

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Citrus Heights Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  7807 Uplands Way Citrus Heights, CA 95610	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49814</p> <p>Based on observation, interview, and record review, the facility failed to follow proper infection control practices for one (Resident 1) of three sampled residents, when Licensed Nurse (LN) 1 did not don a gown and did not perform hand hygiene (process of cleaning ones ' hands using soap or alcohol-based hand rub) during Resident 1 ' s dressing change.</p> <p>These failures had the potential to increase the spread of infection.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in November of 2024 with diagnoses that included dysphagia (difficulty swallowing) and cerebral infarction (stroke).</p> <p>A review of Resident 1 ' s Care Plan (CP), dated 3/18/25, indicated, Enhanced Barrier Precautions (EBP) [Precautions taken to prevent the spread of infections and include donning a gown and gloves prior to direct care activities] for G-tube [Gastrostomy Tube, a tube inserted into the stomach to deliver nutrition and medications]. Resident is not isolated to their room. Staff to gown and glove for high contact care activities.</p> <p>A review of the facility ' s document titled, Enhanced Barrier Precautions, undated, indicated, PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following High-Contact Resident Care Activities . Device care or use: central line, urinary catheter, feeding tube [includes G-tubes], tracheostomy.</p> <p>During a concurrent observation and interview on 4/3/25 at 10:16 a.m. with LN 1, LN 1 changed the dressing for Resident 1 ' s G-tube. LN 1 did not wear a gown during the procedure. LN 1 also did not perform hand hygiene after removing Resident 1 ' s old G-tube dressing and after removing her gloves. After finishing the dressing change, LN 1 confirmed she was not wearing a gown despite Resident 1 being on EBP and confirmed she did not perform hand hygiene during Resident 1 ' s G-tube dressing change.</p> <p>During an interview on 4/3/25 at 11:21 a.m. with the Infection Preventionist (IP), the IP indicated that if a resident was on EBP, staff were required to gown up for direct care activities such as G-tube site care. The IP also indicated that staff should perform hand hygiene in between glove changes during dressing changes. The IP indicated not following proper infection control practices increased the risk of infectious causing organisms to spread.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Handwashing/Hand Hygiene, revised 10/23, the P&amp;P indicated, This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections .Hand Hygiene is indicated .c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident .g. immediately after glove removal.</p>