

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 06/09/2025
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>Based on interview and record review, the infection preventionist (IP) failed to report two potential infectious disease outbreaks within 24 hours to the California Department of Public Health (CDPH), in accordance with the facility's Unusual Occurrence Reporting policy.</p> <p>This failure had the potential for infection to spread to residents, staff and visitors and negatively impact residents health and safety and delayed oversight by CDPH.</p> <p>Findings:</p> <p>A review of a facility policy titled, Unusual Occurrences, with a reviewed date of 4/17/2025, indicated, Unusual occurrences shall be reported to the Department of Health Services and/or the local Health officer. The administrator/designee shall report the following unusual occurrences to the Department of Health Services according to accepted National Standards.</p> <p>A review of a facility policy titled, Infection Prevention and Control Program, with a revision date of 12/2023, indicated, Outbreak management is a process that consists of . reporting the information to appropriate public health authorities .</p> <p>A review of a facility policy titled, Outbreak of Communicable Diseases, with a revision date of 9/2022, indicated, The administrator is responsible for communicating data about reportable diseases to the health department .</p> <p>A review of a report from the Infection Preventionist (IP) dated 4/11/2025, indicated that the gastrointestinal symptoms of five residents with nausea, vomiting and loose stool had an initial start date of 4/8/2025 and was reported to CDPH on 4/11/25.</p> <p>A review of a report from the IP dated 5/5/2025, indicated that the respiratory symptoms of three residents with fever, cough, and congestion had an initial start date of symptoms on 5/3/2025, and reported to CDPH on 5/5/25.</p> <p>During an interview on 5/22/2025 at 3:15 PM, the IP stated, 24 hours should be reported for unusual occurrences, which included outbreaks and suspected outbreaks. IP confirmed that she did report the gastrointestinal symptom outbreak to CDPH until 4/11/2025, which was three days late. IP also confirmed that the the respiratory outbreak was not reported to CDPH until 5/5/2025, which was two days late.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056391
		If continuation sheet Page 1 of 1