

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 09/19/2024
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>**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 abuse policy and procedure (P&P) for an abuse allegation that involved two out of four sampled residents (Residents 1 and 2) when the facility did not provide the State Survey Agency (SA) with results of the facility ' s investigation of the alleged abuse within five (5) working days.</p> <p>The lack of facility oversight placed residents at risk for further potential abuse.</p> <p>Findings:</p> <p>A review of the facility ' s P&P titled, Reporting Abuse, revised 1/8/14, indicated, The Administrator, or his designee, shall provide the appropriate agencies or individuals with a written report of the findings of the investigation withing five (5) working days of the incident</p> <p>A review of Resident 1 ' s undated Admission Record, indicated, Resident 1 was admitted to the facility on [DATE] with the diagnoses of high blood pressure and anxiety. Resident 1 was not her own responsible party (RP, person that made decisions).</p> <p>A review of Resident 2 ' s undated Admission Record, indicated, Resident 2 was admitted to the facility on [DATE] with the diagnosis of memory deficit following cerebrovascular disease (memory loss due to a stroke). Resident 2 was not her own RP.</p> <p>A review of the Intake Information, dated 7/30/24, received by SA, the facility had reported an allegation of resident-to-resident abuse. The Intake Information, indicated that Resident 1 hit Resident 2 with a pillow.</p> <p>During a concurrent interview and record review on 9/11/24 with the facility ' s interim Assistant Director of Nurses (IADON), a file that contained documents regarding the alleged abuse between Residents 1 and 2 was reviewed. The IADON stated the file did not contain the 5-day investigation report.</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/19/24 at 11:40 a.m., the facility ' s Interim Administrator (IADMIN) stated, when there was an allegation of abuse, the facility ' s Administrator (ADMIN) performed an investigation and provided the SA the results of the investigation within 5 working days. IADMIN confirmed, the facility ' s previous ADMIN had not provide the SA with a 5-day investigation report and should have.		