symptoms (a condition in which food, liquids, saliva, or vomit is breathed into the airway). During a review of Resident 1's admission Record (AR-front page of the chart that contains a summary of basic information about the resident), indicated, Resident 1 was admitted to the facility on [DATE] with multiple diagnoses which included dysphagia (difficulty swallowing).During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 7/9/26, indicated Resident 1 had difficulty swallowing and required a mechanically altered diet (change in texture of food or liquids). During a review of Resident 1's Order Summary Report (OSR, physician [MD] order), dated 7/29/26, indicated, .DIET . Liquified texture . During a review of Resident 1's care plan (CP), dated 11/27/22, the CP indicated, .ADHERE TO.interventions .Diet/MD order. During a review of Resident 1's Physician Progress Note (PPN), dated 6/23/26, the PPN indicated, . On 4/6/2026 he was sent to the ED (emergency department) via 911 for evaluation of nausea, vomiting, and possible aspiration following ingestion of non-pureed food. He was treated for an Aspiration Event and Associated Symptoms. He was transferred to the ED after developing N/V [nausea/vomiting] ,and SOB [shortness of breath] following consumption of pound cake with raisins, despite being on a strict pureed diet due to dysphagia. He was noted to have spitting up of mucus and an episode of vomiting, raising concern for aspiration. During an interview on 7/29/26 at 9:50 a.m. with the Dietary Manager (DM), the DM confirmed that Resident 1 received a different texture (not MD ordered diet) in April 2026. During an interview on 7/29/26 at 10:05 a.m. with the Assistant Director of Nursing (ADON), the ADON stated the expectation was for all diet orders to be followed (therapeutic and textured). The ADON acknowledged there was a risk for aspiration if textured diet orders were not followed. The ADON further confirmed that Resident 1's prescribed diet was not followed. During a review of the facility's policy and procedure ( P&amp;P) titled, Physician Orders, revised July 2016, the P&amp;P indicated, . A resident shall be admitted or accepted for care on the order of a physician.and include .Diet . All orders must be specific and complete with all necessary details to carry out the prescribed order.</p> |                                                                                               |                                                 |