STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Valley Healthcare & Wellness Centre, LP	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43031 Based on interview and record review, the facility failed to effectively assess and obtain a wound care treatment order for a surgical wound for two weeks after admission, for one of three sampled residents (Resident 1), when Resident 1 was admitted with a surgical wound that Resident 1 refused to have assessed by staff, and the facility waited two weeks for the Orthopedic (Ortho, medical branch concerned with conditions involving the musculoskeletal system), follow-up appointment to obtain an order for Resident 1's wound care and treatment. This failure had the potential to result in increased health and healing deterioration including worsening of the wound, heightened infection issues, including sepsis, loss of limb, and death, and aggravated mental and psychosocial decline. Findings: During a review of the facility's policy and procedure titled, Admission and Orientation of Residents , dated October 2017, the Admission and Orientation of Residents indicated, Upon admission, the resident's Attending Physician will provide .Routine care orders to maintain or improve the resident's function . During a review of the facility's policy and procedure titled, Skin and Wound Management , dated January 1, 2012, the Skin and Wound Management indicated, Facility staff will take appropriate measures to prevent and reduce the likelihood that residents will develop .skin conditions. A licensed nurse will perform a skin assessment upon admission for each resident . During a review of the facility's policy and procedure titled, Skin Integrity Management , dated revised 6/27/24, the Skin Integrity Management indicated, Treatments to .skin integrity conditions will be ordered by the physician . A review of Resident 1's medical record indicated that Resident 1 was admitted on [DATE] with diagnoses that included, Osteomyelitis Left Tibia and Fibula (bone infection of the lower leg), Cellulitis of Left Lower Limb (bacterial skin infection), Methicillin Resistant Staphylococcus (Staph) Aureus Infection (MRSA, bacterial infection caused by a Staph bacteria that has become resistant to antibiotics). (continued on next page)

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
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Minimum Data Set (MDS, tool for evaluating and implementing a standardized assessment) Brief Interview for Mental Status (BIMS, Section C assessing cognitive function) dated 7/10/24 indicated Resident 1 rates 15/15, which equates to being cognitively intact. Resident 1 makes their own decisions. During a concurrent interview and record review on 7/23/24 at 12:00 pm, with Licensed Vocational Nurse 1 (LN) 1 in the conference room, Rehabilitation (Rehab) Post operation (op) orders , dated 7/19/24, and the Order Details , dated 7/20/24 at 16:41 pm (4:41 pm), were reviewed. The Rehab Post op orders indicated, orders were being submitted from Resident 1's follow up appointment for Wound care evaluation (eval) and treat for left leg wound . The Order Details indicated, Cleanse Left (L) shin with normal saline (NS, liquid mixture of sodium chloride and water), pat dry, apply saline moistened gauze (open weave wound dressing), abdominal (abd) pad (large thick dressing), wrap with kerlix (a brand of gauze bandage roll), and secure with ace wrap (elastic bandage used to cover, wrap, or bind) every day (QD) . LN1 stated, the Patient was adamant that we were not to remove the brace and said the doctor put it on and they were not letting us remove it for any reason, so, the wound was not assessed. LN 1 indicated that Resident 1 is alert and oriented and their own representative (RP), and the brace was not removed. Resident 1 did not allow the brace to come off until the Ortho follow up on 7/19/24. After the Ortho follow up appointment, we received orders for evaluation and treatment and then were able to get treatment orders from the doctor, we did not assess the wound prior to the follow up, thus, there were no prior orders to treat the wound. These were the first orders related to the wound. During an interview on 7/23/24 at 1:00 pm, with Resident 1 in the resident's room, Resident 1 stated, These folks have not done anything for my wound since I came in. The people should have shown me the order from the doctor that it was ok for them to look at my wound. I might have approved that they look. During an interview on 7/24/24 at 9:00 am, with Administrator (Admin), Admin stated, We did not look at the wound because the resident was adamant that we were not to touch the brace or leg. I can recognize that something should have been done since that is what [Resident 1] was sent to us for and treatment was expected and needed.