

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Fortuna Rehabilitation and Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  2321 Newburg Road Fortuna, CA 95540	

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 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46132</p> <p>Based on interviews and record reviews, the facility failed to regularly provide showers for one out of two sampled residents (Resident 1).</p> <p>This failure was a contributing factor for:</p> <ol style="list-style-type: none"> <li>1. staff not identifying Resident 1 wound on top of his right shoulder,</li> <li>2. the wound on top of Resident 1's right shoulder to become infected (having an infection- invasion or growth of germs in the body) that later developed into sepsis (life threatening condition, a severe form of infection).</li> </ol> <p>Findings:</p> <p>A review of Resident 1's face sheet (demographics) indicated Resident 1 was admitted on [DATE] with a diagnoses of Type 2 Diabetes Mellitus (DM, a disease that occurs when your blood glucose, also called blood sugar, is too high) and Essential Hypertension (HTN, high blood pressure). Resident 1 had an additional diagnosis of Cellulitis (a deep bacterial infection of the skin) of upper limb when he came back from the hospital on 8/12/24. A review of Resident 1's Minimum Data Sheet Assessment (MDS, a standardized assessment tool that measures health status in nursing home residents) dated 6/27/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 13 indicating intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). Resident 1's MDS assessment also indicated he was dependent on staff during dressing, toileting, bathing or showering and putting on or taking off footwear.</p> <p>A review of shower sheet for 7/2024 indicated Resident 1 should have received a total of 9 showers. Based on the shower documentation, Resident 1 only received 2 bed baths (washing someone in bed) out of 9 showers on these dates: 7/13/24 and 7/31/24.</p> <p>There was no shower sheet provided for 8/2024 which indicated Resident 1 did not receive shower nor bed bath between 8/2/24 and 8/6/24.</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 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's hospital discharge note dated 8/12/24 indicated Resident 1 had a purulent (containing pus- a thick fluid containing dead tissue and bacteria, associated with infection) cellulitis with small superficial abscess of right superior shoulder and the sepsis was secondary to the cellulitis and small abscess of the right superior shoulder.</p> <p>During an interview on 8/15/24 at 1:10 p.m., Licensed Nurse D stated Resident 1 was scheduled to receive showers twice a week and more often as needed. LN D stated shower refusal should be documented. LN D stated when care was not documented, it meant the care was not provided. LN D stated not providing regular showers to residents could result in impaired skin, wound development and infection, low self-esteem, and bad odor.</p> <p>During an interview on 8/15/24 at 1:13 p.m., Certified Nursing Assistant (CNA) E stated residents were scheduled to receive showers at the facility twice a week and more often as needed. CNA E stated it was important for residents' well-being to receive showers as scheduled regularly. CNA E stated not providing showers to residents regularly as scheduled could lead to infection, development of wound or pressure ulcer (bed sores, injury to skin and underlying tissue resulting from prolonged pressure on the skin), worsening of wound or pressure ulcer or missed skin impairment.</p> <p>During an interview on 8/15/24 at 1:15 p.m., CNA F stated residents were scheduled to receive showers twice a week and more often as needed. CNA F stated not providing showers regularly as scheduled could result in wound to worsen, wound infection, sepsis, and missed skin impairment.</p> <p>During an interview on 8/15/24 at 1:21 p.m., LN B stated residents were scheduled to receive showers twice a week and more often as needed. LN B stated refusal should be documented. LN B stated not receiving showers regularly and as scheduled could lead to wound infection, development or worsening of wound or pressure ulcer. LN B stated residents would also have low self-esteem or they might feel uncomfortable. LN B stated if a resident was sent to the hospital and the diagnosis was sepsis, it meant resident already had an infection at the facility that was missed and was not treated with antibiotics (ABX, a type of antimicrobial substance active against bacteria). LN B stated sepsis was life threatening and source could be from untreated Urinary Tract Infection (UTI, an illness in any part of the urinary tract, the system of organs that makes urine) or infected wound.</p> <p>During an interview on 8/15/24 at 1:35 p.m., LN G stated residents were scheduled to receive showers twice a week or more often as needed. LN G stated refusals should be documented. LN G stated if not documented, it meant showers or bed bath was not provided. LN G stated not providing showers or bed bath to residents regularly placed them at risk for staff to miss residents skin impairments, wound to become infected, development of sores or worsening of sores. LN G stated sepsis could be a result of untreated UTI or wound infection.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and shower sheet record review on 8/15/24 at 1:50 p.m., the Assistant Director of Nursing (ADON) stated residents were scheduled to receive showers twice a week and more often as needed. The ADON stated residents should receive at least 8 to 9 showers in a month. The ADON verified Resident 1 was scheduled to receive showers on Mondays and Thursdays. The ADON verified the shower sheet for 7/2024 indicated Resident 1 should have received a total of 9 showers, but only received 2 bed baths out of 9 showers on these dates 7/13/24 and 7/30/24 . The ADON verified that from 8/2/24 up to 8/6/24, Resident 1 did not receive any showers or bed bath at all. The ADON stated if Resident 1 was refusing, staff were not documenting. The ADON stated staff should be documenting refusals. The ADON stated if it was not documented, it meant the care was not rendered. The ADON verified the shower documentation indicated Resident 1 was not receiving shower/bed bath regularly. The ADON stated not providing showers regularly and not assessing residents' skin thoroughly was a contributing factor on why Resident 1 's wound on top of his right shoulder was missed and why the wound on top of his right shoulder became infected.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled Skin and Wound Management, revised 1/1/12, the P&amp;P indicated CNAs will complete body checks on residents ' shower days and report unusual findings .</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled Showering and Bathing revised 1/1/2012, the P&amp;P indicated observing the skin is performed during bathing.</p> <p>A review of the The Cleveland Clinic publication on skin care dated 4/27/2020 indicated Dr. Khetarpal says We come in contact with thousands of allergens every day. Showering rinses off those allergens, as well as bacteria and viruses.</p> <p>A review of the Healthline publication on skin care dated 1/29/2019 indicated Poor hygiene or infrequent showers can cause a buildup of dead skin cells, dirt, and sweat on your skin. Showering too little can also trigger an imbalance of good and bad bacteria on your skin and too much bad bacteria on your skin also puts you at risk for skin infections.</p>

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46132</p> <p>Based on observation, interviews and record reviews, the facility failed:</p> <ol style="list-style-type: none"> <li>1. to ensure skin assessments (process of examining entire skin for any abnormalities) was provided thoroughly, accurately documented and ensure treatment was provided when there were skin assessments forms completed but the assessment were inaccurate for one out of two sampled residents (Resident 1)</li> <li>2. to provide showers regularly and as scheduled for one out of two sampled residents (Resident 1).</li> </ol> <p>These failures resulted in:</p> <p>A. inaccurate documentation of Resident 1's skin status, staff not identifying Resident 1 wound on top of his right shoulder, thereby no treatment was rendered on the wound on Resident 1's right shoulder,</p> <p>B. top of Resident 1's right shoulder developed a wound infection (invasion or growth of germs in the body) at the facility that was missed by the staff and,</p> <p>C. Resident 1's hospitalization on [DATE] with a diagnosis of sepsis (life threatening condition, a severe form of infection) secondary to cellulitis (bacterial infection of skin and tissue beneath your skin) and small abscess (a sign of infection, an enclosed collection of pus) of the right superior (towards the head end of the body) shoulder.</p> <p>Findings:</p> <p>A review of Resident 1's face sheet (demographics) indicated Resident 1 was admitted on [DATE] with a diagnoses of Type 2 Diabetes Mellitus (DM, a disease that occurs when your blood glucose, also called blood sugar, is too high) and Essential Hypertension (HTN, high blood pressure). Resident 1 had an additional diagnosis of Cellulitis (a deep bacterial infection of the skin) of upper limb when he came back from the hospital on 8/12/24. A review of Resident 1's Minimum Data Sheet Assessment (MDS, a standardized assessment tool that measures health status in nursing home residents) dated 6/27/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 13 out of 15 indicating intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). Resident 1's MDS assessment indicated he was dependent on staff during dressing, toileting, bathing or showering and putting on or taking off footwear.</p> <p>A review of Resident 1's Clinical Admission assessment (the process where nurses identify current and future care needs of the patient and identify the assessment parameters and responsibilities needed to plan and deliver appropriate, individualized care to the patient) conducted by the facility nurse dated 6/26/24 indicated Resident 1 had no wound on top of his right shoulder.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's weekly skin checks completed by the nurses dated 6/26/24, 7/4/24, 7/12/24, 7/19/24, 7/29/24, 8/5/24, and 8/12/24 did not indicate Resident 1 had a wound on his right shoulder. During a concurrent interview and weekly skin check record review on 8/15/24 at 12:00 p.m., the treatment nurse stated these weekly skin check documentations were inaccurate.</p> <p>A review of Resident 1's weekly skin checks completed by the nurses dated 7/19/24, 7/29/24, and 8/5/24, indicated Resident 1's skin was intact with no identified skin impairments. During a concurrent interview and weekly skin check dated 7/19/24, 7/29/24 and 8/5/24, record review on 8/15/24 at 12:00 p.m., the treatment nurse stated these weekly skin check documentations were incorrect.</p> <p>A review of Resident 1's electronic treatment administration record (ETAR, a report that serves as a legal record of the treatment administered to the residents) for 6/2024, 7/2024, 8/1/24 up to 8/6/24 indicated there was no treatment ordered and rendered for the wound on top of Resident 1's right shoulder.</p> <p>A review of Resident 1's electronic medication administration record (EMAR- electronic medical administration record) for 6/2024, 7/2024, 8/1/24 up to 8/6/24 there was no medication prescribed to indicate Resident 1 received any medication to treat the wound on top of his right shoulder .</p> <p>A review of Resident 1 hospital admission flow sheet wound note entry dated 8/7/24 indicated the wound on his right shoulder was present when Resident 1 was admitted at the hospital on 8/6/24.</p> <p>A review of Resident 1's hospital discharge note dated 8/12/24 indicated Resident 1 had a purulent (containing pus- a thick fluid containing dead tissue and bacteria, associated with infection) cellulitis with small superficial abscess of right superior shoulder and the sepsis was secondary to the cellulitis and small abscess of the right superior shoulder.</p> <p>A review of Skilled Nursing Facility Physician Transfer Orders dated 8/12/24 indicated Resident 1 had an order to treat Resident 1's right shoulder wound every Monday, Wednesday and Friday and an order for antibiotic (ABX, medicines that fight bacterial infections) for skin and soft tissue (refers to muscles, fats, or other supporting tissue of the body) infection.</p> <p>A review of the Clinical Admission assessment conducted by the facility nurse dated 8/12/24 indicated Resident 1 had no abscess or wound on top of his right shoulder noted on Resident 1's admission skin sheet.</p> <p>A review of shower sheet for 7/2024 indicated Resident 1 should have received a total of 9 showers. Based on the documentation, Resident 1 only received 2 bed baths (washing someone in bed) out of 9 showers on these dates: 7/13/24 and 7/31/24.</p> <p>The shower sheet provided for 8/2024 indicated Resident 1 did not receive shower nor bed bath between 8/2/24 and 8/6/24.</p> <p>During an interview on 8/15/24 at 11:00 a.m., Resident 1 stated he had a wound on his shoulder for a while now and they were treating it now. Resident 1 stated no one looked at the wound on his shoulder before.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/15/24 at 11:00 a.m., Certified Nursing Assistant (CNA) A who was assigned to his care today, stated that as far as she knew, Resident 1 had no skin concern and had no wound on top of his right shoulder.</p> <p>During a concurrent observation in Resident 1's room and interview on 8/15/24 at 11:16 a.m., Licensed Nurse (LN) B stated Resident 1 had no wound on top of his right shoulder. CNA A and LN B appeared surprised to find Resident 1 had a dressing on top of his right shoulder. Visualization underneath the dressing on top of Resident 1's right shoulder indicated there was a circular wound with greenish thickened discharge. CNA A and LN B were surprised to learn Resident 1 had a wound on top of his right shoulder. When asked how come they did not know Resident 1 had abscess/ wound on top of his right shoulder, they did not respond.</p> <p>During an interview on 8/15/24 11:27 a.m., LN B, stated she was not aware of the abscess on Resident 1's right shoulder and did not know Resident 1 had abscess/ wound on top of his right shoulder until today.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 1's face sheet, discharge hospital note dated 8/12/24, weekly skin assessments on 8/15/24 at 12:00 p.m., the Treatment Nurse (TN C) verified Resident 1 was initially admitted on [DATE] and was readmitted on [DATE]. TN C stated initial skin assessment on 6/26/24 indicated Resident 1 had no wound noted on top of his right shoulder at that time. TN C stated the wound/abscess on top of Resident 1's right shoulder was acquired at the facility. When asked how Resident 1 might have acquired it, TN C did not respond. TN C stated Resident 1's hospital discharge note dated 8/12/24, indicated Resident 1 had a purulent (containing pus- a thick fluid containing dead tissue and bacteria, associated with infection) cellulitis with small superficial abscess of right superior shoulder and the sepsis was secondary to the cellulitis and small abscess of the right superior shoulder. TN C verified there was no abscess or wound on top of his right shoulder noted on Resident 1's facility admission skin sheet dated 8/12/24. TN C stated she only caught the abscess/wound on top of Resident 1's shoulder yesterday (8/14/24) and did not know it was there when he was readmitted to the facility on [DATE]. TN C stated she did not do a full skin assessment on Resident 1 when he returned from the hospital and did not read the hospital discharge note that was why she did not know about the abscess/wound on top of Resident 1's right shoulder. TN C verified the weekly skin checks by the nurses at the facility dated 6/26/24, 7/4/24, 7/12/24, 7/19/24, 7/29/24, 8/5/24 and 8/12/24 were inaccurate and the weekly skin checks completed by the nurses dated 7/19/24, 7/29/24, 8/5/24 indicating Resident 1's skin was intact with no identified skin impairments were incorrect. TN C stated upon review of Resident 1 electronic medical record, she could not determine how and when this abscess/wound on Resident 1 right shoulder started at the facility. TN C stated that when Resident 1 was sent to the hospital, he already had an infected wound and was septic. TN C stated while Resident 1 was still at the facility, Resident 1 did not have a thorough and accurate skin assessments, so the nurses missed the wound on top of his right shoulder, the wound on top of his right shoulder got infected because no one was looking into it and there was no one cleaning and treating the wound at the top of Resident 1's right shoulder. TN C stated the nurses missed the wound infection, the infection worsened and Resident 1 probably already had sepsis before he was sent to the hospital. TN C stated Resident 1's sepsis resulted in hospitalization. TN C stated sepsis could be life threatening. TN C stated on Resident 1's initial admission on 6/26/24 up to when he was sent out to the hospital on 8/6/24, there was no mention of a wound on top of Resident 1's right shoulder on the skin assessments and no treatment rendered on the wound on top of his right shoulder and could be the reason why the wound got infected. When asked why Resident 1's wound on top of his right shoulder was missed, she stated Resident 1 was hard to assess and a lot of staff were scared of him. TN C stated accurate skin assessment were important to ensure residents were receiving the correct and appropriate treatment, to heal the wound, to prevent worsening of wound and to prevent infection.</p> <p>During an interview on 8/15/24 at 1:10 p.m., Licensed Nurse D stated if a resident was sent to the hospital and was diagnosed with sepsis at the hospital, it meant the resident already had an infection at the facility that was missed, not treated with ABX and had worsened. Licensed Nurse D stated untreated urinary tract infection (UTI), illness in any part of the urinary tract, the system of organs that makes urine) and infected wound could be a source for sepsis. LN D stated Resident 1 was scheduled to receive showers twice a week and more often as needed. LN D stated not providing regular showers to residents could result in skin impairment, development of wound, wound infection, missed skin impairment, low self-esteem, and bad odor. LN D stated accurate assessment and accurate documentation of skin impairments ensured quality care, decreased the risk of miscommunication and ensured residents received the right care to decrease risk of complication.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/15/24 at 1:13 p.m., CNA E stated sepsis could be a result of an infection that had worsen because it was missed and not treated. CNA E stated residents were scheduled to receive showers at the facility twice a week and more often as needed. CNA E stated it was important for residents well-being to receive showers as scheduled regularly. CNA E stated not providing showers to residents regularly as scheduled could lead to wound infection, skin impairment, development of wound or pressure ulcer (bed sores, injury to skin and underlying tissue resulting from prolonged pressure on the skin), worsening of wound or pressure ulcer or missed skin impairment.</p> <p>During an interview on 8/15/24 at 1:15 p.m., CNA F stated sepsis was a severe form of infection and it was an infection of the blood. CNA F stated it was a life-threatening condition. CNA F stated sepsis could be a result of UTI or an infected wound that was not treated. CNA F stated residents were scheduled to receive showers twice a week and more often as needed. CNA F stated part of giving bed bath/showers were looking at resident's skin and notifying the nurse of any wound or skin impairment. CNA F stated not providing showers regularly as scheduled could result in skin impairment, development of wound, wound to worsen, wound infection, sepsis, and missed skin impairment.</p> <p>During an interview on 8/15/24 at 1:21 p.m., LN B stated residents were scheduled to receive showers twice a week and more often as needed. LN B stated not receiving showers regularly and as scheduled could lead to wound infection, missed skin impairment, development or worsening of wound or pressure ulcer. LN B stated residents would also have low self-esteem or they might feel uncomfortable. LN B stated if a resident was sent to the hospital and the diagnosis was sepsis, it meant resident already had an infection at the facility that was missed and was not treated with ABX. LN B stated sepsis was life threatening and source could be from untreated UTI or infected wound.</p> <p>During an interview on 8/15/24 at 1:25 p.m., when asked how come the staff did not know Resident 1 had a wound on top of his right shoulder before until today, the Assistant Director of Nursing (ADON) was silent. The ADON stated if a resident was sent to the hospital and the diagnosis was sepsis, it meant the infection started at the facility, was not treated, and had worsened. The ADON stated sepsis could be a result of untreated, infected wound or UTI. The ADON stated sepsis could result in hospitalization and death.</p> <p>During an interview on 8/15/24 at 1:35 p.m., LN G stated residents were scheduled to receive showers twice a week or more often as needed. LN G stated not providing showers or bed bath to residents regularly placed them at risk for skin impairments, for staff to miss residents skin impairments, wound to become infected, development of sores or worsening of sores. LN G stated if a resident was sent to the hospital and the diagnosis was sepsis, it meant resident already had an infection at the facility that was missed and not treated. LN G stated sepsis could be a result of untreated UTI or wound infection.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and shower sheet record review on 8/15/24 at 1:50 p.m., the ADON stated residents were scheduled to receive showers twice a week and more often as needed. The ADON stated residents should receive at least 8 to 9 showers in a month. The ADON verified Resident 1 was scheduled to receive showers on Mondays and Thursdays. The ADON verified the shower sheet for 7/2024 indicated Resident 1 should have received a total of 9 showers, but only received 2 bed baths out of 9 showers on these dates 7/13/24 and 7/30/24. The ADON verified that from 8/2/24 up to 8/6/24, Resident 1 did not receive any showers or bed bath at all. The ADON verified the shower documentation indicated Resident 1 was not receiving shower/bed bath regularly. The ADON stated CNAs providing showers or bed baths were supposed to document skin impairments and report to nurses their findings. The ADON stated not providing showers regularly and not assessing resident's skin thoroughly was a contributing factor on why Resident 1's wound on top of his right shoulder was missed and why the wound on top of his right shoulder became infected. The ADON verified there was no treatment initiated for Resident 1's wound on top of his right shoulder until he was back from the hospital on 8/12/24.</p> <p>A review of the facility 's policy and procedure (P&amp;P) titled Skin and Wound Management, revised 1/1/12, the P&amp;P indicated the staff will take appropriate measure to prevent and reduce the likelihood that residents will develop pressure ulcer and or other skin conditions .CNAs will complete body checks on residents shower days and report unusual findings.</p> <p>A review of the facility 's policy and procedure (P&amp;P) titled Showering and Bathing revised 1/1/2012, the P&amp;P indicated observing the skin is performed during bathing.</p> <p>A review of the The Cleveland Clinic publication on skin care on 4/27/2020 indicated . we come in contact with thousands of allergens every day. Showering rinses off those allergens, as well as bacteria and viruses.</p> <p>A review of Healthline published skin care dated 1/29/2019 indicated .Poor hygiene or infrequent showers can cause a buildup of dead skin cells, dirt, and sweat on your skin. Showering too little can also trigger an imbalance of good and bad bacteria on your skin and too much bad bacteria on your skin also puts you at risk for skin infections.</p>		