

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 09/10/2024
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43755</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) mail was delivered unopened and within 24 hours, per facility policy.</p> <p>This failure resulted in violating Resident 1's right to forms of communication with privacy and the potential for mental anguish.</p> <p>Findings:</p> <p>During a review of the facility ' s policy titled, Resident Rights-Mail revised 1/1/12, the policy indicated, Mail is delivered to the resident unopened. Mail is delivered to the resident within twenty-four (24) hours of delivery to premises or to the Facility ' s post office box (including Saturday deliveries).</p> <p>A review of Resident 1's Admission Record (undated), indicated she was admitted on [DATE] with diagnoses that included, bone infection of the left leg, anxiety, cancer, and homelessness.</p> <p>A review of Resident 1's Admission Minimum Data Set (MDS, a standardized assessment of an adult's functional, medical, psychosocial, and cognitive status), dated 7/10/24, indicated Resident 1's Brief Interview for Mental Status (BIMS, an evaluation of a person's cognition, [ability to think, learn, remember, use judgement, and make decisions] with scores from 00 to 15) was 15, which indicated Resident 1's cognition was intact.</p> <p>During an interview on 9/10/24 at 3:00 pm, Resident 1 indicated a package had been mailed to the facility for her and the facility staff signed for it on Friday 9/6/24, but she did not receive it until today (9/10/24).</p> <p>During an interview on 9/10/24 at 3:40 pm, Social Service Director (SSD) indicated that if a package was delivered for a resident and if that resident was capable of opening the package, then the resident was to open it and staff should not open it unless asked. SSD indicated that Resident 1 was capable of opening her own mail but that Resident 1 had received medications in the mail before so staff should supervise Resident 1 opening her mail. SSD indicated that residents are not to have medications in their room for their own safety and the safety of other residents. SSD confirmed that a package was delivered to the facility for Resident 1 on Friday (9/6/24), but Resident 1 did not receive it until this morning (9/10/24). SSD confirmed that the package had been opened by staff before Resident 1 had received it and it should not have been.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's care plan indicated no documentation about Resident 1 needing supervision when opening her mail.</p> <p>During an interview on 9/10/24 at 4:14 pm, Assistant Director of Nursing (ADON) indicated he was notified on Saturday 9/7/24 that the facility had received a package for Resident 1 and Licensed Nurse (LN) A had opened it and found a syringe filled with a milky white cream labeled Testosterone (a medication for a type of hormone therapy) 8 mg (milligrams, a measurement). ADON instructed the staff to lock up the medication.</p> <p>During an interview on 9/10/24 at 4:40 pm, Resident 1 indicated the package had been signed by facility staff as received on 9/6/24 at 12:45 pm. Resident 1 indicated she was given the package today (9/10/24), and the package had already been opened. She stated, they opened my package, and they shouldn ' t have.</p> <p>During an interview on 9/10/24 at 5:05 pm, the ADON confirmed the package was opened by facility staff without Resident 1's knowledge or permission and it should not have been.</p>