

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER North Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Jessie Avenue Sacramento, CA 95838	

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>46242</p> <p>Based on observation, interview and record review, the facility failed to follow infection control standards of practice for Resident 1 when the indwelling catheter (tube placed into bladder to collect urine) bag was lying on the floor under resident's bed.</p> <p>This failure decreased the facility's potential to prevent the spread of infection.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility early 2024 with diagnoses which included obstructive and reflux uropathy (a urinary tract disorder that causes obstructed flow of urine).</p> <p>A review of Resident 1's Order Summary Report [OSR] dated 4/10/24, the OSR indicated, .Secure indwelling catheter tubing using anchoring device to prevent movement and urethral traction.</p> <p>A review of Resident 1's Care Plan Detail [CP], dated 2/18/24, revised 3/13/24, the CP indicated, The resident has an Indwelling [brand name of urinary catheter] .[resident] will have no complications or infections related to urinary device .will show no signs/symptoms of urinary infection through review date . ensure there is no dependent looping of catheter tubing.</p> <p>In an interview on 4/9/24 at 3:18 p.m. with Resident 1, this Health Facilities Evaluator Nurse noticed the urinary catheter bag was standing on the floor under his bed, unattached to the bed frame.</p> <p>A concurrent observation and interview on 4/9/24 at 3:23 p.m. with Licensed Nurse 2 (LN 2) in Resident 1's bedroom, the urinary catheter bag was sitting on the floor under his bed. LN 2 confirmed the urinary catheter bag was on the floor and stated, The bag isn't supposed to be laying on the floor. It is best to hang them from the bed, so they aren't in contact with the floor.</p> <p>In an interview with the Infection Preventionist, Licensed Nurse 3 (LN 3), on 4/9/24 at 3:37 p.m., LN 3 stated, No, the [brand name of catheter] catheter should never be on the floor. LN 3 stated the adverse consequences of storing a catheter bag on the floor could lead to the spread of germs if the bag became compromised. When asked about the correct way to hang a urinary catheter bag, LN 3 stated one should . hang the [catheter brand name] bag on the side of the bed without dragging on the floor. That's what we aim for.</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>An interview on 4/9/24 at 3:35 p.m. with the facility Administrator (ADM) and Director of Nursing (DON), the DON acknowledged urinary catheters should never be set on the floor near a resident's bed.</p> <p>A facility policy review of Catheter Care, Urinary indicated, Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>A facility policy review of Indwelling [brand name] Catheter Insertion, Male Resident indicated, .and attach bag to the bed frame.</p>