

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Oak River Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Franklin Street Anderson, CA 96007	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46147</p> <p>Based on interview and record review, the facility policy review, the facility failed to update the responsible party (RP) for one of three sample residents, (Resident 2) when Resident 2 had a change of condition identified.</p> <p>This failure caused Resident 2 to need new placement after a hospitalization related to the lack of communication when Resident 2 had a change in condition.</p> <p>Findings:</p> <p>A review of the facility ' s policy revised 10/2023, titled, Change in Resident ' s Condition or Status, indicated Our facility shall notify the resident, attending physician, and representative of changes in the resident ' s medical condition and or status to include the need to alter the resident ' s medical treatment significantly.</p> <p>Resident 2 was admitted to the facility on [DATE], for diagnoses that included diabetes (a condition when there is too much sugar in the blood), heart disease, absence of right leg below the knee, kidney disease, and a fitting urinary device (a catheter that drains urine from the bladder).</p> <p>During an interview on 7/12/24 at 1:04 pm, Licensed Nurse (LN) 1 confirmed Resident 2 was more confused than when he was admitted to the facility. LN stated, [Resident 2] had a lot of problems going on, and he was confused from his baseline. [Resident 2] was getting worse, but we had not completed a recent brief interview for mental status (BIMS) score.</p> <p>During an interview on 7/12/23 at 3:50 pm, LN 9 confirmed the RP was not updated on 6/29/24 when a change of condition was identified and documented in Resident 2 ' s medical record. LN 9 also confirmed she discussed the wounds after Resident 2 returned from the hospital with the RP in person, several days later. LN 9 stated, I did update the FM, but it was when Resident 2 returned from the hospital, not when I called the Medical Director (MD).</p> <p>During an interview on 7/12/24 at 4:45 pm, with a family member (FM) and responsible party (RP) of Resident 2, FM stated, No one ever updated me [Resident 2] had new wounds (open areas of the skin) until he came back from the hospital.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 2 ' s medical record, a record dated 6/29/24, titled, Late Entry, Skin/Wound Note, indicated LN 9 documented the following: Alerted by primary Certified Nursing Assistant to patient ' s room related to new skin break down .Patient ' s confusion has worsened. MD notified. Primary nurse to notify RP. MDS/IDT notified. See skin and wound evaluation for further details.</p> <p>During an interview on 7/18/24 at 3:30 pm, the Director of Nursing (DON) confirmed the new skin problems should have been updated to the FM who was the RP the day they were found and treated. DON stated, Resident 2 had increased confusion, so I do confirm the FM should have been updated as soon as we knew he had new skin problems on 6/29/24.</p> <p>During an interview on 7/18/24 at 4:10 pm, LN 9 stated, I have learned not to ask another staff member to call the RP, I will do it myself if there is a new problem or change in condition moving forward.</p>		