

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Manzanita Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5318 Manzanita Avenue Carmichael, CA 95608	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Manzanita Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5318 Manzanita Avenue Carmichael, CA 95608	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure an effective pest control program was implemented for a census of 85 residents, when flying insects were observed in four residents' rooms. This failure decreased the facility's potential to maintain a pest free environment for the residents. Findings: A review of Resident 1's admission Record, dated 8/12/25, indicated Resident 1 was admitted to the facility in July 2025 with a diagnosis of anxiety (a common mental health condition characterized by excessive worry, fear, and unease). Resident 1 had mental capacity to make own decisions. A review of Resident 2's admission Record, dated 8/12/25, indicated Resident 2 was admitted to the facility in August 2025 and had mental capacity to make own decisions. During a concurrent observation and interview on 8/12/25 at 11:45 a.m. with Resident 1, Resident 1's room in Unit C was observed. Numerous small insects were observed flying around and landing on Resident 1's bed, personal belongings, pillows, a window next to her bed, and on the side table. When a curtain divider was touched, multiple insects flew around Resident 1. Resident 1 expressed her frustration regarding the frequent presence of insects around her face, nose, ears, and food. Resident 1 stated her previous roommate reported the situation to the staff, but the problem persisted and worsened. During a concurrent observation and interview on 8/12/25 at 11:55 a.m. with Resident 2 (shared the same room with Resident 1), Resident 2's room in Unit C was observed. Numerous insects were observed flying and landing on Resident 2 while resting in bed and on the side table, walls, and curtains adjacent to Resident 2's bed. Resident 2 stated she was constantly bothered by the insects around her face, nose, and ears. Resident 2 also stated some insects crawled into her nose while she was asleep and kept disrupting her sleep. Resident 2 further stated the issue was brought up to housekeeping but no improvement was noticed. During a concurrent observation and interview on 8/12/25 at 12:01 p.m. with Licensed Nurse 1 (LN 1), Resident 1 and Resident 2's room was observed. LN 1 confirmed several insects were present on multiple surfaces in the room, under the sink, and around both residents. During a concurrent observation and interview on 8/12/25 at 12:20 p.m. with the Director of Nursing (DON), all the rooms in Unit C were inspected. DON confirmed there were flying insects in four rooms in Unit C and the insects were observed flying on windows, walls, curtains, around residents, and on their belongings. During a concurrent interview and record review on 8/12/25 at 2:40 p.m. with the Maintenance Supervisor (MS), a work order #1607, dated 8/7/25, was reviewed. MS confirmed a high priority order was requested on 8/7/25 regarding little moths flying around in room esp. [especially] window area. MS also confirmed the room listed in the work order was one of the four rooms observed to currently have insects in Unit C and agreed the issue was not resolved. During an interview on 8/12/25 at 3:40 p.m. with the DON, DON confirmed that four residents' rooms in Unit C were infested by insects and expected staff to report the issue to the managers and to log it in the maintenance log system. DON agreed that insects disrupted the residents' rest and sleep, which might have impacted their health and well-being. A review of the facility's policy titled, Pest Control, dated May 2008, indicated, Our facility shall maintain an effective pest control program . to ensure that the building is kept free of the insects . Maintenance service assist, when appropriate and needed, in providing pest control services.</p>		