

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 09/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43755</p> <p>Based on observation and interview, the facility failed to ensure proper infection control procedures were followed when two staff members were observed not wearing proper personal protective equipment (PPE-equipment worn to create a barrier between infectious material and a person including, gloves, gown, N95 (specialized mask), and eye shields) in COVID-19 (a highly contagious respiratory disease caused by the coronavirus) positive resident rooms.</p> <p>This failure had the potential to spread infection among residents, visitors, and staff.</p> <p>Findings:</p> <p>During an observation in Station 1 ' s hallway on 9/23/24 at 9:10 AM, eight rooms (23, 24, 29, 31, 33, 34, 35, and 36) were observed having isolation signs outside their doors. The signs posted read Isolation room with instructions indicating that prior to entering the room, one must clean hands (hand hygiene), don (put on) gown, N95 (mask), eye protection (eye shield) and gloves.</p> <p>During a concurrent observation and interview, on 9/23/24 at 9:31 AM, Licensed Vocational Nurse (LVN) A was observed coming out of isolation room [ROOM NUMBER]. LVN A took off her gown, gloves and did hand hygiene. She was wearing an N95 mask but was not wearing an eye shield. LVN A indicated the residents in the room had COVID-19. LVN A indicated she was not wearing an eye shield while taking care of the COVID-19 positive residents because she did not think she needed to.</p> <p>During a concurrent observation and interview, on 9/23/24 at 9:34 AM, Registered Nurse (RN) B was observed coming out of isolation room [ROOM NUMBER]. RN A took off her gown, gloves and did hand hygiene. She was wearing an N95 mask and her own prescription glasses which had slid to the end of her nose. She confirmed this was an isolation room for COVID-19. She indicated she thought it was ok to wear her glasses as an eye shield.</p> <p>During an interview on 9/23/24 at 9:39 AM, the Infection Preventionist (IP) indicated that it was expected for staff to wear eye shields (also called face shields or goggles) in COVID-19 isolation rooms. IP stated, regular prescription glasses do not count as eye shields. IP indicated she would need to reeducate her staff on proper PPE for isolation rooms.</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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