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	05/21/2026

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview, and record review, the facility failed to submit the required Payroll Based Journaling (PBJ), staffing information to the Centers for Medicare and Medicaid Services (CMS).This failure has the potential for nursing homes to have inadequate staffing to care for residents and can lead to adverse clinical outcomes. Findings:During a concurrent interview and record review on 5/18/26 at 9:30 am, with the Administrator (ADM), the PBJ reporting data was reviewed, the PBJ indicated the CASPER report 1705D fiscal year Quarter 1, 2026 (October 1 - December 31), was not submitted for that quarter. ADM confirmed the report was not submitted due to their corporation having computer issues and they could not submit the PBJ report on time. The facility was unable to provide evidence, by the conclusion of the survey on 5/21/26, demonstrating compliance with the regulatory requirement to submit Payroll-Based Journal (PBJ) data and reports to CMS.

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and policy review the facility did not protect the rights of all residents of the facility to access and review the results of the most recent recertification survey (a recertification survey is an evaluation of the facility to ensure they are compliant with federal regulations, clinical quality, and operational standards so they can continue to receive Medicare/Medicaid reimbursement) of the facility.This failure resulted in residents of the facility not knowing where to find the results to review.Findings:Review of a facility policy titled, Resident [NAME] of Rights, dated 5/2011, indicated (g) Examination of survey results. A resident has the right to -- (1) Examine the results of the most recent survey and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability.During a facility Resident Council meeting (an independent, organized group of residents in a nursing home, who regularly meet to advocate for their rights, improve quality of life, and address their concerns with management of the facility, run by residents for residents) interview on 5/20/26 at 10:00 am, the attendees of the meeting indicated that they did not know where in the facility to find the results of surveys conducted at the facility.During a concurrent observation and interview on 5/20/26 at 10:25 am, the Receptionist (Rec) indicated that there was no survey binder on the shelf on the north side of the facility front entrance door where is was usually kept. The Rec indicated that the Administrator (Adm) might have had it.During a concurrent observation and interview on 5/20/26 at 10:27 am, the Adm confirmed that the survey binder was not on the shelf on the north side of the facility front entrance door. The Adm indicated that it was moved to a closed cabinet inside the shelf when decorations were put away after a celebration.During a concurrent observation and interview on 5/21/26 at 11:34 am, the Adm confirmed that there was not a notice posted where the survey binder was kept.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain a clean homelike environment affecting two out of 21 resident bathrooms housing up to three residents in each room, when the shared bathroom between rooms [ROOM NUMBERS] was highly malodorous smelling of a high concentration of urine, with brown staining in the linoleum (vinyl flooring) and surrounding the front of the toilet, and what appeared to be fecal matter (poop) adhered to the toilet tank, seat, and rim of the toilet. The bathroom between rooms 19 ad 20 smelled of urine, had brown staining to the linoleum flooring in front of the toilet, and black staining spreading out behind the toilet within the linoleum.This failure had the potential to result in disease transmission, with increasing health complications and overall well-being issues to those residents utilizing the common space.During a review of the facility's policy and procedure titled, Housekeeping - Restrooms and Showers, dated January 1, 2012, indicated, the purpose was To promote the health of residents and staff by maintaining clean and sanitary conditions.(instructions include) Restrooms. clean thoroughly all surfaces of toilet.clean area around toilets and urinals thoroughly.During an observation on 5/18/26 at 11:20 am, upon entering room [ROOM NUMBER] there was a highly concentrated urine odor permeating the room. Upon review of the shared bathroom between rooms [ROOM NUMBERS], the bathroom was observed to have an overwhelming concentrated urine odor, the toilet had smears of fecal matter on the rim, the seat, and the tank, and a dark brown staining to the linoleum was expanding out around the front of the toilet and lightly ending behind the toilet. The bolt portion at the base of the toilet by the trap area with the white cap cover was ringed with urine that had dried and was gummy and encircled the white caps.During an observation on 5/18/26 at 1:30 pm, the bathroom between rooms [ROOM NUMBERS] had a strong urine smell and the linoleum on the floor was stained brown in front of the toilet expanding outward, and behind the toilet was a worn black staining of an unknown substance.During a second observation conducted on 5/19/26 at 8:30 am, of the bathrooms between rooms [ROOM NUMBERS] and 19 and 20, both bathrooms looked and smelled the same as they had when observed the day before, on 5/18/26. During an observation and interview on 5/19/26 at 9:30 an, with Director of Nursing (DON), in DON's office, photos taken by the surveyor of the bathrooms were reviewed. DON confirmed the bathrooms appear to be unsatisfactorily unclean and the flooring stained, which is not conducive to a healthy, homelike environment.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that one of five sampled residents (Resident 33) was administered an inhaler (hand held device that delivers medication directly into the lungs), in accordance with manufacturer's instructions. This failure had the potential for the medication to be ineffective and have a negative impact on the resident's respiratory health. Findings: During a review of the facility's policy and procedure (P&P) titled, Specific Medication Administration Procedures, dated 5/2022, the P&P indicated, Oral inhalation administration purpose is to allow for safe, accurate, and effective administration of medication using an oral inhaler with or without a spacer/chamber or nebulizer. Review the packet insert if unfamiliar with the inhalation device provided: Procedure: Ask resident to breathe out as deeply as possible (do not exhale into inhaler). Position inhaler for administration: If not using a spacer: Open mouth and position the inhaler one or two inches from mouth, OR Place inhaler mouthpiece under top teeth and above tongue with mouth/lips closed around the mouthpiece. Press down on inhaler once to release medication as resident starts to breathe in slowly through the mouth over 3 to 5 seconds. (Do not spray more than one puff at a time.) With dry-powder inhalers, the dose is activated by pushing or twisting the lever/device. Also, breathing in quickly and deeply through the mouth usually yields the best results with dry-powder inhalers. Hold breath for 10 seconds or as long as possible to allow medication to reach deeply into lungs. Slowly exhale through nose. During a review of the manufacturer's instructions for the use of an inhaler titled, Instructions for Use Tiotropium [a brand of inhaler], dated 5/2025, indicated taking your full daily dose of medicine requires four main steps. Step 1: Opening your LupinHaler [the device that delivers the Tiotropium medication] device. Step 2: Inserting the tiotropium bromide inhalation capsule into your inhaler device. Step 3: Do not press the green button more than one time. Do not shake your device. Step 4: Breathe out completely in one breath, emptying your lungs of any air. Hold your head in an upright position while looking straight ahead. Raise the LupinHaler device to your mouth in a horizontal position. Do not block the air intake vents. Close your lips tightly around the mouthpiece, breathe in deeply until your lungs are full. Hold your breath for a few seconds, and at the same time take the LupinHaler device out of your mouth. Breathe normally again. Remember: To get your full medicine dose each day, you must breathe in two times from the same tiotropium bromide inhalation powder capsule. Make sure you breathe out completely each time before you breathe in from your LupinHaler device. During a review of Resident 33's admission Record, not dated, the admission Record indicated, Resident 33 was admitted to the facility on [DATE], with diagnoses that included hyperkalemia (too much potassium in the blood, a mineral for nerves and muscles including the heart), dehydration (the body does not have enough water to function properly), heart disease, high blood pressure, diabetes (too much sugar in the blood), heart failure, unspecified (the heart is not pumping blood efficiently enough to meet the body's needs), malignant melanoma of the scalp and neck (most serious form of skin cancer spreading more aggressively), epilepsy (recurring bursts of electricity that temporarily alter behavior, movement and awareness), major depressive disorder (persistent feelings of sadness, hopelessness and loss of interests), and chronic obstructive pulmonary disease (COPD, a progressive lung disease that makes it hard to breathe). During a review of Resident 33's most recent, Minimum Data Set, (MDS, a resident assessment tool), dated 5/11/26, the MDS indicated, Resident 33 had no cognitive problems (ability to think, reason and make decisions), with a brief interview for mental status (BIMS) score of 14 out of 15. During a review of Resident 33's, Active Orders, dated 5/6/26, the Active Orders indicated Tiotropium Bromide Monohydrate Capsule [brand of inhaled medication] 18 micrograms, (mcg, a unit of measure) was ordered, inhale one capsule [the capsule breaks to release the medication when inhaled into the lungs] orally one time a day for COPD. Rinse mouth after use. During an observation (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 5/20/26 at 8:50 am, in Resident 33's room, Licensed Nurse (LN) B administered Tiotropium Bromide Monohydrate Capsule 18 mcg, (inhalation medication used for COPD), without providing correct steps for use to Resident 33 who is capable of following instructions. LN B handed the inhaler to Resident 33 and did not provide proper breathing instructions for breathing out before using the inhaler. Resident 33 inhaled one puff of the inhaler medication without blowing out first and did not hold the medication in lungs for 10 seconds. LN B did not instruct Resident 33 to hold the medication in as long as possible for effectiveness after inhaling the medication. During a concurrent interview and record review on 5/20/26 at 9:02 am, with LN B the, Instructions for Use Tiotropium, dated 5/2025, ordered for Resident 33's inhalation medication steps one through four were reviewed. LN B confirmed step four was not followed and no instructions were provided to Resident 33 for correct administration of an inhaler ordered. LN B stated, I confirm I did not provide any breathing directions for this medication for breathing out before taking the inhaler or trying to hold the medication as long as possible after inhaling. I will provide instructions for all inhalers moving forward. During an interview on 5/20/26 at 10:22 am, with the Director of Nursing (DON), the DON confirmed the inhalation medication for Resident 33 was not administered correctly per their medication policy and the manufacturer's instructions for use. DON stated, I will make sure specific instructions are added to the Electronic Medical Administration Records [e-MARs] for all inhalers administered, and we will provide an in-service to all nursing staff to correctly administer all inhalers for effectiveness.