

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Auburn Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Bell Road Auburn, CA 95603	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34980</p> <p>Based on interview and record review, the facility failed to follow their policy for pronouncing death for one resident (Resident 1) in a census of 96 when two licensed vocational nurses (LVNs) worked out of their scope of practice (services that a trained health professional is deemed competent to perform and permitted to undertake according to the terms of their professional nursing license) and pronounced the resident's death.</p> <p>This failure resulted in a violation of the facility's policy and had the potential to jeopardize resident health and safety.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2024 with diagnoses that included Chronic Respiratory Failure and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A review of Resident 1's, Order Summary Report dated [DATE], indicated an order for hospice (an end-of-life service for the terminally ill) for a diagnosis of COPD.</p> <p>During an interview with Registered Nurse 1 (RN 1) on [DATE] at 9:47 a.m., RN1 stated, Only a physician or RN can pronounce a resident deceased .</p> <p>A review of Resident 1's Progress Notes dated [DATE] at 1:38 a.m., Licensed Vocational Nurse 2 (LVN 2) documented, Resident noted in bed with eyes closed, no signs of life or respiratory effort. Not responsive to verbal or tactile stimuli. No palpable pulse for one minute, checked by two LVNs on site. No heart or respiratory sounds, checked by two LVNs on site. Time of death called at 0142 by two LVNs .</p> <p>During an interview with the Hospice Clinical Consultant (HCC) on [DATE] at 2:06 p.m., the HCC stated the nurse's note dated [DATE] at 1:42 a.m., indicated a Non-Visit note which indicated the hospice nurse did not go to the facility and Licensed Vocational Nurse 3 (LVN 3) had pronounced Resident 1 deceased .</p> <p>During an interview with the Director of Nursing (DON) on [DATE] at 3:07 p.m., the DON verified Resident 1 was pronounced dead by LVN 2 and LVN 3. The DON stated, If a resident is on hospice and expires, only a physician or RN may pronounce a resident as expired. The DON further stated, An LVN cannot pronounce a resident as expired.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, Death of a Resident, Documenting dated ,d+[DATE] indicated, A resident may be declared dead by a licensed physician or registered nurse with physician authorization in accordance with state law .</p>