

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Golden Empire		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Dorsey Drive Grass Valley, CA 95945	

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>46527</p> <p>Based on interview and record review, the infection preventionist (IP) failed to report a flu and Respiratory Syncytial Virus (RSV - contagious virus that causes infections of the respiratory tract) outbreak in the facility in accordance to accepted national standards.</p> <p>This failure had the potential to cause a community wide outbreak for both RSV and Flu by potentially not preventing further transmission of the diseases.</p> <p>Findings:</p> <p>A review of a facility policy titled, Unusual Occurrences, with a reviewed date of 4/1/2024, indicated Administrator/designee shall report the following unusual occurrences within 8-24 hours to the Department of Health Services . Epidemic outbreaks of any disease, prevalence of communicable disease (an infection that can be transmitted from one person to another).</p> <p>During an interview on 3/11/2025 at 2:27 PM with IP, stated the fact that the outbreak occurred on a weekend was the problem since she does not work weekends and did not know she needed to report it. IP stated, I did miss a weekend, but I didn ' t report it in 24 hours. I am now aware I should ' ve reported it.</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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