STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. 43071 Based on interview and record review, the facility failed to honor resident's right to participate in care conference (a quarterly and annually meeting that takes place between health care professionals and the resident and/or family to discuss and plan individualized resident care and allow the resident and/or their family to voice opinions, and concerns for the care given) meetings for five of twenty four sampled residents (Resident 70, Resident 61, Resident 29, Resident 37, and Resident 77) when Resident 29, Resident 61, Resident 70 Resident 37, and Resident 77' s quarterly and comprehensive care conference meetings were not held. This failure resulted in not providing the benefit to the residents and families of participating in the planning of their individualized care needs and to voice their care concerns. Findings: 1. During an interview on 9/10/24, at 10:07 AM, Resident 29 stated he was not familiar with care conferences and never attended one in the facility. Review of Resident 29's IDT (Interdisciplinary team: a group of health care professionals with various areas of expertise who work together to help residents receive the care they need) care conference record dated 12/26/23, 3/27/24, and 6/27/24 failed to show all IDT team members met together with the resident and/or family. There were notes entered only under dietary and activities section, rest of the sections were left blank. 2. During an interview on 9/9/24, at 2:45 PM , Resident 61 stated she had not attended any care conference meetings since been in the facility. Review of Resident 61's IDT care conference record dated 2/22/24, 5/24/24, and 8/23/24, failed to show all IDT team members met together with the resident and/or family. There were notes entered only under dietary and activities section, rest of the sections were left blank. 3. During an interview on 9/9/24, at 12:01 PM, Resident 70 stated he had not attended IDT care conference meetings in a long time. Resident 70 added the facility conducted care conferences for about first three months when he got here and nothing since then. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 70's IDT care conference record dated 9/9/24 had only an activities staff members signature under IDT attendance section, the rest of the record was blank. Further review of Resident 70's IDT care conference record dated 6/10/24, 3/12/24, and 12/12/23 had only staff notes under the dietary and activities section and the rest of the sections were blank including IDT attendance for nursing, Minimum Data Set nurse, Social Services, therapist and Resident/ Resident Representative's participation section. During an interview on 9/11/24, at 12:17 PM, the Social Services Director (SSD) stated she was responsible for coordinating IDT care conferences. The SSD stated IDT team included herself, representatives from nursing, dietary, activities and therapy. The SSD stated IDT care conference meetings were held quarterly, annually, if there was any change in the residents condition or as needed or requested. Resident 29, Resident 61, and Resident 70's IDT care conference records were reviewed with the SSD. The SSD verified Resident 29, Resident 61, and Resident 70's IDT care conference records indicated all IDT team members had not been meeting with resident/family for care conferences. The SSD stated she met with the resident on her own and considered it a care conference. The SSD stated she did not have any care conferences scheduled for any residents. The SSD stated she had not been scheduling residents' care conferences. The SSD stated she had been contacting the resident or responsible party on the day written on the MDS schedule and considered it care conference. The SSD stated if resident or responsible party voiced concerns regarding another discipline then she endorsed it to that specific department. The SSD further stated all IDT team members had not been meeting together with residents/families for care conference. The SSD added all disciplines add their own notes individually under resident's IDT care conference record in their own time. The SSD confirmed residents' IDT care conference meetings had not been held. The SSD stated she knew IDT team should meet together with the resident and/or family to discuss all aspects of resident care such as nursing, food concerns, activities, ancillary services, therapy to ensure residents' needs were being met, any concerns addressed as a team at the same time, and the opportunity for the team to coordinate and plan residents' individualized care. During an interview on 9/11/24, at 4:43 PM, the Registered Dietitian (RD) stated she was told to copy her quarterly and comprehensive resident nutrition assessment notes and to enter them under the dietary section in the resident's IDT care conference record. The RD stated she met with residents herself for her nutrition assessments. The RD stated she had not attended any residents' IDT care conferences. The RD added she did not meet with residents and/or family along with all other IDT members for any of the residents living in the facility. During an interview on 9/11/24, at 5:18 PM, the MDS coordinator stated resident's quarterly and comprehensive IDT care conferences had not been held. The MDS coordinator added IDT team did not meet with resident or family for quarterly and annual care planning. The MDS coordinator stated each department updated residents' care plans on their own. 4. A review of Resident 37's Admission Record indicated Resident 37 was admitted to the facility in early 2023. During a review of Resident 37's electronic health record (EHR) titled, IDT Care Conference Notes, indicated no IDT quarterly care conference meeting notes were documented for 2024 except comments documented in March of 2024 from the Activities Director and Dietary Director. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. A review of Resident 77's Admission Record indicated Resident 77 was admitted to the facility in early 2024. During a review of Resident 77's electronic health record (EHR) titled, IDT Care Conference Notes, indicated no IDT quarterly care conference meeting notes were documented for 2024 except comments documented in March 2024 from the Activities Director and Dietary Director. During an interview on 9/12/24, at 2:37 p.m., with the Social Services Director (SSD), the SSD stated IDT Care Conference meetings should be held within seven days of the resident's admission and then on a quarterly basis. The SSD further stated the SSD, Activities Director, Dietary Director, Director of Nursing (DON), and the Business Office (if there were insurance concerns) were required to attend. The SSD confirmed the IDT Care Conference meetings needed to include all required disciplines to meet in person. During a concurrent interview and record review on 9/12/24, at 2:50 p.m., the DON confirmed that there were no quarterly IDT Care Conference meetings held in 2024 and documented for Resident 37 and Resident 77. The DON further confirmed the facility policy was not followed for IDT Care Conferences. During an interview on 9/12/24, at 11:07 AM, the Administrator (ADM) stated residents' IDT care conferences were done initially upon admission within 2-4 days depending on the availability of the family, then again quarterly and annually, also if there was a significant change in condition and if requested by the family. The ADM stated Social Services, Activities, Dietary, Nursing, and Therapist if applicable met with resident and/or family for all IDT care conferences. The ADM stated all IDT members were expected to be present during the IDT care conference meetings and every department should be discussing their areas of care. The ADM stated it was important so that all departments could talk to the resident and/or family to discuss any questions they had, and to know their plan of care. The ADM added it was a group effort so that resident care could be coordinated rather than their individual assessments. The ADM stated IDT care conferences were important to discuss and coordinate resident's plans as a team and for all departments to be aware of the full picture of resident's health and goals. The ADM stated IDT members should be documenting care conference meeting notes in the resident's IDT care conference record on the same day the care conference was held to indicate what was discussed and who attended the meeting to ensure everyone was aware of what was going on and update the residents care plans. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a facility policy titled, Care Planning/Interdisciplinary Team revised 1/2024, indicated, The Care Planning/Interdisciplinary Team shall serve as the authority for overseeing resident care services .The Care Planning/interdisciplinary Team shall be composed of, but not necessarily limited to the following personnel: a. RN assessment coordinator; b. Director of nursing services (as applicable); c. Medical director d. Attending physicians; e. Therapists; f. Activity Director; g. Social services director; h. Dietician/food service manager; i. Pharmacist; and j. Other individuals as the resident's need dictates .The secretary to the team should;; be responsible for notifying team members when a meeting is scheduled, providing reports, etc., to be reviewed, and maintaining written reports of all meetings held .The RN assessment coordinator shall serve as chairperson of the Care Planning/Interdisciplinary Team .The Care Planning/Interdisciplinary Team shall meet as necessary to assure that each resident's care plan includes measurable objectives and timetables to meet the resident's medical, nursing, and psychosocial needs as defined on the resident's assessment (MDS) .Duties and responsibilities of the Care Planning/Interdisciplinary Team include, but are not limited to .Developing a comprehensive care plan for each resident .Reviewing care plans .reflect an interdisciplinary approach to maintain or improve functional abilities .The resident/family is involved in care planning .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43071 Based on interview and record review, the facility failed to ensure six of 24 sampled residents (Resident 10, Resident 21, Resident 61, Resident 70, Resident 75, and Resident 239) end of life wishes and emergent treatment desires were accurate and/or available to facility staff when: 1. Resident 70's POLST (Physician Orders for Life Sustaining Treatment: a medical order signed by both a patient and physician that specifies the types of medical treatment a patient wishes to receive toward the end of life) and documented code status (the type of emergent treatment a person would or would not receive if their heart or breathing were to stop) did not match; and, 2. A copy of Resident 10's, Resident 21's, Resident 61's, Resident 70's, Resident 75's, and Resident 239's Advance Directive (a written instruction, such as a living will or durable power of attorney for health care, recognized under State law relating to the provision of health care when the individual is incapacitated) was not available in their medical record or readily available to the facility staff. These failures resulted in conflicting code status information and Advance Directives not being available to facility staff and had the potential for Resident 10, Resident 21, Resident 61, Resident 70, Resident 75, and Resident 239's emergency treatment wishes not being honored. Findings: 1. Review of Resident 70's Admission record indicated Resident 70 was admitted to the facility with multiple diagnoses including but not limited to acute embolism and thrombosis (blockage in a blood vessel), Cerebral arthrosclerosis (a disease that occurs when the arteries in the brain become hard, thick, and narrow due to the buildup of plaque). Review of Resident 70's POLST dated [DATE], revealed an X in the box next to Attempt Resuscitation/CPR [chest compressions and other life saving measures], a check mark in the box next to Do Not Attempt Resuscitation/DNR, and a check mark in the box next to Advance Directive not available. Further review of Resident 70's medical record confirmed a copy of his Advance Directive was not available. Review of Resident 70's electronic health record revealed a physician order dated [DATE], which indicated Resident 70 was a full code (chose to attempt CPR). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on [DATE], at 2:50 PM, Licensed Nurse (LN) 9 stated she would know a resident's code status from their POLST and physician ordered code status. Resident 70's record was reviewed with LN 9. LN 9 interpreted Resident 70's POLST as DNR since there was a checkmark in front of DNR and an X in front of the CPR option. LN 9 sated she would not perform CPR based on Resident 70's POLST if needed. LN 9 verified Resident 70's physicians order realted to his code status indicated Resident 70 was a full code [perform CPR]. LN 9 stated she did not know if she needed to perform CPR or not for Resident 70 based on the conflicting information in his medical record. LN 9 added, It's contradicting. LN 9 stated it needed to be clarified. LN 9 stated the POLST and the physcian ordered code status should be matching so in case of an emergency staff knew what to do and to ensure the resident's wishes were honored. LN 9 stated it was very confusing. LN 9 verified Resident 70's POLST indicated Resident 70 had an Advance Directive but was not available at the time the POLST was filled out on [DATE]. LN 9 verified a copy of Resident 70's Advance Directive was still not available in his record and there were no documented attempts by staff to obtain it. LN 9 stated an Advance Directive had information for resident wishes as to how they would like to have their end of life wishes managed, treatment choices in an emergent situation, and who would decide what was best for them if they were no longer able to make own decisions. 2a. During a concurrent interview and record review on [DATE], at 6:08 PM, the Business Office Manager (BOM) verified Resident 21's Acknowledgement of Advance Directive form dated [DATE], indicated Resident 21 had executed an Advance Directive. The BOM verified a copy of Resident 21's Advance Directive was not available in Resident 21's record. The BOM verified there were no recorded attempts made by staff to obtain a copy of Resident 21's Advance Directive. 2b. During a concurrent interview and record review on [DATE], at 6:11 PM, the BOM verified Resident 61's Acknowledgement of Advance Directive form dated [DATE], indicated Resident 61 had executed an Advance Directive. The BOM verified a copy of Resident 61's Advance Directive was not available in Resident 61's medical record. The BOM stated she did not receive a copy of Resident 61's Advance Directive and had never attempted to obtain a copy. 2c. During a concurrent interview and record review on [DATE], at 3:22 PM, the BOM verified Resident 75's Acknowledgement of Advance Directive form dated [DATE], indicated Resident 75 had executed an Advance Directive. The BOM verified a copy of Resident 75's Advance Directive was not available in Resident 75's record. 2d. During a concurrent interview and record review on [DATE], at 3:11 PM, LN 9 verified Resident 239's Acknowledgement of Advance Directive form dated [DATE], indicated Resident 239 had executed an Advance Directive. LN 9 verified a copy of Resident 239's Advance Directive was not available in Resident 239's record. LN 9 stated she did not ask residents about their Advance Directive or to provide a copy. During an interview on [DATE], at 5:55 PM, the BOM stated she asked the resident and/or family upon admission if they had an Advance Directive already executed and to provide a copy of the Advance Directive. The BOM stated she did not follow up with the resident/family to ensure a copy of their Advance Directive was provided to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE], at 11:25 AM, the Administrator (ADM) stated a residents POLST and physician ordered code status should match to ensure staff knew what to do during an emergency for the resident. The ADM stated if a resident had an Advance Directive, then a copy of the resident's Advance Directive should be present in their medical record so that facility staff knew what the residents wishes were and could respect the residents wishes. The ADM stated an Advance directive included the residents wishes for their end-of-life treatment choices, code status information, and also included the information about the residents designated decision maker in case the resident was no longer able to make their own decisions. The ADM stated resident wishes might not be honored when a copy of the residents' Advance Directive was not available in their record. The ADM stated resident/family were asked to provide a copy of the Advance Directive upon admission. The ADM stated follow up should be done during the first care conference and again at quarterly care conferences to ensure a copy of the Advance Directive was made available. The ADM stated attempts to obtain a copy of the residents' Advance Directive should be documented in the residents' care conference meeting notes. 43943 2 e. A review of Resident 10's clinical record titled, [FACILITY NAME] Addendum [change] to Admission Agreement, dated [DATE], indicated . The original Advance Directives remain in effect . A review of Resident 10's Medical Record revealed there was not a copy of Resident 10's Advanced Directive on file. During a concurrent interview and record review on [DATE], at 9:42 a.m., with the BOM, the BOM stated during the admission process, staff asked the resident or resident's family if the resident had an advance directive. The BOM stated a copy of Resident 10's advance directive should have been in the file cabinet in the business office. The BOM confirmed she did not have a copy of Resident 10's advanced directive on file. During a phone interview on [DATE] at 10:01 a.m., with Resident 10's Responsible Party (RP - makes decisions on behalf of the resident), RP 1 stated she had given a copy of Resident 10's advance directive to the BOM after Resident 10 was admited to the facility. During an interview on [DATE], at 11:48 a.m., with LN 1, LN 1 stated Resident 10's advance directive should have been placed in the medical record to ensure Resident 10's end of life health care wishes were honored. During an interview on [DATE], at 11:48 a.m., with the Director of Nursing (DON), the DON stated it was important to have a copy of Resident 10's advanced directive in the medical record to ensure Resident 10's health care wishes were carried out. During a concurrent interview and record review with the Medical Records (MR) Department, Resident 10's medical record was reviewed. MR confirmed Resident 10 did not have a copy of her advance directive in her current medical record but found the advance directive in Resident 10's old chart from a previous admission to the facility. MR stated the advance directive should have been moved forward to the new medical. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on [DATE], at 3:04 p.m., with the Administrator, the Policy and Procedure (P&P) titled Advanced Directive Policy and Procedure, dated ,d+[DATE], was reviewed. The P&P indicated, . All advanced directive document copies will be obtained and located in the hardcopy chart behind the face sheet, in the business office file, and/or uploaded in the EMR under 'other' . The DON stated the P&P was not followed. Review of an undated facility policy titled HEALTH INFORMATION MANAGEMENT GUIDELINES. DIRECTIVES FOR POLST, ADVANCE DIRECTVIES. LIFE SUSTAINING TREATMENT AND MAINTENANCE OF THE DOCUMENTS indicated, .At the time of the admission or during the residents stay, it will be determined if a resident has an Advance directive. If the resident has a Power of attorney for Health Care a POLST form is to be completed by the Physician which is to match the wishes of the resident. Note that a POLST is Physicians order for Life sustaining treatment. At that time the Orders are to be entered into the electronic record and are to match the wishes of the resident. Directives for life sustaining treatment once completed (POLST) are to be placed in in (sic) the resident's record at the nursing stations .If at any time the directive is updated and changes the orders must change to correspond .The purpose is to have the original hard copy of the document available for CODE status to the licensed staff in the event the Electronic Medical Record (EMR) is not available .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 50018 Based on observation, interview, and record review, the facility failed to ensure a homelike environment was provided for 1 of 24 sampled residents (Resident 63), when Resident 63 could not store her personal belongings in her assigned closet space. This deficient practice did not ensure a homelike environment that encouraged the use of personal belongings to the extent possible. Findings: During an interview on 9/10/24 at 9:24 AM with Resident 63, Resident 63 stated that she could not use the top of her assigned closet space. Resident 63 also stated that Resident 60's belongings were placed in her section of the closet. Resident 63 further stated she did not want to move Resident 60's stuff to place her own items up there. During an observation on 9/10/24 at 9:28 AM in Resident 60's room, it was observed that Resident 60's belongings were placed in the top section of Resident 63's assigned closet space. During an interview on 9/10/24 at 11:20 AM with Certified Nurse Assistant (CNA) 2, CNA 2 stated Resident 60's stuff had always been in Resident 63's closet space. CNA 2 also stated that she was not sure why Resident 60's belongings were in Resident 63's closet. During an interview on 9/10/24 at 11:32 AM with Resident 63, Resident 63 stated that she wanted her own closet space. Resident 63 stated she showed the Administrator (ADM), but no one has helped her to place her belongings into the top section of her closet. Resident 63 also stated she had all her stuff just sitting there ready to be put away. Resident 63 also stated that she had her rights and not having the ability to use her closet made her upset. Resident 63 further stated she just wanted her stuff safe and protected. During an interview on 9/10/24 at 2:52 PM with the Social Services Director (SSD), the SSD stated Resident 63 was in a different part of the facility and was moved to her current room in the beginning of June. The SSD stated that Resident 63 should have her own bed and closet space and it should belong just to her specifically. The SSD also stated that Resident 63's closet should not be used as overflow for Resident 60. The SSD further stated that Resident 63 should feel like it is her room and her home. During an interview on 9/10/24 at 2:56 PM with CNA 3, CNA 3 stated that Resident 63's top closet had always had Resident 60's items in there. CNA 3 also stated Resident 60 has been here longer and it was just set up that way. During an interview on 9/11/24 at 2:30 pm with the Director of Nursing (DON), the DON stated that each resident should have their own designated closet space. A resident located in Bed B should have their belongings in their specific closet and should not crossover to Bed A. The DON further stated that each resident, should have a private area to store their belongings, just like at home. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/12/24 at 9:05 AM with the ADM, the ADM stated each resident should have their own closet space. The ADM also stated that both the top and bottom sections of the closets belong to the specific resident. The ADM further stated other people's things should not crossover to the other residents' closet. During a review of the facility's policy and procedure (P&P) titled, Homelike Environment, dated 1/2024, indicated, .The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include . d. personalized furniture and room arrangements

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43943 Based on observation, interview, and record review, the facility failed to provide a safe environment and the supervision needed to ensure one of 24 sampled residents (Resident 39) was protected from physical abuse when another resident (Resident 79), who had a history of severe mental illness and violent behaviors, entered Resident 39's room and struck him in the face multiple times. This failure resulted in Resident 39 sustaining facial bruising and redness, a cut lower lip, overall head pain, and feelings of fearfulness. Findings: A review of Resident 39's clinical record titled. Admission Record (a document that contained the resident's demographic information), indicated Resident 39's diagnoses included Multiple Sclerosis (a disease that blocks messages between the brain and body, causing a variety of symptoms, including muscle weakness). During a concurrent observation and interview on [DATE], at 11:14 a.m., with Resident 39, in his room, Resident 39 was observed to have a cut on his left lower lip, and his face was red with bruising around his eyes and nose. Resident 39's left hand and arm were observed to have contractures (permanent shortening of muscles that limit movement and causes stiffness), and his legs were unable to move. Resident 39 stated that Resident 79 came into his room and hit him in the face 15 times. Resident 39 stated if the nurses hadn't come to his room when they did, Resident 79 could have killed him. Resident 39 stated he still had pain in his head. A review of Resident 79's clinical record titled, Admission Record, indicated Resident 79's diagnoses included schizophrenia (a serious mental health condition that affects how people think, feel and behave) and bipolar disorder (a mental illness that causes extreme mood swings). A review of Resident 79's clinical record titled, Progress Notes, dated [DATE], at 6:08 a.m., by Licensed Nurse (LN) 10, indicated a loud sound was heard at Nurses' Station 1. The progress note revealed that Resident 79 attacked a licensed nurse and pushed him against the door and had both hands around the nurse's neck. A female nurse tried to help the nurse when Resident 79 slammed her on the desk and to the floor. Resident 79 kept saying, he has a gun. A review of Resident 79's clinical record, titled Progress Notes, dated [DATE], at 6:48 p.m., by the Minimum Data Set Nurse (MDS nurse - nurse who assessed and monitored the health of patients in long-term care facilities), indicated Resident 79 shouted at a Certified Nursing Assistant (CNA), pulled his hair, and hit him on the head. A review of Resident 79's clinical record titled, Physician's Progress Notes/Psychological Evaluation, dated [DATE], by Medical Doctor (MD) 1, indicated Resident 79 had become more paranoid (suspiciousness, distrust, and feelings of persecution) over the past few days and his Schizophrenia and dementia (a decline in mental abilities that could affect a person's ability to perform everyday activities) was uncontrolled. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 39's clinical record titled, Progress Notes, dated [DATE], at 2:09 a.m., indicated Resident 39 was hit repeatedly on his face by Resident 79. Resident 39's face was red and bruised along the nasal bridge (top of the nose) and under the eyes, and his eyes were blood shot (red/irritated). A review of Resident 39's clinical record titled, Progress Notes, dated [DATE], at 2:48 a.m., by LN 8, indicated that at around 12:58 a.m., Resident 79 was heard by staff stating, I'm going to kill him and went into Resident 39's room and beat him by slapping him in the face. Resident 39 stated he was hit in the face 15 times. A CNA ran over to the room and pulled Resident 79 off of Resident 39 by pulling him by the back of his pants. Resident 79 grabbed the CNA by the right arm and knocked her down. The police were called and arrived at the facility. The progress note indicated other residents in the facility were afraid. A review of Resident 79's clinical record titled, Progress Notes, dated [DATE], at 2:58 a.m., indicated Resident 79 had tried to bend a LN's hand backward. Resident 79 said there were people in his room with guns. A review of Resident 79's clinical record titled, Progress Notes, dated [DATE] at 8:59 a.m., by LN 1, indicated Resident 79 yelled, she's in there and he has her. A review of Resident 79's clinical record titled Progress Notes, dated [DATE], at 9:00 a.m., by LN 9, indicated Resident 79 was banging on the office doors stating there was an [AGE] year old lady trapped inside the office. A review of Resident 39's clinical record titled, Progress Notes, dated [DATE], at 2:34 p.m., by Social Services (SS), indicated, Resident 39 stated, 'He was yelling in the hallway saying stuff angry and I told him hey man calm down. He then came to my door still yelling and I told him man calm down. After I said that he came into my room all angry towards me and slammed my computer to the floor and he started to punch me. He punched me like 15 times .I was scared for my life. It took you guys a long time to come and save me . If they didn't stop him, he would have killed me' . Resident proceeded to express, 'Look at my face I was beat up . I could have died ' . During a interview on [DATE], at 2:03 p.m., with LN 4, LN 4 stated after Resident 79 attacked Resident 39, Resident 39 was very afraid for his safety. LN 4 stated Resident 79 hit Resident 39 in the face approximately 15 times. LN 4 stated Resident 39 was a vulnerable resident who could not defend himself. LN 4 stated, Resident 39 was emotional and upset after the incident. During an interview on [DATE], at 8:55 a.m., with Resident 46, Resident 46 stated she did not feel safe when Resident 79 lived at the facility. During a concurrent interview and record review on [DATE], at 3:36 p.m., with the Administrator (ADM), the facility's Policy and Procedure (P&P) titled, [FACILITY NAME] Abuse Prohibition Policy and Procedure, dated 2021, was reviewed. The P&P indicated, . Abuse is defined as the willful infliction of injury . resulting physical harm, pain, injury, or mental anguish . physical abuse includes hitting, slapping, pinching, kicking, etc. Purpose - to ensure that [FACILITY NAME] staff are doing all that is within their control to prevent occurrences of abuse (. physical) . for all patients . The ADM stated she did not deny that Resident 39 was attacked by Resident 79, but stated it was not abuse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	A review of the facility's P&P titled Safety and Supervision of Residents, dated ,d+[DATE], indicated, . The care team shall target interventions to reduce individual's risks . including adequate supervision . A review of the facility's P&P titled, Resident Rights, dated ,d+[DATE], indicated, . Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . be free from abuse .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 43071 Based on observation, interview, and record review, the facility failed to ensure a comprehensive person-centered care plan was developed for one of twenty-four sampled residents (Resident 58), when an indwelling catheter (urinary catheter: a hollow flexible tube that is inserted into the bladder to drain urine) care plan was not developed for Resident 58. This failure had the potential for Resident 58's catheter care needs not being met which could lead to infections and complications. Findings: Review of Resident 58's Admission Record indicated Resident 58 was admitted to the facility in mid-2024 with multiple diagnoses including but not limited to chronic kidney disease and retention of urine. During a concurrent observation and interview on 9/9/24 at 10:24 AM, Resident 58 was observed to have an indwelling catheter. Resident 58 stated the indwelling catheter was put in when he was in the hospital. Resident 58 stated he thought he had the catheter so that he did not have to get up to go to the bathroom. Review of Resident 58's admission note dated 7/25/24, indicated, .Pt [Patient] noted with indwelling foley catheter 16fr [French: unit of measurement] 10cc [cubic centimeter: unit of measurement] balloon in place draining clear yellow urine . Further review of Resident 58's record failed to indicate an indwelling catheter care plan was developed. During a concurrent interview and record review on 9/11/24 at 8:48 AM, Licensed Nurse (LN) 1 stated Resident 58 was admitted with an indwelling catheter. LN 1 stated Resident 58 had an indwelling catheter because he was incontinent [lack of bladder control] and to make sure he did not develop urinary retention [build up of urine in the bladder]. Resident 58's care plans were reviewed with LN 1. LN 1 verified an indwelling catheter care plan was not developed for Resident 58. LN 1 stated an indwelling catheter care plan should have been developed to guide the treatment plan, explain the reason for the catheter, outline interventions for catheter care, instructions to ensure the catheter was patent [draining], and to prevent infections and complications. During a concurrent interview and record review on 9/11/24, at 10:32 AM, the Director of Nursing (DON) stated an indwelling catheter care plan should have been developed upon admission to indicate the plan for catheter care, resident needs, monitoring of fluid intake and output, monitoring for signs and symptoms of infections, and to prevent infections. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a facility policy titled Care Plan revised 4/24, indicated, A care plan is the summation of the resident concerns, goals, approaches and interventions in order to meet the goals and help minimize if not totally eradicate residents' problems. Each individual resident has a comprehensive care plan which is objective, measurable and time-framed .A care plan is accomplished through the interdisciplinary team .The resident care plan is developed within 7 days upon resident's admission, reviewed quarterly .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 49823 Based on observation, interview, and record review, the facility failed to provide services which met professional standards of quality for a census of 81 when: 1. The Station 1 glucometer (a device used to measure how much glucose is in the blood) quality control test (QC, a test that verifies that the device or product meets specific quality standards) logbook was not consistently completed for all active glucometer devices stored in the medication carts at Station 1; and, 2. Resident 21's bedside table was left with a medication cup containing multiple pills. These failures had the potential to result in inaccurate resident blood glucose tests, a wrong medication dose due to the inaccurate test, medication errors, and for Resident 21 to experience a reduction in medication effectiveness due to missed doses. Findings: 1. During a concurrent interview and record review on 9/10/24, at 8:30 a.m., with Licensed Nurse (LN) 1 at Station I, the glucometer logbook was reviewed. LN 1 stated the glucometer quality control test was checked nightly and the results were recorded in the glucometer logbook. LN 1 further stated the importance of doing glucometer QC tests nightly was to ensure the accuracy of finger stick blood glucose tests (FSBS, poking a finger to apply a drop of blood to a test strip (material used to measure glucose level). LN 1 confirmed some of the required nightly QC tests were not done. LN 1 further confirmed some entries in the logbook did not have the QC lot numbers (unique identification number assigned to a batch of products) and the expiration dates recorded for the control solution (used to check the glucose meter and test strips are functioning correctly). LN 1 stated there was a total of 2 glucometers at Station 1 and each device should have a QC test completed every night. LN 1 further stated the logbook entries should have also recorded the QC lot numbers, and expiration dates used for the control solution and test strips. During a concurrent interview and record review on 9/10/24, at 9:15 a.m., with the Director of Nursing (DON), the glucometer log sheets for Station I were reviewed from June 2024 through September 2024. The DON confirmed the process for glucometer QC testing and recording was not followed. The DON stated he expected the night shift LNs to perform the glucometer QC testing on all the facility glucometers and record it in the logbook including the glucometer device numbers, the high and low limit QC results, the expiration dates for the test strips, the control solutions used for testing, and the staff who performed the testing. During a review of a facility policy and procedure (P&P) titled, Obtaining a Fingerstick Glucose Level, revised January 2024, indicated, .Procedure .4. Ensure that the equipment and devices are working properly by performing any calibrations or checks as instructed by the manufacturer . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of a facility P&P titled, Policy and Procedure on Glucometer Usage and Maintenance, revised January 2024, indicated, .Procedure .2. Checked by the night shift License Nurse using quality control solution every day for proper functioning .3. The procedure being implemented is based on the manufacturer guidelines of the glucometer .4. The daily logbook for the checking of the glucometer machine/equipment is maintained in a binder which is done daily .This will ensure that the machine/equipment for blood sugar testing is in good operating condition. This will give an accurate result of the blood sugar test conducted on the resident . During a review of a facility document titled, [Name Brand] Glucose Monitoring System Owner's Manual, revised February 2017, the document indicated, .Checking the System with Control Solutions .Our control solutions contain a known amount of glucose that react with test strips. By comparing the result of your control solutions test with the expected range printed on the test strip vial label, you can check if the meter and test strips are working properly, and if you're performing the test correctly. It is very important that you perform this simple check routinely to make sure you get accurate results . 2. Review of Resident 21's Admission Record indicated Resident 21 was admitted to the facility in mid-2023 with diagnoses which included dementia (loss of brain function that affects a person's ability to think, remember, and reason), and anxiety (a mental health condition that causes excessive and persistent feelings of fear, worry, and dread that can interfere with daily living). During a concurrent observation and interview on 9/9/24, at 11:32 a.m., with Resident 21, a medication cup with multiple pills was observed on Resident 21's bedside table. Resident 21 stated he asked Licensed Nurse (LN) 2 to leave the pills on the bedside table because he wanted to take his pills one at a time. During a concurrent observation and interview on 9/9/24, at 12:06 p.m., with LN 2 in Resident 21's room, a medication cup containing medications was observed on Resident 21's bedside table. LN 2 stated Resident 21 asked her to leave the medications on the bedside table. LN 2 further stated she should have not left them, and she made a mistake. LN 2 explained she needed to watch Resident 21 take his medications or remove the medication cup from the bedside table. LN 2 stated Resident 21 had no issues with swallowing his medications. LN 2 further stated the risks of leaving Resident 21's medications on his bedside included Resident 21 not taking his medications or another resident could have taken Resident 21's medications. During a concurrent interview and record review on 9/12/24, at 2:50 p.m., with the Director of Nursing (DON), the facility policy and procedure on medication administration was reviewed. The DON stated the expectation for administering medications was for LNs to observe residents taking their oral medications and providing adequate water for them to drink. The DON acknowledged Resident 21's medications were found in a medication cup on Resident 21's bedside table. The DON confirmed the facility policy and procedure was not followed. During a review of a facility P&P titled, Policy and Procedure in Medication Administration, revised January 2024, indicated, .Policy: Medications shall be administered in accordance with our established policies and procedures .Procedures .16. No medications should be left unattended or be left on the top of the cart at any time .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43071 Based on interview and record review, the facility failed to ensure necessary care and services were provided for one of twenty-four sampled residents (Resident 239) when Resident 239 did not receive a shower as scheduled at least twice a week. This failure resulted in Resident 239 not receiving showers and had the potential for poor hygiene, poor skin integrity, and low self-esteem for Resident 239. Findings: Review of Resident 239's Admission Record indicated Resident 239 was admitted to the facility in late 2024 with multiple diagnoses including but not limited to fracture of the lower end of the left femur (leg bone), muscle weakness, and difficulty walking. Review of Resident 239's MDS (Minimum Data Set: a standardized assessment tool that measures health status in nursing home residents) assessment dated [DATE], indicated Resident 239 needed maximum assistance with shower/bathing activity. During an interview on 9/9/24 at 4:48 PM, Resident 239's Family Member (FM) 1 stated Resident 239 was supposed to have a shower on Saturday (9/7/24), but she did not receive it. FM 1 stated she still had not received a shower. During a concurrent interview and record review on 9/11/24, at 9:35 AM, Certified Nursing Assistant (CNA) 1 stated Resident 239 was scheduled to receive showers on Wednesdays and Saturdays during the morning shift. CNA 1 stated Resident 239 had not been receiving her showers on Saturday mornings. CNA 1 stated Resident 239 and her family member informed her on Monday (9/9/24) that Resident 239 had not been receiving showers on Saturdays. CNA 1 stated Resident 239 and her family member were upset. CNA 1 stated she informed the nurse and thought the nurse would have her assigned CNA give her a shower on Monday, but it did not happen. CNA 1 further stated Resident 239 had an odor on Monday (9/9/24) and today (9/11/24) the odor was worse. CNA 1 added that was why she gave Resident 239 a shower first thing this morning. Resident 239's shower record was reviewed with CNA 1; CNA 1 confirmed Resident 239 did not receive showers on Wednesday 8/31/24, or Saturday 9/7/24, as per her shower schedule. During an interview on 9/11/24 at 9:58 AM, Licensed Nurse (LN) 1 stated residents received showers twice a week as per their shower schedule. LN 1 stated residents should get a shower even on their non-shower day if requested. LN 1 stated residents' shower schedule should be followed to keep residents well-groomed at all times. LN 1 stated if residents did not receive a shower, they would get agitated, would complain, would have an odor, would feel dirty, would stay more isolated, and would have low self-esteem. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 9/11/24, at 10:19 AM, the Director of Nursing (DON) stated residents received showers twice a week as per their shower schedule. The DON stated residents should receive showers as per their schedule to be neat, clean, and odor free. The DON added if a resident asked to be showered daily, then facility staff accommodated the resident's request. The DON stated if a resident did not receive showers as per their schedule at least twice a week then the resident would feel dirty, uncomfortable, people might notice an odor, and the resident would have low self-esteem. Resident 239's shower record was reviewed with the DON. The DON verified Resident 239 had been receiving showers only once a week and not twice a week. The DON stated Resident 239 should have received at least 2 showers per week. Review of Resident 239's care plan dated 9/3/24, indicated, Impaired physical functioning .Shower twice weekly and PRN [as needed] . Review of a facility policy titled Resident ADL [Activities of Daily Living] Care (Shower) dated 3/24/24, indicated, .It is the policy of this facility to promote cleanliness, to stimulate circulation and to aid in relaxation .Shower days for residents is twice a week . Review of a facility policy titled Activities of Daily Living (ADLs), Supporting revised 1/2024, indicated, . 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 .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assisted with . hygiene (bathing, dressing, grooming .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 50925 Based on interview, observation, and record review, the facility failed to ensure access to bilateral hearing aids and to assist in arranging for audiologist (ear doctor) referral consult services for one of twenty-four sampled residents (Resident 44). This failure had the potential to impair Resident 44's ability to understand and communicate needs effectively. Findings: During a concurrent observation and interview with Resident 44, on 9/10/24, at 9:40 AM, Resident 44 was observed without hearing aids. Resident 44 stated that she thought she had hearing aids before but was not sure where she lost them and if it was before this current admission at this facility. Resident 44 stated she did not recall if she had notified the staff about the missing hearing aids because she was forgetful with her age now. During a phone interview with RP on 9/12/24, at 8:42 AM, RP stated that Resident 44 had hearing aids when she was first admitted at the facility. The RP stated that she bought the hearing aids for Resident 44. The RP stated that Resident 44 told her that the hearing aids got lost within the first week of her stay during mealtime when Resident 44 placed the hearing aids on a meal tray. The RP stated that this was reported to the facility staff and had not heard about the hearing aids since then. During an interview with Certified Nursing Assistant (CNA) 7, on 9/10/24, at 10:20 AM, CNA 7 stated that she was not sure if Resident 44 had hearing aids. CNA 7 returned and stated that she thought that Resident 44 had hearing aids during Resident 44's first admission. During an interview with CNA 8, on 9/11/24, at 8:52 AM, CNA 8 stated she had not seen Resident 44 with hearing aids and was not aware she even had them. CNA 8 stated that residents usually keep their hearing aids on their bedside table, and they put them on by themselves. CNA 8 stated the importance for residents to use their hearing aids is for them to be less confused and to understand or hear clearly. CNA 8 stated that sometimes the residents think they were being yelled at if they did not have their hearing aids on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review with Licensed Nurse (LN) 1, on 9/11/24, at 10:58 AM, Resident 44's ADMISSION NURSING ASSESSMENT, dated 5/16/24, was reviewed with LN 1. LN 1 verified that Resident 44 had hearing impairment based on the ADMISSION NURSING ASSESSMENT document. LN 1 stated that she was aware that Resident 44 had difficulty in hearing. LN 1 stated that Resident 44 did not inform her that she needed hearing aids. LN 1 stated that the inventory of personal belongings could be checked to see if Resident 44 had hearing aids when she got admitted . When asked what the process was for residents needing hearing aids, LN 1 stated that it would be noted in the progress notes if the resident had an appointment or referral sent to an ENT (eye, nose and throat) specialist. LN 1 stated that she did not find any specialist referral for Resident 44. LN 1 stated, if the Licensed Nurse identified the need for obtaining hearing aids for a resident, then the SSD would be notified. LN 1 stated that the importance for residents with hearing impairments to have access to their hearing aids was to ensure that they could use their sense of hearing and for communication. LN 1 stated that the care plan interventions would show up for both the licensed nurses and CNAs as triggered tasks during their shifts During an interview with the IP, on 9/11/24, at 9:50 AM, the IP stated that the admission process included checking of the residents' belongings by the CNA. The IP stated that the items were documented on the inventory list, and then the resident or the Responsible Party (RP) would review and sign the form. The IP stated that if a resident had a missing item, the CNA is usually notified first, then reported to the Licensed Nurse or the Nursing Supervisor, and lastly reported to the SSD. During a concurrent interview and record review with the IP, on 9/11/24, at 10:55 AM, Resident 44's paper medical record was reviewed. The IP verified that the paper medical record contained Resident 44's form titled, Inventory of Personal Effects, dated 6/13/24, which did not include hearing aids on the form. The IP stated that Resident 44's Inventory of Personal Effects from the first admission was not in the paper medical record. During a concurrent interview and record review with the IP on 9/11/24, at 3:03 PM, the IP stated that medical records could not locate Resident 44's inventory list from the first admission to the facility. The IP stated that the admitting nurse would determine if hearing aids were needed for residents with hearing impairment during the admission process. The IP stated that if the resident did not have hearing aids, then a referral for an ENT assessment would be arranged for them. The IP reviewed and verified Resident 44's care plans, dated 5/17/24 and 6/14/24, indicated the same information, .Impaired hearing related to advancing age. At risk for inability to comprehend information .Communication devices/techniques: bilat [bilateral] Hearing aids . Interventions listed on Resident 44's impaired hearing care plan included, .Ensure use of HA's [hearing aids] PRN [as needed] .Hearing evaluation-PRN . Review of Resident 44's ADMISSION NURSING ASSESSMENT, dated 5/16/24, indicated that resident 44 had poor hearing on the right and left side. Review of Resident 44's orders, dated 06/13/2024, indicated .Order Date: 6/13/2024 .Audiology consult PRN to include impedance and tympanometry [type of tests to check on hearing] . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review, on 9/10/24, at 2:47 PM, Resident 44's ADMISSION NURSING ASSESSMENT, dated 5/16/24 and 6/13/24, was reviewed with the Social Services Director (SSD). The SSD confirmed Resident 44's admission nursing assessment from 5/16/24 indicated she had hearing aids upon admission and had difficulty hearing. The SSD stated Resident 44's admission nursing assessment did not indicate if Resident 44 had hearing aids. The SSD confirmed that there was no referral sent to evaluate Resident 44 for hearing aids. The SSD stated that she was not notified or had not heard of any complaints regarding Resident 44's hearing aids since readmission. During a concurrent interview and record review with the Director of Nursing (DON) on 9/12/24, at 2:26 PM, Resident 44's care plans were reviewed. The DON stated that the admitting staff determined that Resident 44 had a hearing impairment during the admission assessment based on Resident 44's impaired hearing care plan that was initiated on 5/17/24 and 6/14/24. The DON stated that his expectation was for the staff to review the residents care plans and that orders were carried out as needed. The DON stated that it was important for residents who had hearing impairment to have the necessary devices to hear and communicate properly. The DON added that it was also important for residents to have their hearing aids so when the residents participated in activities, they could understand what was going on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43071 Based on observation, interview, and record review, the facility failed to ensure one of six residents (Resident 58) who entered the facility with an indwelling catheter (urinary catheter: a hollow flexible tube that is inserted into the bladder to drain urine) was assessed for catheterization necessity when Resident 58's record did not indicate the clinical condition for use of the indwelling catheter. This failure had the potential of unnecessary indwelling catheter use which could lead to urinary tract infections (UTI) and further complications for Resident 58. Findings: Review of Resident 58's Admission Record indicated Resident 58 was admitted to the facility in mid-2024 with multiple diagnoses including but not limited to chronic kidney disease and retention of urine (the inability to eliminate all of the urine in the bladder). During a concurrent observation and interview on 9/9/24 at 10:24 AM, Resident 58 was observed to have an indwelling catheter. Resident 58 stated the indwelling catheter was put in when he was in the hospital. Resident 58 stated he thought he had the catheter so that he did not have to get up to go to the bathroom. Review of Resident 58's admission note dated 7/25/24, indicated, .Pt [Patient] noted with indwelling foley catheter 16fr [French: unit of measurement] 10cc [cubic centimeter: unit of measurement] balloon in place draining clear yellow urine . Further review of Resident 58's record failed to indicate the reason for indwelling catheter use. During a concurrent interview and record review on 9/11/24 at 8:48 AM, Licensed Nurse (LN) 1 stated Resident 58 was admitted with the indwelling catheter. LN 1 stated Resident 58 had the indwelling catheter because he was incontinent and to make sure he did not develop urinary retention. LN 1 stated urinary incontinence was an acceptable clinical indication for use of an indwelling catheter. LN 1 stated the indication for catheter use should be documented upon admission in the resident's admission note, physician orders, Medication Administration Record (MAR) and care plan. Resident 58's records were reviewed with LN 1. LN 1 verified Resident 58's admission note indicated Resident 58 had an indwelling catheter but did not indicate the reason. LN 1 verified Resident 58's physician order for the indwelling catheter did not indicate the reason for use. LN 1 verified there was no indwelling catheter care plan developed for Resident 58. LN 1 stated the indication for indwelling catheter use should be reflected in the resident's physician orders to make sure all staff were aware of the reason the resident had the indwelling catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 9/11/24, at 10:32 AM, the Director of Nursing (DON) stated if a resident was admitted with an indwelling catheter, then the resident was assessed upon admission for removal of the catheter unless the resident had an appropriate clinical indication for use of the catheter. The DON stated the indication for catheter use should be documented in the urinary assessment in the residents chart. Resident 58's urinary incontinence and indwelling catheter assessment dated [DATE], was reviewed with the DON. The DON verified the assessment indicated Resident 58 was incontinent, admitted with the catheter, but the indication for catheter use was not recorded. The DON verified indication for catheter use was not documented in Resident 58's admission note either. The DON stated indication for catheter use should have been documented in Resident 58's urinary incontinence and indwelling catheter assessment and progress note upon admission so that if the catheter was not medically appropriate then it would have been removed. The DON stated without a clinical indication it would be an unnecessary use of the catheter. The DON further stated the resident would be at risk of injury to the urethra (opening through which urine leaves the body) and UTI if there was no clinical indication for the catheters use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 50018 Based on observation, interview, and record review the facility failed to ensure respiratory care was provided in accordance with professional standards of practice for 3 of 14 residents (Resident 52, Resident 5, and Resident 43) receiving oxygen therapy when: 1. Resident 52 and Resident 5's oxygen flow rate was not followed as prescribed by the doctor; and 2. Resident 43's oxygen tubing and humidifier (a device for keeping the atmosphere moist in a room) were not dated. These failures had the potential to result in negative health impacts such as ineffective oxygen therapy and respiratory distress for Resident 52, Resident 5, and Resident 43. Findings: 1a. A review of Resident 52's ADMISSION RECORD, indicated she was admitted to the facility with diagnoses which included acute respiratory failure (an inability to maintain adequate oxygenation for tissues or adequate removal of carbon dioxide from tissues) with hypoxia (an absence of enough oxygen in the tissues to sustain bodily functions). During an observation on 9/9/24 at 12:13 PM, Resident 52's oxygen was in use at 2.75 liters per minute (LPM) via nasal cannula (a small flexible tube that contains two open prongs intended to sit just inside the nostrils). A review of Resident 52's Order Summary Report,' indicated, Continuous O2 [oxygen] at 2 liter/minute via nasal cannula for SOB [shortness of breath], Wheezing, Chest Pain every shift related to acute respiratory failure with hypoxia. with a start date of 4/12/24. During a concurrent observation and interview on 9/9/24 at 2:20 PM, with the Infection Preventionist (IP), the IP stated Resident 52 was receiving oxygen at a flow rate of 3 LPM. The IP stated doctor's order for oxygen flow rate should be followed. The IP stated that respiratory issues could occur if the orders were not followed properly. During an interview on 9/11/24 at 12:20 PM, with Licensed Nurse (LN) 7, LN 7 stated if the oxygen flow rate did not match the exact doctor's order then doctor's order was not followed. During an interview on 9/11/24 at 2:35 PM, with the Director of Nursing (DON), the DON stated all staff should follow the doctor's orders. The DON stated it could be a risk for injury if the doctor's orders were not followed. The DON further stated if an oxygen order stated 2 LPM, then resident should receive oxygen at 2 LPM flow rate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/11/24 at 2:52 PM, LN 8 stated nurses must follow the doctor's orders. LN 8 stated if a resident's oxygen order indicated 2 LPM then it should reflect delivering oxygen at 2 LPM on the oxygen concentrator (a medical device that separates nitrogen from the air around you so you can breathe up to 95% pure oxygen). LN 8 further stated the risk with improper oxygenation was that the body systems could shut down. 1b. A review of Resident 5's ADMISSION RECORD, indicated she was admitted to the facility with diagnoses which included respiratory failure. A review of Resident 5's Order Summary Report, indicated, Continuous O2 at 3 liter/minute via nasal cannula . with a start date 7/30/24. During a concurrent observation and interview on 9/9/24 at 2:18 PM, with the IP, the IP confirmed Resident 5 was receiving oxygen at a flow rate of 2.5 LPM. During an interview on 9/11/24 at 2:52 PM, LN 8 stated nurses had to follow the doctor's orders. LN 8 stated if the order indicated 3 LPM, then it should reflect delivering 3 LPM on the oxygen concentrator as well. LN 8 further stated the risks of under oxygenating the resident could be hypoxia (low levels of oxygen in body) or shortness of breath. A review of a facility policy and procedure titled, Oxygen Therapy, revised 1/24, indicated, Adjust oxygen flow, as ordered by physician . 2. A review of Resident 43's ADMISSION RECORD, indicated she was admitted to the facility with diagnoses which included hypotension (low blood pressure) and Parkinson's Disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). During an observation on 9/9/24 at 11:12 AM, Resident 43's oxygen was in use at 2 LPM via nasal cannula. The oxygen tubing was observed not to have a date on it. The humidifier container was also observed not to have a date on it. A review of Resident 43's Order Summary Report, indicated, .Change O2 Tubing per Facility Protocol . Change pre-filled humidifier Q [every] 7 days and PRN [as needed] when 02 in use as needed and one time a day every Sun. [Sunday] . with a start date of 9/7/24. During a concurrent observation and interview on 9/9/24 at 11:20 AM, LN 3 verified there were no dates listed on Resident 43's oxygen tubing and the humidifier. LN 3 stated it could be an infection control risk if the oxygen tubing or the humidifier were not dated. LN 3 stated there should have been dates on the oxygen tubing and the humidifier. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 9/9/24 at 2:14 PM, the IP confirmed there were no dates listed on Resident 43's oxygen tubing and the humidifier. The IP stated the risk with the oxygen tubing not being dated was that the staff would not know when it was last replaced. The IP stated it was a failure to follow the facility policy. The IP stated if the oxygen tubing was not replaced, it could be a risk for infection. The IP stated the risks with the humidifier not being dated was it could be empty if no one checked it. The IP added the humidifier could be dried and could cause problems. The IP further stated he was not sure when it would be dated or changed and had no idea why the treatment nurse on Sunday did not change it as per facility protocol. During an interview on 9/10/24 at 11:27 AM, the DON stated that oxygen tubing should be dated. The DON stated the oxygen tubing could be there for a long time and could become soiled and dirty. The DON stated it was all about infection control and maintaining infection prevention practices. The DON further stated the humidifier should have also been dated and changed every week as per the doctor's orders. During an interview on 9/11/24 at 12:20 PM with LN 7, LN 7 stated oxygen tubing should be dated. LN 7 stated if the oxygen tubing was not dated, the nurses would not know how long it had been there and it could get dirty. LN 7 stated humidifier bottles should be dated as well. LN 7 further stated staff would not know how long the bottle had been there for if no date was listed. During an interview on 9/11/24 at 2:52 PM, LN 8 stated oxygen tubing and humidifiers should be dated. LN 8 stated that it posed an infection control risk. LN 8 further stated that not having dates listed on the oxygen tubing or the humidifiers, the nurses would not know when it was put on there or changed last. A review of a facility policy and procedure titled, Oxygen Therapy, revised 1/24, indicated, .Label humidifier with resident name and date. Change pre-filled humidifier per manufactures' recommendation .Oxygen tubing is to be replaced once a week .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 40903 Based on observation, interview, and record review, the facility failed to ensure safe pharmaceutical services for a census of 81 when: 1. Disposition [destruction] of non-controlled (non-narcotic) prescription medications were not documented. 2. The emergency kit (or E-kit, a box containing emergency medications for faster and easy access when needed) in the refrigerator at nurses Station 1 had been opened and left unsealed with no documentation of the medication that was removed, and the E-kit stored in a cabinet at Station 1 was left opened/unsealed for six days. 3. Prescription drug delivery manifests (receipts) were not consistently signed or reviewed upon delivery by licensed staff. 4. Narcotic medication was signed out on the Controlled Drug Record (CDR, a paper record that kept track of opioid medication use for accountability) but not signed out in the MAR (Medication Administration Record) for Resident 66. These failures had the potential to result in drug diversion, unsafe drug destruction/disposition and acquisition, unavailability of medications when needed from the E-kit, and unsafe storage of emergency drugs. Findings: 1. During a concurrent interview and inspection of the facility's medication room at Station 1 accompanied by Licensed Nurse (LN)6, on 9/9/24, at 2:46 PM, a cabinet in the medication room was observed to have stored discontinued and unusable prescription medications. LN 6 could not locate a binder for the medication destruction log of discontinued prescription drugs. In an interview with the Charge Nurse (CN), on 9/10/24, at 8:40 AM, at Station 1, the CN stated she was not sure who destroyed the discontinued medications and could not locate any record of destruction. The CN was not aware of a paper log that was used for a destruction record. In an interview with Director of Nursing (DON), in his office, on 9/10/24, at 9:22 AM, the DON stated the night shift should be destroying and documenting the medication disposition. The DON stated he will re-look at the workflow to see why no documentation was done. Review of the facility's policy titled Medication Destruction, dated 1/2024, indicated Make sure that all discontinued drugs and medications left in the facility, except controlled drugs which are not returnable to pharmacy, are discarded according to pharmaceutical disposal or discarding guidelines . Once a week, the RN supervisor destroys the discontinued medications and places the discarded medication in the biohazard medical waste container. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2a. During a concurrent interview and inspection of the facility's medication room at Station 1 accompanied by LN 6, on 9/9/24, at 2:46 PM, the refrigerator E-kit box was observed to be unsealed and left open. LN 6 stated she was not sure when it was opened. LN 6 stated the re-seal tag inside the box often didn't work very well. LN 6 could not find any documentation log for the use of the refrigerator Ekit. The refrigerator Ekit contained Insulin products (a medication used to treat diabetes or blood sugar disease) and a controlled medication (medications that have a potential for abuse/misuse) in injection form (injection into skin) called lorazepam (used to treat anxiety or seizures). 2b. During a concurrent interview and inspection of the facility's medication room at Station 1 accompanied by LN 6, on 9/9/24, at 2:46 PM, the oral medication E-kit stored in an unlocked cabinet was opened/resealed and had not been replaced since 9/3/24 (6 days ago from the time it was opened/used). LN 6 stated the nurse should have faxed the re-stock sticker to the provider pharmacy when first used/opened but the sticker was still on the E-kit box. Review of the facility's policy titled Emergency Pharmacy Service and Emergency Kits (E-Kits), dated 2007, the policy indicated the provider pharmacy supplies emergency medications . Emergency medications and supplies are kept secure, checked periodically for integrity and dating, and stored in accordance with State Board of Pharmacy and federal regulations . Upon removal of any medication or supply from the emergency kit, the nurse documents the medication or item used in an emergency kit log. One copy of this information should be immediately faxed to pharmacy with the original prescriber order or refill request form and placed within the re-sealed emergency kit until it is scheduled for exchange . The Faxed log sheet will inform the pharmacy of items used from the emergency kit. This will notify the pharmacy to replace the kit or item, as applicable per state laws. 3. During a concurrent interview and record review of the facility's medication delivery documents, at Station 1, accompanied by the CN, on 9/10/24, at 8:40 AM, the medication delivery slips located on a wall holder were reviewed. The CN stated the provider pharmacy made 3 deliveries per day and the nurses should fully check what was delivered by comparing the delivered medications with the delivery manifest. The CN stated the nurse should sign the document to make sure accurate medications and quantity were delivered for the residents. During a concurrent interview with the CN, on 9/10/24 at 8:40 AM, and record review of the pharmacy's delivery documents, titled Shipping Manifest for controlled and non-controlled medications, with a date range of 9/7/24 to 9/9/24, the records indicated inconsistent nursing documentation for both controlled and non-controlled medication delivery. The Shipping Manifest page read, .please check all drugs received against this manifest. Note any discrepancies on this form. Verify that the meds [medications] ordered for delivery have been requested for fill/refill . The record had a space for a nurses signature verifying the receipt. The CN acknowledged the inconsistent documentation on the shipping manifest. Review of the facility's policy, titled Ordering and Receiving Non-controlled Medications, dated 2010, indicated .Receiving medications from pharmacy: Licensed nurse or appropriate personnel as required by the law receives medication delivered to the nursing care center from the pharmacy and documents delivery on the medication delivery receipt/manifest .Retain a copy of delivery receipt for an appropriate time to reconcile any ordering issue . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During a comparative review of Resident 66's Controlled Drug Record (CDR) for oxycodone (a controlled drug used to treat pain) and the MAR documentation, for the date range of 5/23/24 to 6/21/24, MAR documentation of the medications use did not match the CDR as follows: The removal of oxycodone signed out on the CDR on 5/25/24 at 2:10 AM, 5/27/24 at 1:40 AM, 6/7/24 at 5 AM, and 6/21/24 at 11 PM did not have corresponding MAR administration documentation. In an interview with the DON, on 9/10/24 at 3 PM, the DON stated he reviewed Resident 66's CDR discrepancy versus the MAR and could not figure out why administration of the oxycodone was not signed out in the MAR to match the CDR. The DON stated the nurses involved were no longer working at the facility. Review of the facility's policy, titled Medication Administration, dated 1/2024, indicated, .Drugs must be administered in accordance with the written orders of the attending physician. The policy further indicated Medications must be immediately charted following the administration by licensed nurse who administer the medication .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. 40903 Based on interview and record review, the facility failed to ensure monitoring of Vital Signs (VS, including blood pressure (BP) and heart rate/pulse) and VS parameters (a set of VS numbers which doctors use to hold the drug to prevent adverse effects) ordered by a physician for use of high-risk medications (medications that pose significant side effects if not used and monitored safely) were followed for three out of 24 sampled residents (Resident 21, Resident 77 and Resident 13) when: 1.Resident 21's blood pressure (BP) medications were not held according to the VS parameters set by the physician for three different medications on 9/2/24 and 9/7/24. 2. Resident 77's heart and blood pressure medications were not held on 9/5/24 according to the VS parameters set by the physician resulting in Resident 77 being transferred to the emergency room due to very low blood pressure and dizziness later in the afternoon on 9/5/24. 3. Resident 13's heart medications used to control the heartbeat and rhythm were not held according to the VS parameters set by the physician on 9/6/24 and 9/9/24 for three different medications. These failed practices resulted in unsafe medication use for Resident 21, Resident 77, and Resident 13, and resulted in adverse effects to Resident 77's health due to improper monitoring and not following physician orders. Findings: 1. During a review of Resident 21's electronic medical record titled Medication Administration Record (or MAR, where all medication administration and vital signs were documented), dated 9/1/24 to 9/30/24, the record indicated three blood pressure medications with parameters to hold the drugs as follows: i.diltiazem . 120 MG (used to treat and lower both BP and heart beat; MG is milligram and unit of measure); Give 1 capsule orally one time a day related to . HYPERTENSION (high Blood Pressure or BP) Hold for SBP < 110 or HR < 60 (SBP stands for Systolic Blood Pressure- the pressure in arteries when heart contracts and pumps blood to the body; HR is Heart Rate or Heart beat and the < means less than); order date :10/6/23 . ii.Metoprolol Tartrate (drug used to slow the heartbeat and lower BP) Oral Tablet 25 MG; Give 1 tablet orally two times a day related to .Hold for SBP < 110 or HR < 60; order date 10/6/23 . iii.Lisinopril Oral Tablet 5 MG (drug used to lower the BP); Give 1 tablet orally one time a day related to . HYPERTENSION; Hold for SBP <110 or HR <60; order date 10/6/23 . Review of the first two weeks of September 2024 MAR, indicated on 9/2/24 and 9/7/24 the SBP readings were below 110 and documented at 106 and 107 respectively when all three blood pressure medications were administered. (continued on next page)

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 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During a record review of Resident 77's electronic medical record, titled Medication Administration Record or MAR, dated 9/1/24 to 9/30/24, the MAR record indicated Resident 77 was taking four different medications to treat his heart disease called Congestive Heart Failure (or CHF, when heart muscles are too weak to pump blood and function well) as follows: i.Sacubitril-Valsartan Oral Tablet 24-26 MG (also known as Entresto, used for treatment of CHF); Give 1 tablet by mouth two times a day related to . HEART FAILURE, HOLD IF BP <110 AND PR<60 (PR is Pulse rate or Heart rate); Order Date: 6/17/24 ii.Spironolactone Oral Tablet 25 MG (or Aldactone; used to lower blood pressure); Give 1 tablet by mouth one time a day for HELPING TO PREVENT HEART MUSCLE DAMAGE. Order Date 6/13/24 . iii.Carvedilol Oral Tablet 3.125 MG (or Coreg, drug used to lower heartbeat and blood pressure); Give 1 tablet by mouth two times a day for HTN (hypertension or high blood pressure) HOLD IF BP <110 AND PR <60 . Order Date: 6/12/24 . iv.Furosemide Oral Tablet 20 MG (or Lasix, also called water pill that lowers blood pressure and water content in body); Give 1 tablet by mouth two times a day for SWELLING AND SOB (shortness of Breath) HOLD IF BP <110 AND PR <60; Order Date: 6/13/24 . The MAR record on 9/5/24 indicated Resident 77's SBP was 105 (below the hold parameter set by the order) and all three medications with hold parameters were given at 9 AM despite low BP. Review of Resident 77's electronic medical record under Nursing Notes, dated 9/5/24, at 3PM, indicated . Resident is noted to have low BP upon sitting up on 82/42 (low BP numbers) and complaints of feeling dizzy. Residents stated that this happens every time he sits up. Resident stated he feels the best if he's laying down in bed . Call was made to Physician Assistance (PA). New orders was received to transfer resident to the hospital . 3. During a record review of Resident 13's electronic medical record, titled Medication Administration Record or MAR, dated 9/1/24 to 9/30/24, the MAR record indicated Resident 13 was taking three different medications to treat his heart failure and irregular heart rhythm as follow: i.Digoxin Tablet 125 MCG (used to control heart rate and rhythm; MCG is microgram, a unit of measure); Give 0.5 tablet by mouth one time a day related to VENTRICULAR TACHYCARDIA (a type of heart Rhythm disease) Hold for SBP <90 or <60 pulse. Notify MD (Medical Doctor); Order Date: 6/8/21 . ii.Carvedilol Tablet 3.125 MG (or Coreg drug used to lower BP and heartbeat); Give 1 tablet by mouth two times a day related to HYPERTENSIVE HEART . Hold for SBP <100 or pulse <60 or if resident is very symptomatic and notify MD; Order Date: 6/8/21 . iii.Amiodarone HCl Tablet 200 MG (drug used to correct heart rhythm irregularity); Give 0.5 tablet by mouth in the morning for heart rhythm related . HEART FAILURE; . Hold for SBP <100 or pulse <60 or if resident is very symptomatic and notify MD; Order Date 6/8/21 . The MAR record on 9/6/24 and 9/9/24 indicated Resident 13's heartbeat or pulse was documented at 57 and 58 (below the hold parameter number set by the order). All three drugs were administered at 8 AM on 9/6/24 and 9/9/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with Certified Nurse Assistant (CNA) 4, at Station 2, on 9/12/24 at 2:06 PM, CNA 4 stated she measured Resident 13's Blood Pressure (BP) and pulse every morning and noted it on a piece of paper in addition to documenting it in thecomputer. CNA 4 stated if the numbers were critical or very low or high, she notified the nurse right away. In an interview with Licensed Nurse (LN) 2, at station 2, on 9/12/24, at 2:06 PM, LN 2 stated if vital signs were not within range, she measured them again before drug administration. LN 2 stated if the doctor needed to be notified, they would send a fax to the physicians office. LN 4 stated for urgent issues they called the office. In a concurrent interview and record review with the Director of Nursing (DON) on 9/12/24, at 2:51 PM Resident 13, Resident 77 and Resident 21's vital sign monitoring was reviewed. The DON stated the nursing staff should follow the MD order and take vital signs prior to drug administration if indicated. The DON stated he expected the nursing staff to call the doctor if they required the doctor's input. Review of the facility's policy, titled Medication Administration, dated 1/2024, the policy indicated Drugs must be administered in accordance with the written orders of the attending physician. The policy on section 9 indicated Medications for hypertension that requires parameter before administration should be complied with . Resident with this kind of order should be observed and be implemented unless otherwise this order is discontinued. The policy further indicated Medications must be immediately charted following the administration by licensed nurse who administer the medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 40903 Based on interview and record review the facility failed to ensure safe use and monitoring of psychotropic medications (or mind-alerting medications) for three residents (Resident 21, Resident 37, Resident 58) prescribed psychotropic medications in a sample of 24 when; 1.Non-Pharmacological nursing interventions (Referring to therapies that do not involve drugs, a science-based and non-drug approach that can have a measurable impact on health and quality of life; includes validation therapy, meaningful activities, and /or structured care based on resident's background or interests) were not documented for Resident 21 and Resident 37 with psychotropic medication use. 2. Resident 21's behavior monitoring for use of mind-altering drugs was non-specific and the behaviors did not pose a danger to self or others. 3. Resident 37 and Resident 58's use of psychotropic medications on an as needed or PRN basis continued beyond 14 days without an assessment of use and justification for its continuous need. These failed practices could contribute to the unsafe use of mind-altering medications affecting Resident 37 and Resident 58's well-being. Findings: 1a. During a record review of Resident 21's medical record, titled Medication Administration Record (or MAR- a record that listed the medication use and monitoring interventions by nursing staff), dated 9/2024, the record indicated Resident 21 was receiving three mood altering medications for anxiety, depression and behavioral disturbances related to dementia (a disease that affects a persons memory and behavior) as follows: i. Remeron Oral Tablet 15 MG (Mirtazapine is generic form and used for sleep and depression; MG is milligram a unit of measure); Give 1 tablet orally at bedtime for m/b (manifested by) verbalization of sadness/hopelessness related to DEPRESSION; Active order since 10/5/23. ii. Depakote . Oral Capsule 125 MG (or Divalproex; drug used for mood swings) Give 1 capsule by mouth one time a day for m/b easily irritable as evidenced by yelling at staff related to DEPRESSION; Order Date: 10/16/23. iii. SEROquel Oral Tablet 50 MG (or Quetiapine; antipsychotic and mood-altering drug); Give 1 tablet by mouth every morning and at bedtime for M/B Agitation and combativeness related to UNSPECIFIED PSYCHOSIS [a set of symptoms that cause a person to lose touch with reality and have difficulty distinguishing what is real and what is not]; Order Date:11/29/23. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The MAR's nursing behavior monitoring pages did not show any nursing interventions for behavior modification with the use of non-pharmacological interventions (non-medication treatments). In an interview with Resident 21, in his room, on 9/9/24, at 11:30 AM, Resident 21 stated he took lots of pills that often got stuck in his throat. Review of Resident 21's medical record and notes from the mental health doctor (MD) 2, dated 9/6/23, indicated Continue current medication/s and nonpharmacologic measures. 1b. During a record review of Resident 37's medical record, titled Medication Administration Record, dated 9/2024, the record indicated Resident 21 was receiving three mood altering medications for anxiety, depression, and schizoaffective disease (a serious mental health disease) as follows: Sertraline HCl Oral Tablet 50 MG (drug for depression); Give 1 tablet . at bedtime for m/b verbalization of feeling down or depressed related to SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE (a mental health and mood disease) . Active since 8/14/24. ALPRAZolam Oral Tablet 0.25 MG (drug used for anxiety); Give 1 tablet by mouth every 12 hours as needed for anxiety manifested by restlessness. Active since 7/10/24. OLANZapine Oral Tablet 20 MG (Mood altering antipsychotic drug); Give 1 tablet . at bedtime for verbal aggressive behavior related to SCHIZOAFFECTIVE DISORDER . (a mental health disease) Active 7/5/24. The MAR's nursing monitoring pages did not show any nursing interventions for behavior modification with the use of non-pharmacological interventions (non-medication treatments). In an interview with the Director of Nursing (DON), in his office, on 9/11/24, at 3 PM, the DON stated the non-pharmacological interventions should be documented with every behavioral issue and medication use. Review of Resident 37's interdisciplinary team meeting notes (or IDT team a gathering of healthcare professionals from different disciplines to coordinate care for a patient in nursing home), dated for 3/16/24, 6/29/24 and 9/6/24, did not address mental health issues and medication use or their effectiveness. 2. During a record review of Resident 21's MAR, dated 9/2024, the record indicated use of an antipsychotic (mood altering drug) medication called Seroquel for behavioral disturbances related to unspecified psychosis. The MAR directed the nursing staff to use the Seroquel at bedtime for agitation and combativeness. In an interview with the DON on 9/11/24, at 3:15 PM, the DON stated the monthly meeting by nursing and social services addressed psychotropic medication use, the number of behaviors were added up for the month and the behavior monitoring was assessed. The team made recommendations to the physician as he had the ultimate say in continuing the medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with Licensed Nurse (LN) 2, on 9/12/24, at 2:06 PM, LN 2 stated Resident 21 has had no agitation or combative behavior for a long time. LN 2 described the agitation or combative behavior as when resident wanted to go home or had exit seeking behavior. LN 2 acknowledged the behaviors monitored on a daily basis were not specific enough to address the resident's mental health issues. LN 2 stated Resident 21 was very pleasant, calm, followed nursing care directions, and his behavior was not a threat to self or others. 3a. Review of Resident 37's MAR, dated 9/2024, indicated Resident 37 was readmitted to the facility in mid-2024 and was ordered an anti-anxiety medication called alprazolam for use on a PRN (as needed) basis with no end date as follows: ALPRAZolam Oral Tablet 0.25 MG (or Xanax); Give 1 tablet by mouth every 12 hours as needed for anxiety manifested by restlessness -Order Date 07/10/24. The PRN order did not have a limit on its duration of use. Further review of Resident 37's MAR for the months of 7/2024, 8/2024 and 9/2024, the record indicated the medication was used 3 times on 7/12/24, 7/15/24, and 7/20/24 and no other usage was documented in the MAR. Review of a facility provided document on pharmacist review of Resident 37's medication orders, dated 7/1/24, the document on a section titled Psychotropic agent indicated PRN psychotropic orders needs a 14 day stop date . ask MD to re-evaluate continued need for the following medication(s) . PRN Alprazolam. The document further showed a handwritten signature of a nurse and a physician dated 7/8/24 and 7/2/24 respectively with no other notes. 3b. Review of Resident 58's MAR, dated 9/2024, indicated Resident 58 was readmitted to the facility in mid-2024 and was ordered an antipsychotic medication called olanzapine (or Zyprexa, a mood-altering drug) for use on a PRN (as needed) basis since 7/25/24 with no end date as follows: Olanzapine Oral Tablet 2.5 MG . (or Zyprexa); Give 1 tablet by mouth every 6 hours as needed for aggressive and uncontrolled yelling; Order date 7/25/24. The PRN order for Zyprexa did not have a limit on its duration of use. Review of Resident 58's electronic medical record under interdisciplinary team meeting (or IDT team a gathering of healthcare professionals from different disciplines to coordinate care for a patient in nursing home), on 9/11/24, the record did not show any documentation for a team meeting to address psychotropic medications use. Review of Resident 58's electronic medical record under psychotropic medication assessment, last performed on 7/25/24, indicated use of two antipsychotic medications and did not address the diagnosis or the PRN (as needed) use of the Zyprexa. In an interview with the DON on 9/11/24, at 3:15 PM, the DON stated PRN psychotropic medications use should follow the clinical and regulatory guidelines for the best interest of the residents. The DON acknowledged the IDT's responsibility to assess overall care and medication use had not been consistently documented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with the facility's MDS coordinator (MDS, a nurse who submit resident data and information to the federal government database), on 9/11/24, at 4:38 PM, in her office, the MDS stated the diagnosis and data on resident care were put in the facility's computer system by the admitting nurse. The MDS stated they relied on the information packet they received form the hospital and doctor's admission history and physical (or H&P). The MDS confirmed Resident 58's diagnosis in the medical chart for olanzapine (Zyprexa) had a diagnosis listed as anxiety while the MDS listed psychotic disorder on 7/31/24. In a telephone interview with facility's Consultant Pharmacist (CP), on 9/12/24, at 8:51 AM, the CP stated Resident 58 had been in the facility for a long time including the most recent readmission. The CP stated use of PRN antipsychotics was addressed in December of 2023 without any response from the doctor and or the facility. The CP stated he had told and educated the facility's staff on regulatory requirements on use of psychotropic medications including appropriate diagnosis/behavior monitoring and 14 day limits on the use of psychotropic PRN medications. Review of the facility's policy, titled The Use of Psychotropic Medications, dated 4/2024, the policy indicated the facility will make every effort to comply with state and federal regulations related to the use of psychopharmacological medications in the long-term care facility to include regular review for continued need, appropriate dosage, side effects, risks and or benefits. The policy further indicated Nursing reviews the use of medication with the physician and the interdisciplinary team (IDT) on a quarterly basis to determine the continued presence of target behaviors and/or the presence of any adverse effects of the medication use. The policy under Social Services indicated Coordinate the interdisciplinary team resident review of psychoactive medications. The policy under Pharmacist and/or Consulting pharmacist indicated Monitors psychotropic drug use in the facility to ensure that medications are not used in excessive doses or for excessive duration . Notifies the physician and the nursing unit if whenever a psychotropic medication is past due for review. The policy under Medical Director section indicated Identifies any resident care or potential regulatory issues with the use of psychotropic medications in the facility and discusses with the medical staff as appropriate . Participates in the interdisciplinary quarterly review of residents on psychoactive medications and facilitates communications with attending physician of any recommendation from the IDT.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 40903 Based on observation, interview, and record review the facility failed to ensure safe medication administration practices when the medication error rate was more than 5% (% or percentage- number or ratio that expressed as a fraction of 100) for a census of 81 residents. Medication administration observations were conducted over multiple days, at varied times, in random locations throughout the facility. The facility had a total of two errors out of 38 opportunities which resulted in a facility wide medication error rate of 5.26 % in two out of 12 residents (Resident 45 and Resident 52) during medication administration observation. These failures resulted in unsafe medications use, medication errors, and not following the doctor's orders. Findings: 1. During a medication observation with Licensed Nurse (LN) 3, in station 2;s hallway, on 9/9/24, at 10:02 AM, LN 3 prepared and poured four medications for Resident 45 into a cup. The medications included vitamin D, aspirin and multivitamin with minerals and a medication labeled on the bottle as Mucus Relief (or guaifenesin 400mg; mg is milligram a unit of measure) which was used to loosen mucus and chest congestion. All four medications were administered to the Resident 45 and LN 3 explained what she was administering. Review of Resident 45's electronic medical record, titled Medication Administration Record (or MAR, where nurses document what and when ordered medications were administered), dated 9/2024, indicated an order as follow: guaiFENesin ER Oral Tablet Extended Release . 600 MG (Guaifenesin, ER or slow-release form of the drug); Give 1 tablet orally every 12 hours . -Order Date 2/21/24. The ordered medication was not what was administered. The ordered medication had a higher dosage and it was a slow-release formulation. LN 3 administered a lower dosage and a different formulation of the product. 2. During a medication observation with LN 3, in station 2's hallway, on 9/9/24, at 10:05 AM, LN 3 prepared and poured four medications for Resident 52 into a cup. The medications included vitamin C, Vitamin D, aspirin, and a medication labeled on the bottle as Mucus Relief (or guaifenesin 400mg). All four pills were administered to Resident 52. Review of Resident 52's electronic medical record, titled Medication Administration Record (or MAR), dated 9/2024, indicated an order as follow: guaiFENesin ER Oral Tablet Extended Release 12 Hour 600 MG (Guaifenesin); Give 1 tablet by mouth every 12 hours for cough -Order Date 2/ 9/24. The medication administered to Resident 52 had a lower dosage and it was not a slow-release formulation. LN 3 administered a lower dosage and a different formulation of the product. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with LN 3 on 9/11/24, at 11:37 AM, at Station 2 hallway, LN 3 stated the mucus Relief bottle was the only product available in the medication cart for administration. LN 3 stated she did not realize that the dosage was lower than the ordered product. Review of the facility's policy, titled Medication Administration, dated 1/2024, the policy indicated drugs must be administered in accordance with the written orders of attending physician (5 rights)[five rights means Right Drug, Right Dose, Right Time, Right Resident and Right route].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40903 Based on observation, interview, and record review, the facility failed to ensure safe medication and medical supply storage in the medication cart, treatment cart, refrigerator, and the medication room for a census of 81 when: 1. Station 1's medication refrigerator had heavy frost where insulin (drug used to treat blood sugar disease) and vaccines (use for immunization against serious diseases) were stored, and the refrigerator temperature was not documented twice a day in the medication room. 2. Glucometer (a device used to measure blood sugar) control solution (a product used to calibrate the glucometer for accurate function) and test strips (test strips are used to measure blood sugar levels by soaking blood on the tip of it) bottles were expired (manufacturer beyond use date) and not dated when first opened in the medication room at Station 1. 3. The cabinet door housing the facility's emergency kits (E-kit; a supply of medications to be used in urgent basis), was not locked and could not be locked due to a malfunction in the medication room at Station 1. 4. Treatment Cart at station 2 (a cart that stored medication and supplies to treat wounds) stored expired topical drugs and opened products that were marked sterile and for one time use. 5. Undated insulin was stored in the medication cart at station 2 and single dose eye drop medication was stored next to single dose inhalation medication. 6. Hazardous labeled medications in pill and liquid form were not stored in a safe way to protect against touch contamination handling in the medication cart at Station 1 and the medication cart at Station 2. These failures could contribute to unsafe medication use, storage, and result in medication errors that could affect the wellbeing of the residents. Findings: 1. During a concurrent interview and observation in the facility's medication room at Station 1, accompanied by Licensed Nurse (LN) 6, on [DATE], at 2:46 PM, the medication refrigerator where insulin and vaccines were stored had heavy frost on the top section. Further observation indicated the refrigerator temperature monitoring was documented once a day on the night shift and missed documentation on [DATE], and [DATE]. LN 6 acknowledged the heavy frost and stated she was not sure whose responsibility it was to defrost it. LN 6 confirmed the missing temperatures on the form and verified the form had slots to document the temperature during the day shift as well. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy titled medication Refrigerator Temperature, dated ,d+[DATE], the policy indicated Check the temperature before using the medication in the refrigerator The policy did not address storage of biological and vaccine medications which are sensitive to extreme temperature changes. The policy did not address who in the facility was responsible for maintaining and defrosting the refrigerator. Review of the CDC (Center for Disease Control, a federal agency which protects public health) web site on vaccine storage, last accessed on [DATE] via https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf?ref=blog.traqo.io, the document indicated Exposure to any inappropriate conditions can affect potency of any refrigerated vaccine, but a single exposure to freezing temperatures . can actually destroy potency. The policy further indicated check and record the current temperature a minimum of two times per workday (at the start and end of the workday). 2. During a concurrent interview and observation in the facility's medication room at Station 1, accompanied by LN 6, on [DATE], at 2:46 PM, a container stored multiple open and unopened control solution bottles labeled as [Brand Name] Control Solution and test strip bottle labeled as [brand name] for glucometer calibration and blood sugar testing. Further observation indicated two of the opened bottles of the control solution were expired on [DATE] and [DATE] in addition to not having a date when they were opened. The test strip had manufacturer expiration date of [DATE]. LN 6 acknowledged the findings and stated she was not sure who used them and why expired one's were stored in active storage areas. 3. During a concurrent interview and observation in the facility's medication room at Station 1, accompanied by LN 6, on [DATE], at 2:46 PM, the cabinet door where emergency kits (EKit) were stored was open and could not be kept locked due to malfunction. Further observation indicated the cabinet stored both controlled drug (medications at high risk for misuse) EKit and non-controlled drug EKits. LN 6 acknowledged the findings and stated even locking the lock won't prevent the cabinet door being opened. Review of the facility's policy titled Emergency Pharmacy Service and Emergency Kits (E-Kits), dated 2007, the policy indicated the provider pharmacy supplies emergency medications . Emergency medications and supplies are kept secure, checked periodically for integrity and dating, and stored in accordance with State Board of Pharmacy and federal regulations . 4. During a concurrent interview and inspection of the facility's treatment cart at Station 2 hallway, accompanied by LN 5, on [DATE], at 4:29 PM, the cart stored products and medications for wound care. The cart stored in active storage area the following products: i. Single use product labeled as brand name (an oil based emollient product) marked as expired on , d+[DATE]. ii. Opened packet and half used wound dressing product with marking Sterile on the outer packet. iii. Opened packet and half used wound dressing product with marking Do Not Reuse. iv. Opened packet and partially used wound dressing product labeled as with marking Sterile on the outer packet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	v. Opened packet and partially used product labeled Suture Removal Kit, Metal Forceps with marking sterile and Do Not Reuse. LN 5 acknowledged the findings and stated the opened products should have been removed from the active storage area and not reused due to risk of infection. 5. During a concurrent interview and inspection of the facility's medication cart at Station 2 hallway, accompanied by LN 4, on [DATE], at 9:58 AM, the cart stored an insulin pen that was not dated when first removed from the refrigerator. The label from the pharmacy on the package indicated Discard after 28 days. LN 4 acknowledged the finding and stated she was not sure when it was placed in the medication cart. Further inspection of medications in the cart indicated the storage of the inhalation solution medications called Albuterol Inhalation Solution (drug used to treat shortness of breath or asthma via a nebulizer) in a box inside a foil wrap right next to two boxes of eye medication called Dorzolamide and Timolol Ophthalmic Solution (an eye drop used to treat eye disease affecting the eye sight) in a single use form inside a foil wrap inside an opened box that visually could have been mistaken as a inhalation product. LN 4 Acknowledged the findings. 6. During a medication pass observation with Licensed Nurse 3 (LN 3), at Station 1 hallway, on [DATE], at 9:40 AM, LN 3 used a bottle of a drug called Valproic Acid Oral Solution (A liquid medication used to treat mood disorder or brain seizure activity), labeled by pharmacy as HD (Hazardous Drug), with ungloved hands to pour into a cup for administration. The bottle had traces of liquid spill on its outer surface and was not stored inside a zip lock bag. During a medication pass observation with Licensed Nurse 3 (LN 3), at Station 1 hallway, on [DATE], at 10:10 AM, LN 3 with ungloved hands administered a medication to Resident 4, from a bubble pack (a card that packages doses of medication within plastic bubbles or blisters) pill form called Tamoxifen (a hormonal cancer drug), marked by pharmacy with a yellow sticker Caution: Antineoplastic Material Handle Properly (Antineoplastic means cancer drug). The medication bubble pack was not contained in a Zip lock bag to prevent touch contamination. During an inspection of the facility's medication cart at Station 2 hallway, accompanied by Licensed Nurse 4 (LN 4), on [DATE], at 9:58 AM, the cart stored two medications in bubble pack form marked as hazardous. The medication names were spironolactone (a drug used for blood pressure) and Divalproex Sprinkle capsules (drug used to treat mood disorder or prevent brain seizure) and had yellow warning sticker marked as HD: Caution: Hazardous Drug; Observe Special Handling; Administration and disposal requirements. In an interview with LN 3 on [DATE], at 11:37 AM, at Station 1 hallway, LN 3 stated she was not aware of safe handling of the hazardous drugs. LN 3 stated no one told her to use gloves or other protection when administering or handling these drugs. In an interview with Director of Nursing (DON), on [DATE], at 3:05 PM, the DON stated the hazardous drug label should be taken seriously especially when nurses were handling and were exposure on daily basis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy, titled Hazardous Drugs, dated ,d+[DATE], the policy indicated Hazardous drugs are handled according to practice standards so as to minimize staff and resident exposure and environmental damage. The policy further indicated Hazardous drugs handled in this facility are identified according to criteria published by National Institute for Occupational Safety and Health (or NIOSH; a federal and CDC affiliated agency with goal of protecting exposure to drugs that may cause short- or long-term harm via exposure). The policy further indicated Staff are trained on and required to wear personal protective equipment (PPE, glove, mask or gown) specific to the risk of exposure and activates performed. Review of the Center for Disease Control's National Institute for Occupational Safety and Health (CDC, and NIOSH, a federal agency sets standard of safety in health care) document, titled Managing Hazardous Drug Exposures: Information for Healthcare Settings, dated ,d+[DATE], last accessed on [DATE] via https://www.cdc.gov/niosh/docs/,d+[DATE]/default.html the document indicated Workplace exposure to hazardous drugs can result in negative acute and chronic health effects in healthcare workers including adverse reproductive outcomes. Efforts should be made to reduce all worker exposures to hazardous drugs. Occupational exposure to hazardous drugs merits serious consideration, as workers may be exposed daily to multiple hazardous drugs over many years. Review of the facility's policy, titled Labeling and Storage Medications, dated ,d+[DATE], the policy indicated It is the policy of this facility that resident's medications will be properly labeled and stored in the locked medication room/carts. The policy further indicated weekly Defrosting and Cleaning of the Refrigerator to be done by 11 PM-7 AM shift every Friday .Medications no longer in use or medications which have expired will be disposed of in accordance with federal and State Laws.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 40830 Based on observation, interview, and record review, the facility failed to ensure a Dietary Supervisor (DS) was onsite on a full time basis (while the DS was employed by the facility on full-time basis, the DS was onsite for less than the minimum required 35 hours per week) to carry out the functions of the day-to-day operation of food and nutrition services, and the facility failed to ensure the Registered Dietitian (RD) provided frequently scheduled consultation to the DS to include overseeing food safety and sanitation, food preparation, meal services, and food storage for 81 residents who received food from the kitchen. The lack of consistent oversight by qualified staff had the potential to result in lapses in the delivery of food and nutrition services, meal distribution accuracy, and safe food handling and sanitation. Findings: During an interview on 9/9/24, at 9:47 AM, the RD stated she worked two days per week, usually on Monday and Thursday. The RD stated her responsibilities included: completion of assessments (new admission, annual, quarterly, high risk), completion of the MDS (minimum data sheet - a tool for implementing standardized assessment and for facilitating care management in nursing homes), completion of care plans, education for residents and families, monitoring weight and attending weekly weight meetings, and in-services for the kitchen staff. The RD stated she rarely checked the kitchen and has not completed any monthly kitchen sanitation audits. She stated the DS would be responsible for the kitchen sanitation. During a kitchen inspection and concurrent interview with the DS on 9/9/24, at 11:35 AM, the DS stated she usually walked through and checked everything for the kitchen. She stated she originally retired, but the administrator (ADM) called her for help and offered her the current (Dietary Supervisor) position. She stated they made an agreement that she only worked in the facility three days per week. The DS stated her workdays were on Monday, Tuesday and Thursday, and she added the RD would cover her for the days she was not in the facility. Then she acknowledged the RD worked the same work schedule (Monday and Thursday) as her, and she stated the Cooks would supervise and oversee the kitchen on Wednesday, Friday, Saturday and Sunday. During an interview on 9/9/24, at 2:32 PM, [NAME] (CK) 3 stated the DS worked in the facility three days per week on Monday, Tuesday and Thursday. CK 3 also stated the RD rarely visited the kitchen to communicate with the staff and oversee the kitchen during her work days. During an interview on 9/11/24, at 9:50 AM, the ADM stated she was aware the DS worked in the facility three days per week. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a follow up interview on 9/11/24, at 10:47 AM, the RD stated she worked 16 hours per week in the facility and barely could finish her clinical workloads. She confirmed 95-100% of her work hours were for clinical workload and stated she did not have much time to check the kitchen. The RD stated she worked the same work days (Monday and Thursday) as the DS since she started March 2023. She stated the days that the DS and her were not in the facility (Wednesday, Friday and weekend), the Cooks usually supervised the kitchen staff. During a follow up interview on 9/12/24, at 10:38 AM, CK 3 stated the DS worked in the facility on Monday, Tuesday and Thursday and her work hours were from 7:00 AM to 3-3:30 PM. She stated she received more support and guidance from other Cooks than from the DS. During an interview on 9/12/24, at 11:30 AM, DA 2 stated the DS was onsite on Monday, Tuesday and Thursdays and worked from 7:00 AM to 3:30-4:00 PM. DA 2 stated the kitchen experienced a lack of structure, organization and consistency, and she felt she needed more guidance. She added the kitchen was short of staff and it was hard to keep up with her job duties. During an interview on 9/12/24, at 11:55 AM, DA 3 stated his current position was dietary aide and previously was a dietary supervisor assistant until the DS was hired. He stated his extra responsibilities as a dietary aide were to help with stocking food items and scheduling work for the dietary staff. DA 3 stated the Cooks would supervisor the kitchen staff when the DS was off on Wednesday, Friday, and weekends. He added the job description for the Cooks should not be calling staff to work and supervising staff when the DS was not available. DA 3 verified the DS was onsite Monday, Tuesday and Thursday from 7:00 AM to 3:30 PM. A review of the DS's employee file, revealed the DS was hired by the facility on 12/2/22 as full-time. A review of DS's job description (JD) provided by the facility, revised 2/2018, stated, .Purpose of this position .to implement and maintain effective, efficient systems to operate the dietary department .determine the personnel requirements for sufficient staff .supervise preparation of menus .supervise the entire operation of the dietary department . A review of an undated Cook's JD provided by the facility, did not indicate the Cooks would be responsible to supervise kitchen staff. A review of a facility document titled, Personnel Management, dated 2023, read, .The responsibilities for the RD .the RD will provide in-service for food and nutrition service (FNS) and nursing staff, and consultations that assure the professional FNS needs of the facility .This will include, but is not limited to sanitation inspections, meal service accuracy .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40830 Based on observation, interview and record review, the facility failed to ensure two food service personnel were able to safely and effectively carry out the functions of the food and nutrition services when: 1. Dietary Aide (DA) 1 was unable to verbalize the process of manual dishwashing using a two-compartment sink, and, 2. [NAME] (CK) 2 did not thaw meat using a correct procedure. These failures had the potential to place 81 out of 81 residents who received food from the kitchen at risk for food-borne illness. Findings: 1. During an interview on [DATE], at 2:57 PM, DA 1 verbalized the process of manual dishwashing using a two compartment sink. DA 1 stated the process had three steps, sanitizing, rinsing, and washing. DA 1 then changed her answer to the steps being washing, rinsing, and sanitizing with cueing. She stated she was not sure what the water temperatures of washing and rinsing were, but she stated the water temperatures might be similar to the dishwasher which was around 120 degrees Fahrenheit (F). She stated after the rinsing step, she would use quaternary ammonia (a chemical solution as sanitizer) for the sanitizing step. DA 1 was not able to provide the temperature for the sanitizer or how long the dishes were to be submerged into the sanitizer. She stated she had received the training before but could not remember when. During an interview on [DATE], at 2:50 PM, the Registered Dietitian (RD) stated the dishwasher should have knowledge about manual dishwashing in case the dishwashing machine was not functioning. She stated the dishwasher needed training. During a follow up interview on [DATE], on 2:01 PM, the Dietary Supervisor (DS) verified DA 1 was incorrect and they used bleach as sanitizer instead of quaternary ammonia for the sanitizing step during the manual dishwashing process. A review of DA 1's employee file did not reveal a certificate related to food service handling was on file. A review of a facility in-service (training) document titled, Course Topic: Manual Dishwashing, completed on [DATE] by the RD, revealed DA 1's name was not on the attendance record. A review of a facility policy and procedure titled, 3-Compartment procedure for Manual Dishwashing, dated 2023, indicated the steps of wash, rinse and sanitize. The wash and rinse water temperatures were , d+[DATE] degrees F. The sanitizer step was to use a bleach mix water solution with concentration of 100 ppm (parts per million, a measured unit of solution concentration) and the immersion time for the dishes was two minutes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. A concurrent observation and interview of thawing meats on [DATE], at 11:40 AM was conducted with CK 2 and DS. CK 2 was observed putting a metal container with 2 ,d+[DATE] loafs of frozen ground beef inside and submerged the ground beef in water. The water for submerging the beef was hot when touched and the temperature was taken which was 112.9 degrees (a measurement of temperature). CK 2 stated she was thawing the frozen ground beef. CK 2 stated she knew the proper way to thaw the meats and needed cold water instead of hot water but was not aware it needed to be running water. She stated she never received any training regarding thawing meats. The DS confirmed and stated the way CK 2 thawed meats was not acceptable. The DS explained thawing meats should be done under running room temperature (cool) water. During a follow up interview on [DATE], at 3:40 PM, the DS stated she did not provide any in-services for thawing meat. During an interview on [DATE], at 2:50 PM, the RD stated the frozen meats should thaw under running cool water. She stated the [NAME] needed more training and should have basic knowledge about the procedure of thawing meats. A review of CK 2's employee file, indicated a hire date of [DATE], with an expired food handler permit ([DATE]). A review of a facility document titled, Verification of Job Competency Demonstration-Cooks, for CK 2, completed on [DATE], indicated CK 2 was competent on Thawing meats and foods; state preferred methods and a quick method by demonstration and/or verbalization. A review of a facility policy and procedure titled, Thawing of Meats, dated 2023, indicated, Thawing meat properly .3. Submerge under running, portable water at a temperature of 70 degrees F (farenheit) or lower, with pressure sufficient to flush away loose particles .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
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. 50598 Based on observation, interview, and record review, the facility failed to ensure that the menu was followed for residents on a therapeutic diet for the lunch meal on 9/10/24 when: 1. Sixteen residents (Residents 4, Resident 6, Resident 8, Resident 9, Resident 11, Resident 17, Resident 21, Resident 24, Resident 30, Resident 38, Resident 59, Resident 66, Resident 74, Resident 77,Resident 82, and Resident 83) with CCHO (consistent carbohydrate) diet (a diet to treat diabetic disease or control blood sugar) received the diet gelatin without whipped topping instead of with whipped topping. 2. Twelve residents (Residents 16, Resident 23, Resident 24, Resident 29, Resident 35, Resident 38, Resident 47, Resident 49, Resident 56, Resident 70, Resident 80, and Resident 82) with a low fat/low cholesterol diet (a diet to reduce risk for heart disease) and 2 grams (a unit of measurement) sodium (salt) diets (diet with limited sodium intake to prevent heart disease and hypertension) received salad with regular dressing instead of fat free dressing for a low fat/low cholesterol diet and sodium free dressing for 2 gram sodium diet. 3.Six residents (Residents 5, Resident 10, Resident 41, Resident 43, Resident 53, and Resident 69) on a puree texture (food texture with pudding like consistency) diet did not receive pureed salad. 4. Resident 38 with diet of CCHO, 2 grams of sodium, double meat (two servings of meat) who received a single portion of meat instead of a double portion of meat. 5. Resident 55 on a Regular diet with chopped meat and finger foods received a turkey sandwich cut into sections, a cup of melon, and three bean salad. On the spreadsheet (a sheet with different therapeutic diets residents should receive according to planned food items with specific portion sizes and modified food texture), Resident 55 should have received bite size chicken, vegetable sticks, baked polenta, broccoli florets, and 2 small cookies. 6. Resident 35 on a diet for Dysphagia (difficulty swallowing) which included a mechanical texture (a diet with soft and moist food for people with swallowing and/or chewing difficulty) received chopped salad instead of puree salad as indicated on the menu spreadsheet. 7. Resident 20 on a regular fortified (added calories and/or protein) diet with small portions did not receive extra gravy as the fortified food on the chicken. These failures had the potential to result in the medical and nutritional status of 38 residents who received a therapeutic diet to be compromised. Findings: During an interview on 9/10/24 at 9:26 AM with [NAME] (CK) 1, CK 1 stated extra gravy applied to the chicken would make the meal fortified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/10/24 at 12:20 with Dietary Aide (DA) 4, DA 4 stated she prepared only one kind of salad using regular Italian dressing. During an observation and concurrent review of the spreadsheet Fall Menu-Week 2 Tuesday of the lunch service on 9/10/24, beginning at 12:12 PM, it was noted: 1. Sixteen residents (Residents 4, Resident 6, Resident 8, Resident 9, Resident 11, Resident 17, Resident 21, Resident 24, Resident 30, Resident 38, Resident 59, Resident 66, Resident 74, Resident 77, Resident 82, and Resident 83) who were on a CCHO diet received their diet gelatin without the whipped toppings, however, the residents should receive diet gelatin with whipped topping per the spreadsheet. 2. Twelve residents (Resident 16, Resident 23, Resident 24, Resident 29, Resident 35,Resident 38, Resident 47, Resident 49, Resident 56, Resident 70, Resident 80, and Resident 82) with low fat/low cholesterol and 2 grams sodium diets received salad with regular dressing. A review of the spreadsheet indicated fat free dressing should have been used for the low fat/low cholesterol diet and sodium free dressing should have been used for the 2 grams of sodium diet. 3. Six residents (Residents 5, Resident 10, Resident 41, Resident 43, Resident 53, and Resident 69) on a pureed texture diet did not receive puree salad as indicated on the diet menu spreadsheet. 4. Resident 38 with a CCHO, 2 grams of sodium, double meat diet received a single portion of meat instead of two portions of meat. 5. Resident's 55 Regular diet with chopped meat and finger foods received a turkey sandwich cut into sections, a cup of melon, and a three-bean salad. A review of the spreadsheet indicated Resident 55 should have received bite sized chicken, vegetable sticks, baked polenta, broccoli florets, and two small cookies. 6. Resident 35 with a regular Dysphagia mechanical texture diet received chopped salad instead of pureed salad as indicated on the menu spreadsheet. 7. Resident 20 was on fortified regular diet with small portions and received no gravy on the chicken instead of extra gravy on the chicken per the interview with CK 1 who verified extra gravy should have been added on the chicken to be a fortified meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50598 Based on observations, interview and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety when: 1. Several various sizes of tray line pans and serving utensils were stacked and stored wet. 2. A significant amount of food items that was outdated and/or with incorrect and inconsistent label were found in the reach-in refrigerators. 3. Stale and expired produce food items were found available for use in the walk-in refrigerator, 4. The ice machines located in nursing station one and two were not cleaned and sanitized according to the manufactures guidelines; 5. Two refrigerators for residents' brought in food located in nursing station one and two had: -unlabeled food items; -outdated food items; -no temperatures monitoring. 6. Two microwaves located in nursing station one and two were not clean and the material of interior lining of the microwave was chipping; 7. [NAME] (CK) 1 did not have knowledge of and not following ambient (room temperature) food cooling process; 8. Dietary Aide (DA) 1 did not verbalize the process of manual dishwashing correctly; 9. [NAME] (CK) 2 did not thaw meat correctly; 10. Kitchen equipment (food processor) was not clean, with black substances accumulated on the side. These failures had the potential to put residents who consumed food prepared by the facility kitchen at risk for foodborne illnesses, for a census of 81 residents. Findings: 1. During the initial kitchen tour on [DATE] at 10:02 AM, metal pans and serving utensils were found stacked wet and stored away in the clean and ready-to-use storage areas. The items were: - 4 of full sheet size metal pans; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- 3 of ,d+[DATE] sheet size metal pans; - 9 of serving utensils (ladles and scoops). During an interview on [DATE] at 10:07 AM, the Dietary Supervisor (DS) confirmed the above observation, and stated all the dishes, pans and pots and utensils needed to be completely dried before stored away. She explained the rationale was to prevent bacteria growth from the moist environment. During an interview on [DATE] at 2:50 PM, the Registered Dietitian (RD) acknowledged the issue and stated the utensils should be completely dried before stored away to prevent bacteria growth caused by moisture. A review of facility policy and procedure titled, DISHWASHING, dated 2023, indicated, .PROCEDURE: . Dishes are to be air dried in racks before stacking and storing . 2. An observation, concurrent interview with the DS and concurrent review of the food storage guidelines was conducted on [DATE] at 10:08 AM. The following were found in the reach-in refrigerators, and were acknowledged by the DS: - a container of iced coffee with an opened date (OD) on [DATE]; the DS stated it should keep in the refrigerator for up to three days and should be discarded after three days; - a tub of tuna (from the can) with an OD of [DATE] and the used-by date (UBD) of [DATE]; the DS stated opened can of tuna should keep in the refrigerator for up to three days. - a tub of Apple sauce (from the can) with an OD of [DATE] and the UBD of [DATE]; the DS stated the opened can of applesauce should be kept in the refrigerator for up to three days and the staff dated the items incorrectly; - a tub of 3 bean salad (from the can) with an OD of [DATE] and the UBD of [DATE]; the DS stated it should keep in the refrigerator for up to three days, it was expired, and should be discarded. - a tub of vanilla pudding with an OD of [DATE] and the UBD of [DATE]; the DS stated it should keep in the refrigerator for up to three days, it was expired, and should be discarded. She added the staff put the UBD incorrectly. - a tub of egg salad with an OD of [DATE] and the UBD of [DATE]; the DS stated it should keep in the refrigerator for up to three days and it was expired and should be discarded. She added the staff put the UBD incorrectly. - a tub of vegan baked bean with an OD of [DATE] and the UBD of [DATE]; the DS stated it was expired and should be discarded. - a tub of baked bean with an OD of [DATE] and no UBD; the DS stated it should be kept in the refrigerator for up to three days; the UBD should be [DATE] and it was expired and should be discarded. - an opened box of bacon with an OD of [DATE] and no UBD; the DS stated it already expired and should be discarded. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- a tub of loose lettuce leaves with a date of [DATE], with no UBD; the DS stated it should keep in the refrigerator for up to three days and the UBD should be on [DATE]. She stated it was expired and should be discarded. - a tub of shredded carrots with a date of ,d+[DATE], with no UBD; the DS stated the written date was unclear. She reviewed the guideline and stated it should be kept in the refrigerator for up to 2 weeks, and it should be discarded. The DS also stated the staff should follow the refrigeration storage guideline to write the OD and UBD on all refrigerated items correctly. A review of facility policy and procedure titled, Labeling and Dating of Foods, dated 2023, showed, .All food items in the storeroom, refrigerator, and freezer need to be labeled and dated .Opened food items will need to be closed and labeled with an open date and used by date that follows the various storage guidelines . Refrigerated Storage Guidelines . 3. During an observation of the walk-in refrigerator and a concurrent interview and produce storage guideline review with the DS on [DATE] at 11:04 AM, the follow were found and acknowledged by the DS: - 16 of 17 cucumbers inside a box were mushy with indented white spots; the DS stated the cucumbers were molded and should be discarded. - an unopened bag of shredded lettuce with receiving date of [DATE] had wilted leaves with reddish color; the DS stated they were old and should be discarded. She stated the guideline indicated the lettuce should be kept in the refrigerator ,d+[DATE] days. - inside a box of 34 tomatoes, nine tomatoes were mushy with black indented spots, and one tomato had a large and indented spot with white fuzzy substance on it; the DS stated the white fuzzy substance was mold and the tomatoes were not fresh and should be discarded. - bags of red leaf lettuce (inside a box) had wilted leaves with received date of [DATE]; the DS state the lettuce was old and should keep in the refrigerator for ,d+[DATE] days per guidelines. It needed to be discarded. - an unopened bag of green onion with received date of [DATE], looked yellow, wilted, and mushy; .the DS stated the green onion should be kept in the refrigerator for ,d+[DATE] days per guideline. She stated the green onion was old and should be discarded. During an interview on [DATE] at 2:50 PM, the RD acknowledged the issues and stated the staff needed retraining for properly dating the stored food items. The RD stated the spoiled produce should be discarded. The RD stated it was everyone's responsibility to check the food items and the dates. A review of the facility policy and procedure titled, STORING PRODUCE, dated 2023, indicated, 1. Check boxes of fruit and vegetables for rotten, spoiled items. One rotten tomato .in a box can cause the rest of the produce to spoil faster. Throw all spoiled items .9. Remove the wilted or spoiled portions of lettuce, celery, and other fresh vegetables in the refrigerator often so they don't cause the rest of the vegetable to spoil . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the facility policy and procedure titled, STORING OF FOOD AND SUPPLIES, dated 2023, indicated .Labels should be visible, and the arrangement should permit rotation of supplies so that the oldest items will be used first . A review of the document titled, Job Description and Performances Standards-Dietary Aide, dated , d+[DATE], indicated .Store food in compliance with dietary procedures . A review of the undated document titled, Job Description and Performances Standards-Cook, indicated, . Stock food in compliance with dietary policies and procedures . A review of the document titled, Job Description and performances Standards-Dietary/Food Service Supervisor, dated ,d+[DATE], indicated, .Supervisor the entire operation of the dietary department .Primary functions/responsibilities: .supervise the receiving and storage of food .check expiration date all dietary supplies and food . 4. During an observation of two ice machines located at station one and two on [DATE] at 12:08 PM, it was noted the ice machine in station 2 had some black and slimy substances on the ice baffle (a plastic part inside the ice machine that directs the ice back to the ice storage and was easily removed with a paper towel). During an interview with the Maintenance Supervisor (MS) on [DATE] at 4:14 PM, the MS stated the Maintenance Assistant (MA) 1 was responsible for the deep cleaning of all the ice machines monthly. He stated the facility had the outside vender provide annually maintenance service for all the ice machines. During an observation and concurrent interview with MA 1 on [DATE] at 4:24 PM, he stated he was responsible for monthly cleaning with chemical cycle for the ice machines in station one and two. MA 1 confirmed the black and slimy substance found on the ice baffle in the ice machine located at nursing station 2, and he stated he was not aware of that. MA1 verbalized the process of cleaning of the ice machines. He stated he usually put the descaler (a cleaning solution) around three ounces in the water reservoir (a part where under the ice evaporator unit and the function is to supply the water to the ice maker to produce ice), then press the clean button to run the cleaning cycle for around 30 minutes, and then he would drain the water. He stated he would continue to run few more cleaning cycles with water until the cleaner solution was out of the system, then the machine was ready to use. During an interview with the RD on [DATE] at 2:50 PM, the RD acknowledged the issues of the ice machines and she stated the ice machine should be clean. She stated the process of cleaning and sanitizing should follow the manufacturer's guidance. A review of the facilities policy and procedures titled, ICE MACHINE CLEANING PROCEDURES, dated 2023, indicated, .The ice machine needs to be cleaned and sanitized monthly. The internal components cleaned monthly or per manufactures recommendations . A review of the two ice machine manufacturer manuals, both manuals indicated the ice machines should be cleaned by the cleaning solution and sanitized by the sanitizer solution. Therefore, the MA 1 did not follow the manufacturer's guidance and did not perform sanitizing step to maintain the ice machines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	5. During an interview on [DATE], at 2:57 PM, with the Dietary Aide (DA)1 regarding manual dishwashing by the two-compartment sink. DA1 verbalized the process of manual dishwashing with the 2-compartment sinks. She stated the steps were sanitize, wash, and rinse. Then she changed the answer to wash, rinse, and sanitizer with cueing. DA 1 stated she was not sure the water temperatures for the wash and rinse steps. She stated she thought it would be ~120 degrees F like the dishwashing machine. DA 1 stated the step of sanitizing was to use the sanitizer Quat (quaternary ammonium - a chemical agent as sanitizer). DA 1 was not sure how long the dishes should immerse into the solution. DA1 stated the last step was to air-dried the dishes. DA1 stated she got the in-service from the DS but could not remember when. During an interview on [DATE], at 2:50 PM, with the RD, She stated the staff should receive more training about the two compartment sink dishwashing. The kitchen staff should be familiar with the proper manual dishwashing process. A review of the departmental policy and procedure titled, 3-COMPARTMENT PROCEDURE FOR MANUAL DISHWASHING, dated 2023, indicated the steps were wash, rinse, sanitize and air-dried the dishes. The water temperatures for the wash and rinse steps should be ,d+[DATE] degrees F. The sanitizing step should use bleach as sanitizer, and the immersion time for the dishes was two minutes. 6. During observations of the resident's food refrigerators located at nurse station one and two on [DATE], at 10:05 AM and 10:23 AM, the following were observed: a. there were no temperature monitor logs for both refrigerators, and there was a poster on the refrigerator at nurse station two stated, Label & Date all food items before placing in the refrigerator. Unlabeled items will be thrown out. Food may only be kept for a maximum of three days. Items left after that date will be thrown out. b. Refrigerator at nurse station one had the following: - One carton of 18 eggs with a date of sell by of [DATE] and the eggs vary in color and show no evidence of being pasteurized, with no resident's name; - A white bag contained a tub of sour cream, bag of rice, lime, shredded coleslaw, and a small kitchen knife, with no resident's name or date; -A cup of half consumed coffee, with no resident's name or date; -A ziplock bag with frozen grapes in the freezer with no resident's name or date; -A frozen meal, with no resident's name or date; -A box of frozen meal with the expiration date of [DATE]. c. Refrigerator at nurse station two had the following: - one container of cottage cheese and one container of fruit with no resident's name or date; - Two opened cartons of Lactaid milk with expired date of [DATE]; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- a container of pineapple with a date of [DATE] and resident's name, had had black spot inside the container, and a foul odor; - a pack of flan with manufacturer's expiration date, with no resident's name; - a loaf of chocolate cake with no resident's name or date; - a container with two layers: top layer was cottage cheese, and had orange round spot on it; the bottom layer contained four grapes with black and fussy white substance on them, with no resident's name or date; - a bag with two containers of chicken and mashed potato with gravy had no resident's name or date; - a paper bag with left over fast food with a resident's name had no date; - a tub of peanut butter cup ice cream had no resident's name or date; - a frozen meal in a clear bag had no resident's name or date; - a meal was removed from the package box and the manufacture expiration date was not present. During an interview on [DATE], at 10:44 AM with the Director of Nursing (DON), he observed and confirmed the found issues. He stated the food items that were not label and outdated, and the food with mold should be discarded. The DON stated he was not sure who was responsible to monitor the temperature and checked the foods for both refrigerators. During an interview on [DATE], at 11:08 AM with the MS, the MS stated the evening janitors were responsible to clean the refrigerators at station one and station two. The MS stated the janitors only cleaned the exterior of the refrigerators weekly and the interior twice a week. The MS stated the janitors were not responsible to monitor and dispose of any items inside the refrigerators. During a follow up interview on [DATE], at 3:43 with the DON, the DON stated he could not provide any refrigerator temperature logs for the resident refrigerators in nurse station one and two. The DON confirmed the temperature of both refrigerators had not been monitored. He added the facility had a policy and procedure regarding refrigerator and freezer and the person responsible to monitor the resident's food. The DON stated the night shift nurses were responsible for monitoring and logging the temperatures on both refrigerators. During an interview with the RD on [DATE] at 2:50 PM, the RD stated that she rarely checked those refrigerators unless she was looking for something specific. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of facility policy and procedure titled, Refrigerators and Freezers, revised ,d+[DATE], indicated, . Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures .Food service supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening .All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened .Supervisors will be responsible for ensuring food items in pantry, refrigerators and freezers are not expired or past perish dates . 7. During an observation of the microwaves for resident's food located at nurse station one and two on [DATE], at 10:20 AM and 10:35 AM, it was noted: - The microwave at nurse station one had a variety of dry splattered food and liquid spills throughout inside the microwave, with a foul sour odor. The interior lining was chipping and displaying copper colored debris. -The microwave at nurse station two had dry food scattered on all sides of the microwave and old spills of liquid with a foul odor. During an interview with the DON on [DATE], at 10:50 AM, the DON verified the microwaves at station one and station two were not clean and the microwave in nurse station one was old with chipping lining and should need new replacement. Record review of the facilities policy and procedures titled SANITATION dated 2023, indicated All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seam, cracks, and chipped areas. 8. During an interview with [NAME] (CK) 1 on [DATE], at 9:52 AM regarding ambient (room temperature) food (such as tuna salad, egg salad, etc.) cool down, CK 1 could not verbalize the process of ambient food cool down. She also stated the kitchen did not use any cool down log to monitor and record the temperature after the ambient foods were prepared. During an interview with the RD on [DATE], at 2:50 PM, the RD stated she was unaware of the use of the ambient food cool down method being practice in the kitchen and unsure if the kitchen had a system for the process. Review of the facility policy and procedure titled COOLING AND REHEATING OF POTENTIALLY HAZARDOUS OR TIME/ TEMPERATURE CONTROL FOR SAFETY FOOD indicated . Ambient Temperature Food .food shall be cooled within 4 hours to 41F or less, if prepared from ingredients at ambient temperature, such as reconstituted food and canned tuna. Use the Cool Down Log for Ambient Temperature Food . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	9. An observation of thawing meats and concurrent interview with the DS and CK 2 was conducted on [DATE], at 11:40 AM. It was noted CK 2 placed 2 ,d+[DATE] loafs of frozen raw ground beef in a container of water without running water. The temperature of the water in the container was hot to touch and the temperature was 112.9 degrees F. CK 2 stated she was thawing the ground beef for the alternative option for dinner. CK 2 stated she knew to thaw meats with cold water but not aware with running water. The DS confirmed and stated the meat thawing process performed by CK2 was not acceptable. She stated the meat should thaw in cold and running water. During an interview with the RD on [DATE], at 2:50 pm, she stated the frozen meat should thaw under cool running water. She state the [NAME] needed more training. During a record review of the facilities policy and procedures titled POLICY: THAWING OF MEATS . Submerge under running, potable water at a temperature of 70F or lower, with a pressure sufficient to flush away loose particles 10. During an observation and a concurrent interview with the DS on [DATE] at 11:52 AM, it was noted some black substances accumulated inside the tube on the blender during the [NAME] preparing puree foods. The DS stated it was food debris stuck inside and it was hard to get out. The DS stated she was aware and had already placed an order for a new blender. During an interview with the RD on [DATE], at 2:50 PM, the RD stated she was aware of the issue and the blender should not be used, and the kitchen needed to replace it with a new one. Review of the facilities policy and procedures titled SANITATION dated 2023 indicated All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seam, cracks, and chipped areas.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 40830 Based on observation, interview and record review, the facility failed to provide a clean environment for the residents and visitors. One out of three garbage disposal bins located outside by the kitchen had trash inside and was not securely closed with the dumpster lid. This failure had the potential for an unsafe environment for the residents and visitors due to possible pest infestation and spread of diseases in the facility. Findings: During an observation of the dumpster on 9/9/24, at 8:08 AM, one out of three dumpster bins located outside nearby the facility kitchen had bags of trash inside and not securely closed by the dumpster lid. During an interview on 9/9/24, at 11:50 AM, the Dietary Supervisor (DS) acknowledged and stated the dumpster lid should be closed tightly all the time to prevent the attraction of pests and rodents. During an interview on 9/11/24, at 2:50 PM, the Registered Dietitian (RD) stated the garbage bin(s) needed to be closed tightly to prevent pest and rodent infestation. A review of departmental policy and procedure titled, Miscellaneous Areas, dated 2023, it stated, Garbage and Trash .All food waste must be placed in sealed leak-proof, non-absorbent, tightly closed containers .and shall be disposed of as necessary to prevent a nuisance or unsightliness .The trash collection area is a potential feeding ground for vermin and rodents . According to 2022 FDA (Food and Drug Administration) Food Code, dated 1/18/2023, .5-501.05 Outside Receptacles. (A) Receptacles and waste handling units for REFUSE, recyclables, and returnables used with materials containing FOOD residue and used outside the FOOD ESTABLISHMENT shall be designed and constructed to have tight-fitting lids, doors, or covers .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 43071 Based on interview and record review, the facility quality assessment and assurance (QAA) committee failed to meet quarterly with all required members for a census of 81, when: 1. Four of six required committee members including the Medical Director (MD), the Director of Nursing (DON), the Infection Preventionist (IP) and the Administrator (ADM), owner, a board member or other individual in leadership role did not attend quarterly Quality Assurance Performance Improvement (QAPI: a data driven and proactive approach to improve the quality of life, quality of care and services delivered in nursing facilities) meeting on 6/28/2024, and 2. The DON and the IP did not attend quarterly QAPI meeting on 4/26/24. This failure had the potential of lack of necessary supervision, issues to go unidentified, quality care improvement activities not being evaluated, revised as needed and goals not being achieved which could lead to negative outcomes and declines in quality care of facility residents. Findings: During a concurrent interview and record review on 9/12/24 at 3:15 PM, the ADM stated facility QAA committee met quarterly and sometimes monthly for QAPI meetings when they reviewed quality reports, discussed quality safety concerns, and ensured corrective actions implemented, effective and concerns improving. QAPI meeting notes including QAA committee attendance sheets reviewed with the ADM. Quarterly QAPI attendance sheet dated 4/26/24 indicated required QAA committee members the DON and the IP did not attend the meeting. QAPI meeting attendance sheet dated 6/28/24 indicated required QAA committee members including the ADM, the DON, the IP, and the MD did not attend the meeting. The ADM verified all required QAA committee members did not attend the QAPI meetings as per attendance record. The ADM stated all required committee members should be present during the QAPI meetings so that they could discuss about systems effectiveness, identify areas need improvement, to make sure deliver good quality care and to be in compliance with the regulation. Review of a facility policy titled Quality Assurance and Performance Improvement (QAPI) revised 1/2024, indicated, .The quality assurance and performance improvement program is overseen and implemented by the QAPI committee, which reports its findings, actions and results to the administrator and governing body . The following individuals serve on the committee: a. Administrator, or a designee who is in a leadership role; b. Director of nursing services; c. Medical director; d. Infection preventionist .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49823 Based on observation, interview, and record review, the facility failed to follow safe infection prevention practices for a census of 81 when: 1. A glucometer was used without being cleaned and disinfected between residents during medication pass observation. 2. Nine hand sanitizer bottles were in active use while expired. These failures had the potential to result in the spread of germs, infection, and the need for additional medical interventions (medications and/or treatments). Findings: 1. During a medication pass observation on [DATE], at 12:06 p.m., at Station 2, Licensed Nurse (LN) 2 performed a finger stick blood glucose test (FSBS, poking a finger to apply a drop of blood to a test strip. The test strip is inserted into a glucometer [small electronic device which measures the blood sugar level]) on a resident. LN 2 wore gloves, cleaned the resident's left hand, placed the glucometer on the resident's bedside table, poked the resident's left middle finger, and obtained the FSBS result. LN 2 was observed leaving the resident's room and returned the glucometer to the medication cart. LN 2 then took the glucometer to another resident's room, cleaned that resident's hand, poked the resident's left index finger, and performed a FSBS. LN 2 was further observed taking the glucometer back to medication cart, wiped the glucometer with a disposable disinfectant cloth wipe, then immediately placed the glucometer back in the case, and put the case back in the medication cart. During an interview on [DATE], at 12:20 p.m., with LN 2 at the medication cart in Station 2, LN 2 confirmed that she did not clean the glucometer after she checked the first resident's FSBS during medication pass observation, and she cleaned the glucometer after she checked the second resident's FSBS. LN 2 further confirmed she did not leave the disinfectant wipe on the glucometer for 2 minutes as she should have to disinfect the device. LN 2 stated the glucometer should be cleaned and disinfected between residents. LN 2 further stated that cleaning and disinfecting the glucometer was a two-step process. LN 2 explained cleaning the glucometer involved removing visible dirt and blood from the glucometer before disinfecting the glucometer. LN 2 stated the risk was the spread of germs by cross contamination (physical movement or transfer of harmful bacteria from one person, object, or place to another). During a concurrent interview and record review on [DATE], at 2:35 p.m., with the Infection Preventionist (IP), the glucometer manufacturer's recommended cleaning and disinfection process was reviewed. The IP stated the glucometers were to be cleaned and disinfected between residents. The IP further stated the two-step process was needed for cleaning and disinfecting glucometers with a minimum of a two-minute dwell time for the cleaning agent and disinfectant to be in contact with the glucometers between residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE], at 3 p.m., with the Director of Nursing (DON), the DON stated he expected staff to clean and disinfect the glucometers after each use per the manufacturer's guidelines and the facility policy. The DON acknowledged the glucometer manufacturer's guidelines and facility policy, and procedure were not followed. During a review of a facility policy and procedure (P&P) titled, Obtaining a Fingerstick Glucose Level, revised [DATE], the P&P indicated, .Procedure .7. Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses .19. Follow the instructions provided by the manufacturer of the glucose monitoring system .23. Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice . During a review of a facility document titled, [Brand name] Glucose Monitoring System Owner's Manual, revised February 2017, indicated, .How to Clean and Disinfect Your Meter .The meter must be cleaned prior to the disinfection. Use one disinfecting wipe to clean exposed surfaces of the meter thoroughly and remove any visible dirt or blood or any other body fluid with the wipe. Use a second wipe to disinfect the meter . Disinfecting Procedure .1. Take out one disinfecting wipe and squeeze out any excess liquid in order to prevent damage to the meter. 2. Wipe all meter's exterior surface display and buttons. Hold the meter with the test slot pointing down and wipe the area around the test slot but be careful not to allow excess liquid to get inside. Keep the meter surface wet with disinfection solution for a minimum of 2 minutes .Follow the instructions on the package label of disinfecting wipes. 3. Allow the meter surface to dry completely. 4. Discard the wipes and never reuse them. Wash your hands thoroughly with soap and water after handling the meter, lancing device, and test strips to avoid contamination . Review of an online document published by the Centers for Disease Control and Prevention (CDC) titled, Considerations for Blood Glucose Monitoring and Insulin Administration, last review dated [DATE], indicated, .Clean and disinfect blood glucose meters after every use, per the manufacturer's instructions .If healthcare providers use blood glucose testing or insulin administration devices on more than one patient, equipment and supplies may become contaminated. Unsafe practices include .using a blood glucose meter for more than one person without cleaning and disinfecting it in between uses . 50018 2. During an observation on [DATE] at 3:10 PM, at the nurse's station located in Station 1, a hand sanitizer bottle with an expiration date of [DATE] was sitting on the main table. During an observation on [DATE] at 3:15 PM, in Station 1 while walking down Wing 2, 4 out of the 5 isolation carts (carts that hold gowns, gloves, and masks) were noted to have expired hand sanitizer bottles stationed outside various rooms. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of [DATE]. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of ,d+[DATE]. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of ,d+[DATE]. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056198	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kit Carson Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on [DATE] at 3:20 PM, in Station 1 while walking down Wing 2, 4 out of the 4 isolation carts were noted to have expired hand sanitizer bottles stationed outside various rooms. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of ,d+[DATE]. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of [DATE]. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of ,d+[DATE]. An isolation cart outside room [ROOM NUMBER] had a bottle of hand sanitizer with an expiration date of [DATE]. During a concurrent observation and interview on [DATE] at 3:28 PM with the Central Supply (CS) and the Maintenance Supervisor (MS), the CS and the MS confirmed that there was a total of 9 hand sanitizers bottles that were expired throughout the Station 1 unit. The CS stated that the hand sanitizer bottles should not have been expired and that they will lose their efficacy by being expired. The MS stated hand sanitizers should not be expired and that they should have been within the proper date range. The MS also stated that the hand sanitizer bottles would not work at their 100% of intention if they are expired. During an interview on [DATE] at 8:25 AM with Certified Nurse Assistant (CNA) 5, CNA 5 stated that she used the hand sanitizer located on the isolation carts before and after doing any kind of patient care. During an interview on [DATE] at 8:27 AM with Certified Nurse Assistant (CNA) 6, CNA 6 stated that she used the hand sanitizer whenever she went into a precaution room. CNA 6 also stated she used the hand sanitizer before and after giving patient care. During an interview on [DATE] at 10:08 AM with the Infection Preventionist (IP), the IP stated that expired hand sanitizer bottles should have been tossed out. The IP also stated the expired items would not work as effective as non-expired items. During an interview on [DATE] at 2:40 PM with the Director of Nursing (DON), the DON stated that all items should be current and the manufacture guidelines should be followed. The DON also stated that expired items should be discarded. During a review of the facility's document titled, Enhanced Barrier Precautions Policy, dated ,d+[DATE], the Policy and Procedure indicated, 6. Provide alcohol-based hand rub (ABHR) both in and outside resident room .