

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Kit Carson Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  811 Court Street Jackson, CA 95642	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review the facility failed to ensure residents right to privacy were maintained when two residents (Resident 3 and Resident 4) and their rooms were photographed by staff members (Certified nursing assistant (CNA) 3 and CNA 4), using their personal phones, without Resident 3 and Resident 4's knowledge and/or consent. This failure had the potential to negatively affect Resident 3 and Resident 4's psychosocial well-being. a. A review of Resident 4's electronic health record (EHR) indicated Resident 4 was no longer at the facility. A review of a facility document titled, FOCUS EDUCATION IN-SERVICE FORM, dated 11/5/25, indicated, .Observation/Remarks/Comments .taking pictures of resident and environment .corrected staff and advised to delete photo .During an interview with the Director of Staff Development (DSD) on 12/3/25 at 2:54 PM, the DSD stated photographs were taken in Resident 4's room, without obtaining consent, by CNA 4. The DSD explained Resident 4 was unable to give consent for the photographs. The DSD further stated Resident 4's Responsible Party (RP) was not informed of the photographs being taken and the facility did not request consent from the RP for the photographs to be taken. The DSD stated the risk to the resident was that their privacy was being violated. The DSD further stated the staff member involved, CNA 4, received verbal warnings from her and the Administrator (ADM). b. A review of Resident 3's clinical document titled, admission RECORD, indicated Resident 3 was admitted to the facility with diagnoses which included a colostomy (a small, waterproof pouch worn on the outside of the abdomen to collect stool) bag. A review of a facility document titled, FOCUS EDUCATION IN-SERVICE FORM, dated 11/5/25, indicated, .Observation/Remarks/Comments .taking pictures of resident and environment .corrected staff and advised to delete photo .During an interview with the DSD on 12/3/25 at 2:54 PM, the DSD stated CNA 3 took photographs on their personal phone of Resident 3's colostomy bag. The DSD explained the photographs showed Resident 3's colostomy bag was leaking and dirty. The DSD stated before taking photographs of a resident or their surroundings, CNA 3 was supposed to obtain consent, and did not. The DSD explained the risk to Resident 3 was that Resident 3's privacy was being violated. The DSD further stated CNA 3, the staff member involved, received verbal warnings from her and the ADM. During a follow up interview with the DSD on 12/3/25 at 3:28 PM, the DSD stated all of the photographs of Resident 3 and Resident 4, and their rooms were taken on CNA 3 and CNA 4's personal phones. The DSD stated staff members were informed to delete the photos and were in-serviced regarding not to take photographs on their personal phones of residents and residents' rooms. A review of the facility policy titled, Resident Rights, revised 01/2025, indicated, . Employees shall treat all residents with kindness, respect, and dignity . Federal and state laws guarantee certain basic rights to all residents of this facility . a dignified existence . be treated with respect, kindness, and dignity . privacy and confidentiality .</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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