

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056231	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Lassen Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2005 River Street Susanville, CA 96130	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41715</b></p> <p>Based on interview, observation, and record review, this requirement was not met when the facility failed to follow physician's orders to cover the insertion site during showers for one of seven sampled residents (Resident 1), who had a nephrostomy tube (a surgically placed tube that drains urine from the kidney into a collection bag when the bladder no longer functions properly). This had the potential to increase the risk of infection, illness, and rehospitalization s.</p> <p>Findings:</p> <p>Resident 1 was a admitted to the facility on [DATE] for multiple fistulas (abnormal connection between body parts) between her bladder, bowel, and vagina. She suffered from frequent urinary tract infections, history of stroke, difficulty walking and was dependent on staff for care of her nephrostomy tube.</p> <p>Review of the facility's policy titled, Physician Services, dated 2/21, indicated that, The medical care of each resident is supervised by a licensed physician.</p> <p>Review of an order written by Resident 1's physician on 6/26/24 for the care for Resident 1's nephrostomy indicated, Dressing should remain on during shower to protect site every day.</p> <p>Review of Resident 1's Physician's Order written on 7/30/24 further indicated, Cleanse right nephrostomy tube site with iodine swab [an antiseptic] in outward circles from the insertion site [hole in skin where the tube was inserted], allow to dry fully. Cover with antimicrobial (germ-fighting) disc on the right side as indicated and secure with dry dressing, cover entirely with 2X2 [2 by 2 inch square piece of gauze] or 4X4 [four by four inch square piece of gauze] bordered gauze for protection. Notify MD of any complications. Full policy and procedure list for site changes at Station 1. In bold face type, all capital letters, the physician's order further indicated, <b>THIS IS A STERILE PROCEDURE</b> [minimizes contamination by germs], every shift on Tuesday and Saturday.</p> <p>A review of Resident 1's Care Plan, dated 7/15/24 indicated, Dressing change per MD order (sterile procedure).</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation and concurrent interview with Resident 1 on 8/6/24 at 10:30 AM, the nephrostomy dressing on Resident 1's back was observed to be halfway peeled back exposing the opening in her skin. No antimicrobial (germ-killing) disc was observed to be present. Resident 1 indicated that staff was routinely not covering the nephrostomy site with a dressing when she took showers.</p> <p>In an interview on 8/6/24 at 11:00 AM, Licensed Vocational Nurse (LVN) A, stated that she had previously been assigned to Resident 1's care, confirmed that staff normally took off Resident 1's nephrostomy dressing prior to her showers to, get it clean under the water and that this was an expected practice.</p> <p>In an interview on 8/6/24 at 11:20 AM, Director of Nursing (DON) B stated that Resident 1's dressing to the nephrostomy site was routinely removed before showers and replaced with a new dressing afterward.</p> <p>In an interview on 8/6/24 at 1:25 PM, Certified Nursing Assistant (CNA) C stated that Resident 1's nephrostomy dressing was routinely removed before she showered and was replaced by the treatment nurse afterward.</p> <p>In an interview on 8/6/24 at 1:40 PM, LVN D, a wound treatment nurse at the facility, stated that she had changed Resident 1's nephrostomy dressing several times and that, It's a sterile dressing. They want to make sure the site is covered at all times, just clean with iodine as with any sterile procedure. The order is to keep it sterile. LVN D stated that she did not advise that the dressing be taken off when Resident 1 received showers.</p> <p>In an interview on 8/6/24 at 2:00 PM, Infection Prevention nurse (IP) E stated that, You don't want to get the nephrostomy site wet or get it soapy. It's a sterile site.</p> <p>In an interview on 8/7/24 at 10:08 AM, LVN F stated that she, didn't think they cover it [the nephrostomy site]. I think they like to have warm soapy water get to it to clean it and then change the dressing after the shower.</p>		