

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER River Valley Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2490 Court Street Redding, CA 96001	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45315</p> <p>Based on interview and record review, the facility failed to follow their dialysis policy and procedure (P&P) for four out of four sampled residents (Residents 1, 3, 4, and 5) when:</p> <ol style="list-style-type: none"> 1. Resident 1 was not provided lunch before leaving the facility for a dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stopped working) appointment, was not provided a meal to take to dialysis, and was not provided a meal upon return to the facility after her dialysis appointment. 2. Pre (before), during, and post (after) dialysis assessments (the assessment included information regarding the residents before, during, and after dialysis, such as, vital signs, lung sounds, skin condition, dialysis access site, weight, and if a meal was sent) were not completed consistently for Residents 1, 3, 4, and 5). <p>These failures had the potential for decline in health to go unnoticed and negatively impact resident health status.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of the facility's P&P titled, Dialysis Management, revised 1/25/24, indicated, the facility would arrange for residents to take meals with them to dialysis if needed. The P&P indicated, the Licensed Nurse (LN) would perform a pre and post dialysis assessment for each resident that received dialysis and that the facility would make arrangements for communication between the dialysis center and the facility. <p>A review of Resident 1's undated Admission Record, indicated, Resident 1 was admitted to the facility on Thursday, 7/18/24, with the diagnoses of type 2 diabetes with diabetic chronic kidney disease (the body could not regulate sugar in the blood, kidneys became damaged because of poorly controlled diabetes) and was dependent upon dialysis.</p> <p>A review of Resident 1's Active Orders, dated 7/18/24, indicated, Resident 1 received dialysis three times a week, every Tuesday, Thursday, and Saturday.</p> <p>A review of the Progress Note, dated 7/18/24, indicated Resident 1 was alert and oriented (knew who she was, where she was, and what time it was). The Progress Note, indicated, when Resident 1 was admitted to the facility, on 7/18/24, her arrival to the facility was at 11:50 am.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Active Orders, dated 7/18/24, indicated, Resident 1 could make her own healthcare decisions.</p> <p>During an interview on 7/26/24 at 9:35 am, Certified Nurse Assistant (CNA) B stated, the CNAs provided residents with meals or snacks to take to dialysis and the LN would follow up with the resident to assure the resident was provided a meal or snacks prior to leaving the facility for their dialysis appointment.</p> <p>During an interview on 7/26/24 at 9:39 am, LN A stated, when a resident left the facility for dialysis, if the resident returned to the facility shortly after the regular mealtime, staff would hold the meal tray to assure the resident did not miss a meal.</p> <p>During an interview on 7/26/24 at 10:54 am, Resident 1 stated, upon admission to the facility, Resident 1 did not receive lunch. Resident 1 stated, she had left the facility between the hours of 1:30 pm and 2:00 pm for her dialysis appointment and was not provided with a sack lunch or any snacks. Resident 1 stated, when she returned to the facility at approximately 7:00 pm, she was not provided dinner. Resident 1 stated, she had asked a CNA for something to eat and was upset due to no one providing her with lunch or dinner. Resident 1 stated, an hour later, she received a peanut butter and jelly sandwich.</p> <p>During a concurrent interview and record review on 7/26/24 at 2:07 pm, with CNA B, Resident 1's meal percentages (a numeric value placed on the amount of food eaten and liquid drank) was reviewed. CNA B stated the meal percentages for lunch and dinner on 7/18/24 was blank. CNA B confirmed, the lack of documentation indicated, Resident 1 did not have lunch or dinner on 7/18/24. The facility's Administrator (Admin) was present during the interview and reviewed Resident 1's meal percentages. Admin confirmed, the record indicated Resident 1 did not receive lunch, dinner, or a meal during the dialysis appointment, and should have.</p> <p>2. A review of Resident 3's undated Admission Record, indicated, Resident 3 was admitted to the facility on [DATE] with the diagnoses of type 2 diabetes with diabetic chronic kidney disease and was dependent upon dialysis. The Admission Record indicated, Resident 3 was her own responsible party (RP, able to make her own healthcare decisions).</p> <p>A review of Resident 3's Active Orders, dated, 6/21/24, indicated, Resident 3 received dialysis three times a week, every Monday, Wednesday, and Friday.</p> <p>A review of Resident 4's undated Admission Record, indicated, Resident 4 was admitted to the facility on [DATE] with the diagnoses of type 2 diabetes with diabetic chronic kidney disease (the body could not regulate sugar in the blood, kidneys became damaged because of poorly controlled diabetes) and was dependent upon dialysis.</p> <p>A review of Resident 4's Active Orders, dated 7/11/24, indicated, Resident 4 could make his own healthcare decisions and received dialysis three times a week, every Tuesday, Thursday, and Saturday.</p> <p>A review of Resident 5's undated Admission Record, indicated, Resident 5 was admitted to the facility on [DATE] with the diagnoses of type 2 diabetes with diabetic chronic kidney disease and was dependent upon dialysis. The Admission Record, indicated, Resident 5 was able to make her own healthcare decisions.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 5's Active Orders, dated 6/21/24, indicated, Resident 5 received dialysis three times a week, every Tuesday, Thursday, and Saturday.</p> <p>During a concurrent interview and record review, on 7/26/24 at 2:26 pm, with LN C, Resident 1's electronic medical records (EMR) was reviewed. LN C reviewed the section titled Assessments, dated 7/18/24. LN C stated, there was no pre or post dialysis assessment located in the EMR for Resident 1 and stated, there should be. LN C reviewed Assessments, for Residents 3, 4, and 5, dated 7/15/24 through 7/26/24. LN C stated, there was no post dialysis assessment documented in the EMR for all three residents. LN C stated, sometimes, the LN completed the pre and post dialysis assessment on paper (documentation that was written by hand on paper).</p> <p>During a concurrent interview and record review, on 7/30/24 at 9:15 am, with Director of Nursing (DON), Resident 1's paper records and the EMR was reviewed. DON stated, the pre and post dialysis assessment included three assessments. DON stated, LN were expected to assess the resident just prior to leaving for dialysis (pre), the dialysis staff would assess the resident while at the dialysis center (during), then the LN would assess the resident upon return to the facility after dialysis was completed (post). DON confirmed, LN did not document a pre and post assessment on 7/18/24 for Resident 1 and should have. DON reviewed Resident 3's paper records and EMR, dated 7/8/24 through 7/19/24. DON confirmed, Resident 3's post dialysis assessment, dated 7/10/24, was not completed and left blank. DON confirmed, Resident 3's dialysis assessment, dated 7/17/24, was not completed. DON confirmed, there was no documentation that indicated Resident 3 received an assessment before, during, or after dialysis on 7/12/24, 7/17/24, or 7/19/24 and should have. DON reviewed Resident 4's paper records and EMR, dated 7/9/24 through 7/20/24. DON confirmed, the post dialysis assessment for Resident 4, dated 7/20/24, was not completed and left blank. DON confirmed, there was no documentation that indicated Resident 4 received an assessment before, during, or after dialysis on 7/11/24, 7/13/24, or 7/18/24 and should have. DON reviewed Resident 5's paper records and EMR, dated 7/9/24 through 7/20/24. DON confirmed, there was no documentation that indicated Resident 5 received an assessment pre, during, or post dialysis on 7/9/24, 7/11/24, 7/13/24, 7/16/24, 7/18/24, or 7/20/24 and should have.</p>		