

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Bruceville Terrace - D/P Snf of Methodist Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 8151 Bruceville Road Sacramento, CA 95823	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49814</b></p> <p>Based on observation, interview, and record review, the facility failed to follow proper infection control practices for one (Resident 1) of four sampled residents when staff did not perform hand hygiene (the process of washing or sanitizing one's hands to prevent the spread of disease) during wound care for Resident 1.</p> <p>This failure had the potential to impede the wound healing process for Resident 1.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in May of 2024 with diagnoses that included enterococcus (a type of bacteria) infection.</p> <p>During a review of Resident 1's Ordering Information ([NAME]), with the start date of 7/3/24, the [NAME] indicated, Special Instructions: Coccyx pressure injury [damage to the skin and the underlying tissue caused by constant pressure or friction]-cleanse with wound cleanser. apply (sic) foam dressing daily.</p> <p>During a concurrent observation and interview on 10/10/24 at 10:40 a.m., with Licensed Nurse 1 (LN 1), LN 1 performed wound care for Resident 1. LN 1 removed Resident 1's old dressing, cleaned the wound, and placed a new dressing on the wound without having performed any hand hygiene between these steps. LN 1 confirmed she did not perform hand hygiene during Resident 1's wound care and stated hand hygiene was important to prevent the spread of infection.</p> <p>During an interview on 10/10/24 at 12:30 p.m. with the Infection Preventionist (IP), the IP stated that during wound care, if a nurse removed a dressing, then they must change their gloves and perform hand hygiene and put on another set of gloves. This was to prevent cross contamination and to promote wound healing.</p> <p>During an interview on 10/10/24 at 12:39 p.m. with the Director of Nursing (DON), the DON confirmed LN 1 should have changed her gloves and performed hand hygiene during wound care for Resident 1.</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:  555344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Bruceville Terrace - D/P Snf of Methodist Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  8151 Bruceville Road Sacramento, CA 95823	
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>During a review of the Centers for Disease Control and Prevention (CDC) document titled, Guideline for Hand Hygiene in Health-Care Settings, dated 10/2002, the document indicated, Health-care-Associated pathogens can be recovered not only from infected or draining wounds, but also from frequently colonized areas of normal, intact patient skin .Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled.</p>		