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	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Pointe Post-Acute	6041 Fair Oaks Blvd Carmichael, CA 95608

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to maintain privacy for a census of 110 residents, when the residents' meal tray tickets (paper slips printed for residents' meals detailing names, food allergies, adaptive eating utensils, and therapeutic diet orders) were thrown in the trash.This failure decreased the facility's potential to protect the residents' private health information.Findings:During a concurrent observation and interview on 3/9/26 at 9:54 a.m. with the Interim Dietary Services Supervisor (IDSS), IDSS was observed overseeing the dietary aides cleaning up the breakfast trays. Dietary Aide 1 discarded the residents' meal tickets into a trash bin along with uneaten food. IDSS confirmed kitchen staff discarded the meal tickets into trash bags, which were disposed of in the facility's garbage dumpster. IDSS stated she was unaware of an alternate method to dispose of meal tickets to protect residents' private information. IDSS further stated discarding meal tickets in the trash was a breach of residents' privacy. During an interview on 3/10/26 at 3:45 p.m. with the Registered Dietician (RD), RD stated residents' privacy was breached by discarding meal tickets in trash bins. RD further stated private health information about residents, including allergies and doctor's orders for therapeutic diets, were listed on the meal tickets; therefore it should have been fed into a paper shredder to be discarded correctly. During an interview on 3/12/26 at 8:54 a.m. with the administrator (ADM), ADM stated the residents' private information on meal tickets could easily be exposed to the public. ADM expected all used meal tickets to be shredded.A review of the facility's policy titled, Resident Rights, revised February 2021, indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to . privacy and confidentiality .A review of the facility's policy titled, Management of Protected Health Information (PHI), revised April 2014, indicated, PHI shall not be used or disclosed except as permitted by current federal and state laws . It is the responsibility of all personnel who have access to resident and facility information to ensure that such information is managed and protected to prevent unauthorized release or disclosure.

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to follow the recipe for seven residents of a census of 110, when excess broth and milk and unmeasured amounts of food thickener were added to pureed (a smooth, lump-free, and moist consistency similar to pudding, which does not require chewing and is easily swallowed) meals.This failure decreased the facility's potential to serve residents food that was easy to swallow and retained its nutrient value.Findings:A review of the facility's lunch menu, dated 3/11/26, indicated the menu consisted of sweet and sour chicken, sesame noodles, stir fry vegetables, mandarin Asian salad, and lemon snow bar.A review of the facility's recipe titled, Pureed (IDDSI Level 4 [International Dysphagia Diet Standardization Initiative-Level 4 consists of pureed foods and extremely thick drinks]) Meats, dated 2025, indicated 12 to 24 ounces [(oz.- a unit of measure) 1.5 - 3 cups] of broth was to be added to 12 servings of chicken. The instructions were to thicken the food with 6-12 tablespoons (tbsp- a unit of measure) of food thickener if needed.A review of the facility's recipe titled, Pureed (IDDSI Level 4) Starch (Pasta .), dated 2025, indicated 12 to 24 oz. (1.5 - 3 cups) of warm milk was to be added to 12 servings of noodles, and 6-12 tbsp of food thickener was to be added as needed.During a concurrent observation and interview on 3/11/26 at 10:40 a.m. with [NAME] (C) 1 and Registered Dietician (RD), lunch preparation for pureed food items was observed. C 1 stated she was making 12 servings, then measured 12 servings of cooked chicken and put the food in a blender. C 1 added six cups of broth in increments and added six unmeasured plastic spoonfuls of instant food thickener. C 1 then prepared the noodles for the lunch menu. C 1 added 4.5 cups of milk in increments, and six unmeasured plastic spoonfuls of food thickener. C 1 stated she should have followed the recipe for adding correct amounts of broth, milk, and food thickener.During an interview on 3/11/26 at 11:32 a.m. with RD, RD confirmed C 1 added double amounts of broth to the chicken, added too much milk to the noodles, and did not properly measure the amount of food thickener. RD acknowledged C 1 did not follow the recipe and stated the consistency of the food was inadequate for the residents' swallowing abilities (potential for choking). RD further stated residents on pureed diets might not get essential nutrients if the food had excess liquids.A review of the facility's policy titled, Therapeutic Diets, revised October 2017, indicated, A therapeutic diet is . ordered by a physician, practitioner or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet .A review of the facility's policy and procedure (P&P) titled, Food Preparation, dated 2023, indicated, Food shall be prepared by methods that conserve nutritive value . Recipes are specific as to portion yield, method of preparation, quantities of ingredients . P&P further indicated, Poorly prepared food will not be served-such food is to either be improved, prepared again, or replaced with an appropriated substitution.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food in accordance with professional standards for food service safety for a census of 110 residents, when:1. Undated and expired food was stored in the kitchen, and 2. Two wet pans were stored with one pan having brown gel-like smudges inside.These failures decreased the facility's potential to prevent the spread of foodborne illnesses among vulnerable residents.Findings:1. During a concurrent observation and interview on 3/9/26 at 9:06 a.m. with the Interim Dietary Services Supervisor (IDSS) in dry goods storage, a large bin of uncooked macaroni pasta and nine bags of black olives were found undated. IDSS stated each package of olives should have been dated when the box was opened. IDSS further stated serving undated food had the potential for residents to eat food contaminated with bacteria. During a concurrent observation and interview on 3/9/26 at 9:14 a.m. with IDSS, a shallow container with an unfastened lid containing a diet orange drink was found in a refrigerator, with an expiration date of 3/8/26. IDSS confirmed the lid was unfastened and the drink was expired. IDSS stated the lids were to be firmly affixed to beverage containers to avoid spillage and cross contamination. IDSS further stated serving expired juice could expose residents to bacteria.During a concurrent observation and interview on 3/9/26 at 9:20 a.m. with IDSS, an opened undated package of breaded chicken tenders was found in a freezer. IDSS stated the chicken tenders should have had an open date on them, or no one would know if they were appropriate to serve.2. During a concurrent observation and interview on 3/9/26 at 9:11 a.m. with IDSS, two small steam table serving pans were stored wet. IDSS expected the food pans to be air dried before being stored on shelves and stated storing the items wet could cause bacteria or mold to grow.During a concurrent observation and interview on 3/11/26 at 10:40 a.m. with IDSS and [NAME] (C) 1, C 1 was preparing the lunch meal when a steam table pan was found with brown jelly-like splotches inside the bottom of the pan. C 1 stated the pan was dirty with dried food. IDSS confirmed the serving pan had what appeared to be dried food and expected the pan to be clean for residents' food.During an interview on 3/10/26 at 3:42 p.m. with the Registered Dietician (RD), RD expected food to have the received date written on the package and if opened, then the package should have open dates and use by date labels. RD stated serving expired or undated food compromised food safety and could make residents sick. RD further stated heating pans were supposed to be thoroughly cleaned and dried and using dirty or wet pans did not meet expectations; therefore, storing cookware this way could decrease food safety.A review of the facility's procedure titled, Refrigerated Storage, dated 2023, indicated food should be covered, and food packages or containers should be dated.A review of the facility's procedure titled, Freezer Storage, dated 2023, indicated, All frozen foods should be labeled and dated.A review of the facility's policy and procedures (P&P) titled, Food and Supplies: Dry Storage, dated 2023, indicated, Labels should be visible . All food will be dated - month, day, year. P&P further indicated, Food in unlabeled, rusty, leaking, broken containers . shall not be retained or used.A review of the facility's P&P titled, Dishwashing, dated 2013, indicated, All dishes will be properly sanitized through the dishwasher . Gross food particles shall be removed by careful scraping and pre-rinsing in, running water . Dishes are to be air dried in racks before stacking and storing.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on interview and record review, the facility failed to ensure a copy of advance directive was obtained for one of 31 sampled residents (Resident 45), when a copy of advance directive was not available in Resident 45's medical records.This failure decreased the facility's potential to honor Resident 45's end-of-life wishes.Findings: A review of Resident 45's admission Record, dated 3/17/26, indicated Resident 45 was admitted to the facility in October 2024 with a diagnosis of nontraumatic subarachnoid hemorrhage (a life-threatening brain bleeding causing physical and mental disabilities). A review of Resident 45's Order Summary Report (OSR), dated 3/17/26, indicated an order to follow the code status per Physician Orders for Life-Sustaining Treatment (POLST-a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end-of life) instructions. During a concurrent interview and record review on 3/11/26 at 10:49 a.m. with Minimum Data Set Coordinator (MDSC), Resident 45's POLST and medical records were reviewed. MDSC confirmed Resident 45's POLST, dated 3/3/26, indicated an advance directive created on 3/24/21 was available. MDSC also confirmed a copy of Resident 45's advance directive was not available in the medical records. During an interview on 3/11/26 at 11:59 a.m. with the Director of Nursing (DON), DON confirmed a copy of advance directive was not present in Resident 45's medical records. DON expected staff to obtain a copy of advance directive from the resident or resident representative and to place it in the medical records. DON stated missing a copy of advance directive posed a risk of not honoring Resident 45's preferences and potentially violating resident's rights. A review of the facility's policy titled, Advance Directives, revised in September 2022, indicated, . If the resident or the residents representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff .

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on interview and record review, the facility failed to submit in a timely manner a Minimum Data Set (MDS; an assessment tool) for one of 31 sampled residents (Resident 42), when Resident 42's discharge assessment was not submitted since 10/2025.This failure decreased the facility's potential to submit Resident 42's MDS information to the Centers for Medicare and Medicaid Services (CMS) in a timely manner.Findings: A review of Resident 42's admission Record, indicated she was admitted to the facility in 10/25 and discharged on 10/17/25 with a diagnosis of acute and chronic respiratory failure (worsening of breathing function in a patient with pre-existing, long-term respiratory failure).During a concurrent interview and record review on 3/12/26 at 9:23 a.m. with the Minimum Data Set Coordinator (MDSC), MDSC confirmed Resident 42's discharge MDS was not submitted to CMS and was overdue by 134 days. MDSC expected the discharge MDS to be submitted according to the timeframes as indicated in the CMS's Resident Assessment Instrument (RAI - helps facility staff to gather information on a resident's strengths and needs) Manual.During an interview on 3/12/26 at 10:07 a.m. with the Director of Nursing (DON), DON expected staff to follow the required timeframes for MDS submission.A review of CMS's RAI Version 3.0 Manual, dated 10/19, indicated the MDS discharge assessment was to be transmitted to CMS within 14 days of completion.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to follow the plan of care for one of 31 sampled residents (Resident 30), when Resident 30's communication board was not available for use during provision of care.This failure decreased the facility's potential to meet Resident 30's ability to communicate his needs.Findings:A review of Resident 30's admission Record, indicated he was admitted to the facility in October 2025 with a diagnosis of metabolic encephalopathy (a sudden or chronic brain dysfunction due to a chemical imbalance in the body that causes confusion, memory loss, and behavioral changes).A review of Resident 30's Baseline Care Plan, dated 10/19/25, indicated Resident 30's primary spoken language was Spanish.A review of Resident 30's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 1/13/26, indicated Resident 30 had adequate ability to see and hear.A review of Resident 30's Care Plan, dated 1/29/26, indicated a communication board should be utilized to help Resident 30 express himself to staff and further facilitate effective communication ensuring his needs and preferences were clearly understood and addressed.During an observation on 3/9/26 at 10:54 a.m. in Resident 30's room, Resident 30 appeared anxious and wanted to communicate. Staff members did not utilize a communication board to assist Resident 30 in expressing his concerns at that time.During an observation on 3/9/26 at 12:28 p.m. during lunch time, Resident 30 asked the staff a question in Spanish while pointing to his tray. The staff member replied in English, did not clarify Resident 30's request and stated, just eat.During an observation on 3/12/26 at 12:56 p.m. in Resident 30's room, Case Manager (CM) attempted to wake Resident 30 for lunch. Resident 30 appeared startled and tried to communicate in Spanish. CM continued speaking in English and did not use a communication board to clarify whether Resident 30 wanted to eat then or later.During a concurrent observation and interview on 3/11/26 at 4:50 p.m. with Licensed Nurse (LN) 2 inside Resident 30's room, LN 2 confirmed a communication board was not available for the staff to use when interacting with Resident 30.During a concurrent interview and record review on 3/11/26 at 5 p.m. with the Social Services Director (SSD), Resident 30's care plan, dated 1/29/26 was reviewed. SSD confirmed staff were not given a communication board to help facilitate communications with Resident 30, despite the care plan indicated its use as an intervention tool to support effective communication between Resident 30 and the staff.During an interview on 3/11/26 at 5:15 p.m. with the Director of Nursing (DON), DON expected staff to follow the residents' plan of care to ensure consistent, effective care, minimize issues, and facilitate better communication between residents and caregivers.A review of the facility's policy titled, Translation and/or Interpretation of Facility Services, revised in 2017, indicated, This facility . will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility . The coordinator of this facility's language access program is the Director of Social Services . Staff shall be trained upon hire at least annually on how to provide language access services to LEP residents.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review, the facility failed to accommodate the food preferences for one resident (Resident 110) of a census of 110, when [NAME] (C) 1 did not provide a protein substitute of similar nutritive value.This failure decreased the facility's potential to provide Resident 110 with an adequate protein substitute. Findings:A review of Resident 110's admission Record, indicated she was admitted to the facility in 2025 with diagnoses including diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and protein-calorie malnutrition (a severe nutritional deficiency caused by lack of sufficient protein intake, leading to muscle wasting and weight loss).A review of Resident 110's Order Summary Report, dated 8/30/25, indicated she was ordered a consistent carbohydrate diet (CCHO- a diet for managing blood sugar) with pureed texture and thin liquids consistency.A review of Resident 110's Care Plan Report, dated 2/16/25, indicated she was at risk for weight loss and malnutrition, and had several protein-based dislikes: chicken, turkey, and fish. Care plan further indicated to provide Resident 110 with appropriate protein alternatives when serving those meat dishes.A review of the facility's lunch menu, dated 3/11/26, indicated sweet and sour chicken for the main meat dish, with a substitute protein of buttered baked fish.During a concurrent observation and interview on 3/11/26 at 12:23 p.m. with Dietary Aide (DA) 1, DA 2, Registered Dietician (RD), and Interim Dietary Services Supervisor (IDSS), the residents' lunch plating and serving was observed. Resident 110's meal ticket (paper slip printed for resident's meal detailing diet orders, food allergies, and food preferences) indicated she disliked chicken, turkey and fish. Her plate contained only pureed corn and mashed potatoes with gravy. DA 1 placed a yogurt container on her tray. DA 2 stated the facility always gave Resident 110 yogurt as a protein substitute. RD stated Resident 110 needed an adequate protein alternative instead of yogurt. IDSS stated a vegetarian patty would be a suitable protein alternative for meat.During an interview on 3/11/26 at 1:44 p.m. with RD, RD stated the yogurt was an inadequate replacement for Resident 110's protein requirements, as the yogurt's protein amount was below the acceptable protein requirements for a meat substitute. RD confirmed a plant-based veggie patty or another meat alternative that Resident 110 liked should have been available and substituted instead of the yogurt.During a concurrent observation and interview on 3/12/26 at 8:34 a.m. with IDSS, IDSS examined the yogurt container that was served to Resident 110 for protein substitutes. The container indicated the contents of four ounces of raspberry yogurt provided three grams (g- a unit of measure) of protein. IDSS checked the vegetable patties package, which indicated one patty had seven g of protein.A review of the facility's policy titled, Food and Nutrition Services, revised October 2017, indicated, Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special diet needs, taking into consideration the preferences of each resident.A review of the facility's policy titled, Substitutions, revised April 2007, indicated, The food services manager, in conjunction with the clinical dietician, may make food substitutions as appropriate or necessary . The food services manager will maintain an exchange list [a meal system that groups foods with similar nutrients (like protein) per serving, allowing items to be swapped to maintain consistent nutritional intake] . Residents' likes and dislikes will be considered when making substitutions.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow proper infection control measures for one of 31 sampled residents (Resident 25), when Licensed Nurse (LN) 1 did not wear proper personal protective equipment (PPE, protective clothing/gown, gloves, face masks/shield to protect from injury or the spread of infection) while providing care to Resident 25 placed on Enhanced Barrier Precaution (EBP, an infection control method).This failure decreased the facility's potential to prevent the spread of infection among residents.Findings:A review of Resident 25's admission Record, indicated she was admitted to the facility in December 2025 with multiple diagnoses including perforated intestine (a hole, tear, or puncture in the wall of the small or large intestine) and protein-calorie malnutrition (a condition caused by a lack of both protein and calories to meet the body's needs).A review of Resident 25's Order Summary Report (OSR), dated 12/17/25, indicated Resident 25 was on EBP due to a central venous catheter (a long, flexible, and thin tube inserted into a large vein usually in the neck or chest that reaches a major vein near the heart to deliver medication or nutrition directly into the bloodstream). The central venous catheter was utilized for total parenteral nutrition (TPN, a specialized high calorie liquid nutrition delivered directly into the bloodstream bypassing the digestive tract). During a concurrent observation and interview on 3/10/26 at 4:29 p.m. with LN 1 in Resident 25's room, LN 1 was observed administering TPN to Resident 25 without wearing a gown. LN 1 stated she should have worn a gown during TPN administration because Resident 25 was placed on EBP.During an interview on 2/11/26 at 10:20 a.m. with the Infection Preventionist (IP), IP stated staff should follow infection prevention and control measures to prevent the spread of infection and for resident safety.A review of the facility's policy titled, Enhanced Barrier Precautions, dated August 2022, indicated, Enhanced Barrier Precautions are used as an infection prevention and control intervention . Gloves and gown are applied prior to performing the high contact resident care activity . EBPs are indicated for residents with indwelling medical devices like central lines . wound care or any skin opening requiring a dressing.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observation, interview, and record review, the facility failed to ensure call lights were available to use for two of 31 sampled residents (Resident 113 and Resident 121), when:1. Resident 113's call light was not within reach and not suitable to be used; and2. Resident 121's call light was not within reach.These failures decreased the facility's potential to assist residents in a timely manner when needed.Findings: 1. A review of Resident 113's admission Record, dated 3/17/26, indicated Resident 113 was admitted to the facility in July 2025 with diagnoses including multiple sclerosis (MS-a chronic, progressive disease damaging the nerve cells in the brain and spinal cord) and glaucoma (a group of eye diseases causing vision loss and blindness). During a concurrent observation and interview on 3/10/26 at 8:15 a.m. with Certified Nursing Assistant (CNA) 2 and Resident 113, Resident 113 was in bed and a regular call light was observed tied to the left bed rail. Resident 113 was unable to find the call light. Resident 113 explained left hand weakness, partial right hand contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion), and impaired vision. CNA 2 helped Resident 113 to hold the call light in right hand, but Resident 113 was unable to press the button to activate it. CNA 2 confirmed call light was not within reach, not appropriate, and did not meet Resident 113's needs. During an interview on 3/12/26 at 10:09 a.m. with the Administrator (ADM), ADM confirmed Resident 113's call light was not suitable to use with a partial contracture right hand and was not placed within reach. ADM expected staff to provide Resident 113 with a touch pad call light and to place it within reach. ADM stated call lights should be placed within residents' reach to meet their needs in a timely manner. 2. A review of Resident 121's admission Record, indicated he was admitted to the facility in February 2026 with diagnoses including acute respiratory failure (caused by a disease or injury that affects your breathing) and tracheostomy (surgically created hole in your windpipe to allow a tube to be placed to keep it open for breathing). During an observation on 3/9/26 at 8:34 a.m. and 10:31a.m., Resident 121's call light was not within his reach. During an observation on 3/9/26 at 12:43 p.m., a CNA was observed assisting Resident 121 and did not place the call light within his reach. During an interview on 3/12/26 at 9:19 a.m. with CNA 1, CNA 1 stated the call light needed to be within residents' reach, otherwise; they would not be able to call for help if needed. During an interview on 3/12/26 at 9:37 a.m. with the Director of Nursing (DON), DON confirmed Resident 121's call light was not within reach and expected call lights to be within reach, otherwise; residents will be unable to call for assistance if needed. A review of Resident 121's Care Plan Report, dated 2/26/26, indicated staff should ensure resident's call light is within reach . A review of the facility's undated policy and procedure titled, Call Light Policy and Procedure, (continued on next page)

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	056101	A. Building B. Wing	03/12/2026

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated, . Provide for touch-sensitive call light if resident is contracture and not able to press the call light button . Keep call light within reach of the resident .