

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 07/17/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36681</p> <p>Based on interview and record review, the facility failed to ensure the comprehensive care plan was implemented and updated for one of 5 sampled residents (Resident 1) when Resident 1's ileostomy (a surgically created opening in the abdomen to allow waste to leave the body through a new skin opening called the stoma) bag was leaking.</p> <p>This failure resulted to increased redness and irritation to Resident 1's ileostomy site and surrounding skin.</p> <p>Findings:</p> <p>A review of the ADMISSION RECORD indicated Resident 1 was admitted with diagnoses including dementia (loss of ability to think, remember, and make decisions), Crohn's disease (causes swelling in the lining of the digestive tract), and ileostomy status.</p> <p>A review of Resident 1's physician's orders indicated the following:</p> <ul style="list-style-type: none"> - Abdominal binder as resident allows was ordered on 6/23/23; and <p>-update tx:Right Ileostomy dermatitis (inflammation of the skin) cleans skin with saline [NAME] guze (sic) only, avoided adhesive dressing, use hydrocolloid (waterproof dressing, provides moist environment to promote healing) then stoma paste/or stoma ring surrounding stoma, apply ileostomy bag thin layer of lantiseptic/medseptic (used to treat or prevent dry, itchy skin) or similar 50% lanolin based cream to the exposed surrounding skin after the ileostomy bag to apply, avoid contact with stoma. every 8 hours as needed for every two hour ostomy assessment was ordered on 7/3/24.</p> <p>A review of Resident 1's care plan initiated on 6/27/23 and revised 6/12/24 indicated, .admit with redness on ileostomy site present on admission. At risk for delayed healing and infection due to . Thin Fragile Skin, non-compliance with tx [treatment] due to frequent touch and press the ileostomy site cause loose and dislodge or leaking, non compliance with ABD [abdominal] binder able to take off jump suits and binder by herself. Interventions included to apply ABD binder if patient allow . frequent check and assist to toileting as needed . Monitor response to treatment weekly. Notify MD [Medical Doctor] if there is a lack of progress, deterioration, or s/s [signs & symptoms] of infection newly evident.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's SBAR (Situation, Background, Appearance, Review and Notify) Communication Form dated 7/8/24 indicated, [Resident 1] have rashes on her privates, thigh and around the colostomy bag. The SBAR was completed by Licensed Nurse 1 (LN 1).</p> <p>In an interview on 7/17/24 at 10:37 a.m., the Treatment Nurse (TN) stated Resident 1 had an ileostomy and it was treated with lantiseptic lotion for dermatitis. The TN added Resident 1 was ambulatory, prefers to lie down on the ileostomy side and played with her ileostomy and private area.</p> <p>In a concurrent interview and record review on 7/17/24 at 10:52 a.m., the TN stated the day Resident 1 was transferred to the acute care hospital, the stoma site had increased redness, and the ileostomy bag was leaking.</p> <p>In a telephone interview on 7/17/24 starting at 3:25 p.m., the LN 1 confirmed Resident 1 had rashes on her stoma, private area, and on her leg. The LN 1 further stated he did not receive a report regarding said rashes from the previous shift. The LN 1 described the rashes as really red and bad.</p> <p>In a telephone interview on 7/17/24 starting at 3:46 p.m., the Certified Nursing Assistant 1 (CNA 1) stated she took care of Resident 1 on the day she was sent out to the acute care hospital. The CNA 1 further stated Resident 1's ileostomy bag had a leak, her stool was loose, the edges of the dressing was coming off and she applied a tape around to hold it a little bit. The CNA 1 stated Resident 1 was scratching and she applied a cream to the reddened area. The CNA 1 further stated she did not report her observation to LN 1. The CNA 1 added she informed another staff member to tell LN 1 to change Resident 1's ileostomy bag.</p> <p>In a telephone interview on 7/26/24 starting at 8:21 a.m., the LN 2 stated she worked night shift and checked Resident 1's ileostomy bag twice on her shift. The LN 2 further stated Resident 1 would go to the bathroom upon waking up in the morning and she would try to change her ileostomy bag. The LN 2 added if Resident 1's ileostomy bag was not changed on time her skin will get irritated and Resident 1 would scratch herself including her groin (located near the hips, above the upper thighs and below the stomach) area.</p> <p>In a telephone interview on 7/26/24 at 1:46 p.m., the Director of Nursing (DON) stated Resident 1 had no care plan for scratching. The DON further stated her expectation was for specific behaviors of a resident to be included in the care plan.</p> <p>In a telephone interview on 7/26/24 at 3:12 p.m., the DON stated her expectation was for the CNAs to use the Stop and Watch form to write any new observations and this form will be reviewed by the charge nurse. The charge nurse will conduct an assessment and will notify the physician as needed.</p> <p>In a telephone interview on 7/26/24 at 3:15 p.m., the TN stated Resident 1 did not like the abdominal binder and she was able to remove it. The TN confirmed there was no documented evidence the abdominal binder was offered and the resident refused. The TN further stated she should have updated the care plan and discontinued the abdominal binder.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy & procedure (P & P) revised March 2022 and titled Care Plans, Comprehensive Person-Centered, indicated, . The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . The comprehensive, person-centered care plan . describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: . services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment .</p> <p>A review of the facility's P & P revised and titled Colostomy/Ileostomy Care indicated, The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter . The following information should be recorded in the resident's medical record: 1. The date and time the colostomy/ileostomy care was provided. 2. The name and title of the individual(s) who provided the colostomy/ileostomy care. 3. Any breaks in resident's skin, signs of infection .redness, swelling .excoriation of skin . Notify the supervisor of any abnormal findings . breaks in skin .</p>		