

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 09/13/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>43031</p> <p>Based on interview, record review, and policy review the facility failed to report the results of the facility investigation with corrective actions related to abuse, per state law and the facility policy, to the State Survey Agency within five (5) working days of the incident, when one of two sampled resident ' s abuse incidents (Resident 1 and 2) was not reported to the California Department of Public Health (CDPH) within 5 working days of the alleged abuse incidents occurring and presumptively being investigated with result determination and corrective action taken.</p> <p>This failure to report that an abuse incident was investigated resulting in a determination with corrective action taken by the facility had the potential to subject residents to continued abuse situations with no oversight.</p> <p>Findings:</p> <p>The facility reported to CDPH on 8/2/24 that Residents 1 and 2 were involved in an altercation where Resident 1 slapped Resident 2 on the arm on 8/1/24.</p> <p>During a review of the facility ' s policy and procedure titled, Reporting Abuse, dated 1/18/14, indicated, The Administrator, or his or her designee, shall provide the appropriate agencies .a written report of the findings of the investigation within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken and documented.</p> <p>During a concurrent interview and record review on 9/12/24 at 1:00 pm, with Assistant Director of Nursing (ADON) in the ADON ' s office, the Facility Reported Incident abuse case folder of a resident-to-resident altercation involving Resident 1 and 2 was reviewed, there had been no written report of results and conclusions of the abuse investigation submitted to CDPH within 5 working days after the incident. ADON confirmed there was no 5 day follow up report prepared and provided to CDPH for the Resident 1 and 2 abuse investigation, including results and corrective actions.</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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