

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Fountains, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 Williams Way Yuba City, CA 95991	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>52355</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure staff immediately reported an allegation of abuse for 1 of 1 incident of alleged resident-to-resident abuse. Specifically, Resident #123 alleged to a certified nursing assistant (CNA) that Resident #115 kicked them and the CNA failed to immediately report the allegation.</p> <p>Findings included:</p> <p>A facility policy titled, Policy: Prevention, Identification and Reporting of Abuse- [facility's initials], revised 12/18/2019, indicated, Each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment and involuntary seclusion. The policy revealed, 7. Reporting included a. All mandated reporters are required by law to report incidents of known or suspected abuse in two ways: 1) by telephone immediately or as soon as practically possible, to the local ombudsman or local law enforcement agency and 2) by written report, Department of Social Services Form (SOC Form 341), 'Report of Suspected Dependent Adult/Elder Abuse' sent within two (2) working days and c. The first responder of first staff member informed will be responsible for informing the immediate supervisor and initiating an incident report.</p> <p>A Resident Face Sheet indicated the facility admitted Resident #123 on 11/19/2024. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; and unspecified anxiety disorder.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/21/2025, revealed Resident #123 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #123's Care Plan included a problem statement, initiated 02/22/2025 and revised 03/05/2025, that indicated the resident had confabulation episodes. Interventions directed staff to ask specific questions about factual information to minimize delusional/confabulating content (initiated 02/22/2025).</p> <p>A Resident Face Sheet indicated the facility admitted Resident #115 on 03/09/2024. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of unspecified dementia, unspecified severity, with mood disturbance; and anxiety disorder.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly MDS, with an ARD of 12/12/2024, revealed Resident #115 had a BIMS score of 6, which indicated the resident had severe cognitive impairment.</p> <p>Resident #115's Care Plan included a problem statement, initiated 03/13/2024 and edited 12/16/2024, that indicated the resident required dementia and cognition care. Interventions directed staff to develop and implement a structured schedule with cognitive stimulation to keep the resident engaged (initiated 03/13/2024) and establish consistent daily routines and rituals to provide structure and predictability for the resident (initiated 03/13/2024).</p> <p>During an interview on 03/17/2025 at 1:52 PM, Resident #123 stated they (Resident #123) were kicked in the foot six times that day by another resident. The resident stated that CNAs saw the incident occur. Resident #123 was unable to provide any names of individuals associated with the alleged event.</p> <p>During an interview on 03/17/2025 at 3:45 PM, the Administrator was notified of Resident #123's allegation by a surveyor. The Administrator stated he was not aware of an allegation of abuse from Resident #123.</p> <p>During an interview on 03/19/2025 at 10:03 AM, CNA #4 stated she was working as a restorative nursing assistant on 03/17/2025 from 6:00 AM to 2:30 PM. CNA #4 stated she was at the nurses' station when Resident #123 verbalized that Resident #115 had kicked them (Resident #123). CNA #4 stated she did not report the allegation from Resident #123 because she did not see Resident #115 kick Resident #123.</p> <p>During an interview on 03/19/2025 at 11:55 AM, CNA #4 stated it was around 9:00 AM on 03/17/2025 when Resident #123 alleged they were kicked by Resident #115. She stated she did not notice if any other staff were present during the date and time in question.</p> <p>During a telephone interview on 03/20/2025 at 4:13 PM, CNA #4 stated she did not report Resident #123's allegation because Resident #123 was very confused.</p> <p>During an interview on 03/20/2025 at 5:59 PM, the Director of Nursing (DON) stated no staff members had reported hearing an allegation of abuse from Resident #123.</p> <p>During an interview on 03/20/2025 at 1:59 PM, the Administrator stated he expected allegations of abuse to be reported immediately.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>51863</p> <p>Based on observation, interview, record review, and review of the Long-Term Care Facility Resident Assessment Instrument [RAI] 3.0 User's Manual, the facility failed to accurately code the Minimum Data Set (MDS) for 2 (Resident #7 and Resident #47) of 2 residents reviewed for Preadmission Screening and Record Review (PASRR) requirements and 1 (Resident #16) of 3 residents reviewed for dental concerns.</p> <p>Findings included:</p> <p>1. The Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2023, revealed, A1500: Preadmission Screening and Resident Review (PASRR) included Steps for Assessment, which included, 2. Review the Level I PASRR form to determine whether a Level II PASRR was required. 3. Review the PASRR report provided by the State if Level II screening was required. The manual revealed, Code 1, yes: if PASRR Level II screening determined that the resident has a serious mental illness and/or ID [intellectual disability]/DD [developmental disability] or related condition, and continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions.</p> <p>A Resident Face Sheet indicated the facility admitted Resident #47 on 07/07/2022. According to the Resident Face Sheet, the resident had a medical history that included diagnoses bipolar disorder, unspecified dementia with psychotic disturbance, unspecified dementia with mood disturbance, and depression.</p> <p>An annual MDS, with an Assessment Reference Date (ARD) of 07/10/2024, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. Per the MDS, the resident had active diagnoses of bipolar disorder, unspecified dementia with psychotic disturbance, unspecified dementia with mood disturbance, and depression. The MDS indicated Resident #47 was not considered by the state level II PASRR process to have a serious mental illness.</p> <p>Resident #47's Care Plan revealed a problem statement initiated 07/08/2022 and revised 02/25/2025, that indicated the resident had a diagnosis of bipolar disorder manifested by a history of paranoia. The Care Plan indicated the resident was taking antipsychotic medication. The Care Plan included a problem statement initiated 07/08/2022 and revised 02/25/2025 that indicated the resident had a diagnosis of depression and was taking antidepressant medication.</p> <p>Resident #47's Preadmission Screening and Resident Review (PASRR) Level I Screening, dated 07/07/2022, revealed the screening result was Positive and indicated the resident had a suspected mental illness.</p> <p>A letter from the State of California Health and Human Services Agency, Department of Health Care Services, PASRR Section, to Resident #47, dated 09/29/2022, indicated that Resident #47 had a Level II evaluation completed on 09/09/2022, and indicated that a determination report was included with the letter.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #47's Preadmission Screening and Resident Review (PASRR) Individualized Determination Report, dated 09/29/2022, revealed that there were specialized services recommended to address the resident's mental health needs, including mental health rehabilitation activities, psychotherapy/counseling, neuropsychology consultation, and psychiatric consultation and follow-up care.</p> <p>The Social Services Director (SSD) was interviewed on 03/19/2025 at 3:04 PM. She stated that the MDS Coordinator was responsible for coding the section of the MDS that captured a resident's Level II PASRR status.</p> <p>During an interview on 03/20/2025 at 8:12 AM, the MDS Coordinator stated the MDS was to be coded accurately to reflect the resident status and the care provided. She stated the information about the Level II PASRR result was retrieved from the Level II PASRR determination letter. The MDS Coordinator reviewed the Level II PASRR and determination letter for Resident #47 and stated if the resident's MDS did not reflect that the resident had a Level II evaluation, then it was inaccurate.</p> <p>During an interview on 03/20/2025 at 11:10 AM, the Director of Nursing (DON) stated she expected all resident MDS assessments to be completed accurately to reflect the needs of the resident. She stated she expected the PASRR Level II evaluation to be captured on the MDS accurately.</p> <p>During an interview on 03/20/2025 at 11:34 AM, the Administrator stated he expected all MDS assessments to be completed accurately, capturing everything that could be coded to assess the resident appropriately. He stated he expected a Level II PASRR evaluation to be coded accurately on the MDS.</p> <p>On 03/19/2025 at 8:33 AM, the MDS Coordinator stated the facility did not have a policy regarding MDS accuracy, noting the facility followed the RAI manual.</p> <p>22445</p> <p>2. The Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2024, revealed, A1500: Preadmission Screening and Resident Review (PASRR) included Steps for Assessment, which included, 2. Review the Level I PASRR form to determine whether a Level II PASRR was required. 3. Review the PASRR report provided by the State if Level II screening was required. The manual revealed, Code 1, yes: if PASRR Level II screening determined that the resident has a serious mental illness and/or ID [intellectual disability]/DD [developmental disability] or related condition, and continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions.</p> <p>A Resident Face Sheet revealed the facility admitted Resident #7 on 01/21/2022. The Resident Face Sheet revealed Resident #7 had a medical history that included diagnoses of unspecified schizophrenia and major depressive disorder.</p> <p>An annual MDS, with an Assessment Reference Date (ARD) of 01/24/2025, revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated Resident #7 had received antidepressant medication and antipsychotic medication during the assessment timeframe. The MDS indicated Resident #7 was not considered by the state level II PASRR process to have a serious mental illness.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #7's Care Plan included a problem area initiated on 01/30/2025 that indicated the resident verbalized feelings of depression and was at risk for a psychosocial well-being decline. The Care Plan included a problem area initiated 01/19/2024, that indicated Resident #7 had episodes of confabulation evidenced by spontaneous fabrications of false memories or events such as people talking about the resident or staff having aggressive chatter about the resident. Interventions directed staff to monitor for increased delusions and report those to the physician (initiated 02/06/2024). The Care Plan included a problem area initiated 02/17/2023, that revealed Resident #7 had auditory hallucinations and complained of hearing high pitched electric razor sounds. The Care Plan included a problem area initiated 01/22/2022, that revealed the resident required antipsychotic medication due to auditory hallucinations and suicidal ideation.</p> <p>Resident #7's Preadmission Screening and Resident Review (PASRR) Level I Screening, dated 01/21/2022, revealed the screening result was Positive and indicated that the resident had a suspected mental illness.</p> <p>A letter from the State of California Health and Human Services Agency, Department of Health Care Services, PASRR Section, to Resident #7, dated 05/18/2022, indicated that Resident #7 had a Level II evaluation completed on 05/13/2022, and indicated that a determination report was included with the letter.</p> <p>Resident #7's Preadmission Screening and Resident Review (PASRR) Individualized Determination Report, dated 05/18/2022, revealed that there were specialized services recommended to address the resident's mental health needs, including mental health rehabilitation activities, psychotherapy/counseling, neuropsychology consultation, psychiatry consultation and follow-up care, and behavior monitoring.</p> <p>The Social Services Director (SSD) was interviewed on 03/19/2025 at 3:04 PM. She stated that the MDS Coordinator was responsible for coding the section of the MDS that captured a resident's Level II PASRR status.</p> <p>During an interview on 03/20/2025 at 8:12 AM, the MDS Coordinator stated the MDS was to be coded accurately to reflect the resident status, and the care provided. She stated the information about the Level II PASRR result was retrieved from the Level II PASRR determination letter.</p> <p>During an interview on 03/20/2025 at 11:10 AM, the Director of Nursing (DON) stated she expected all resident MDS assessments to be completed accurately to reflect the needs of the resident. She stated she expected the PASRR Level II evaluation to be captured on the MDS accurately.</p> <p>During an interview on 03/20/2025 at 11:34 AM, the Administrator stated he expected all MDS assessments to be completed accurately, capturing everything that could be coded to assess the resident appropriately. He stated he expected a Level II PASRR evaluation to be coded accurately on the MDS.</p> <p>On 03/19/2025 at 8:33 AM, the MDS Coordinator stated the facility did not have a policy regarding MDS accuracy, noting the facility followed the RAI manual.</p> <p>3. The Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2024, revealed, Section L: Oral/Dental Status included Check L0200D, obvious or likely cavity or broken natural teeth: if any cavity or broken tooth is seen.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A Resident Face Sheet revealed the facility admitted Resident #16 on 03/09/2022. The Resident Face Sheet revealed Resident #16 had a medical history that included diagnoses of cerebral infarction without residual deficits (stroke without lasting effects) and type 2 diabetes mellitus.</p> <p>An annual MDS, with an Assessment Reference Date (ARD) of 03/09/2025, indicated Resident #16 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS revealed it was not coded to reflect that Resident #16 had obvious or likely cavities or broken natural teeth. The MDS indicated that Section L was completed by Licensed Vocational Nurse (LVN) #6.</p> <p>Resident #16's Care Plan included a problem area initiated 03/14/2022 and revised 03/11/2025, that indicated the resident had their natural teeth and required routine dental care. The Care Plan indicated the facility staff monitored for any dental issues that may arise.</p> <p>An observation on 03/17/25 10:28 AM revealed Resident #16 had broken front teeth.</p> <p>LVN #2 was interviewed on 03/19/2025 at 10:47 AM. LVN #2 stated she thought Resident #16 had a broken front tooth. She then confirmed the tooth was broken by going to the resident's room and observing the resident. LVN #2 stated Resident #16's family member had reported to her the resident had fallen at home about three years prior and broken the tooth.</p> <p>Certified Nursing Assistant (CNA) #5 was interviewed on 03/19/2025 at 11:32 AM. CNA #5 stated Resident #16 had a broken top tooth. CNA #5 stated that the tooth was broken when the facility admitted the resident.</p> <p>During an interview on 03/20/2025 at 8:12 AM, the MDS Coordinator stated the MDS was to be coded accurately to reflect the resident status, and the care provided. The MDS Coordinator stated she completed the dental/oral portion of the MDS and stated that to get the information about a resident's dental status, staff assessed the resident and she spoke with the nurses and CNAs.</p> <p>LVN #6 was interviewed on 03/20/2025 at 8:28 AM. She stated she got the oral/dental information for residents from the CNAs and assessed the resident's mouth. She stated if Resident #16 had a broken front tooth, then the MDS for the resident was not accurate. LVN #6 stated an inaccurate MDS may necessitate a revision to the care plan if the broken tooth was causing problems. She stated there was no policy for coding the MDS, and the MDS nurses followed the instructions in the RAI manual. LVN #6 assessed Resident #16 at that time and confirmed the resident had a broken tooth.</p> <p>During an interview on 03/20/2025 at 11:10 AM, the Director of Nursing (DON) stated she expected all resident MDS assessments to be completed accurately to reflect the needs of the resident. The DON stated she expected the MDS nurse to assess the residents for broken teeth or any other dental issues. She stated that if the resident had dental issues, she expected social services staff to be notified and dental care to be provided if needed. The DON stated she expected the MDS nurse to assess Resident #16 for broken teeth and to enter the correct information on the MDS.</p> <p>The Administrator was interviewed on 03/20/2025 at 11:34 AM. The Administrator stated he expected 100% accuracy on the MDS assessments. He stated if Resident #16 had broken teeth, then he expected that to be captured on the MDS.</p> <p>(continued on next page)</p>

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/19/2025 at 8:33 AM, the MDS Coordinator stated the facility did not have a policy regarding MDS accuracy, noting the facility followed the RAI manual.		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>22445</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide toenail care for 1 (Resident #7) of 4 residents reviewed for activities of daily living (ADLs).</p> <p>Findings included:</p> <p>A facility policy titled, Resident Care- Nursing Responsibilities- [facility's initials], revised 04/02/2019, indicated, 10. Residents shall be provided with good personal hygiene, including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming, cleaning glasses, hearing aids and cleaning/cutting of fingernails and toenails. NOTE: Residents with diabetes shall have nail cutting performed by a licensed nurse or the podiatrist.</p> <p>A Resident Face Sheet revealed the facility admitted Resident #7 on 01/21/2022. The Resident Face Sheet revealed Resident #7 had a medical history that included diagnoses of Parkinson's disease without dyskinesia, unspecified schizophrenia, and other chronic pain.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/24/2025, indicated Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated Resident #7 had did not reject evaluation or care during the assessment timeframe. The MDS indicated Resident #7 required supervision or touching assistance from staff for completion of personal hygiene tasks and was dependent on staff for putting on and taking off footwear.</p> <p>Resident #7's Care Plan included a problem area initiated 01/19/2024 and revised 02/25/2025, that indicated Resident #7 was at risk for impaired physical mobility, injury from tremors, and involuntary muscle movements due to Parkinson's disease. Interventions directed staff to evaluate the resident's ability to accomplish ADLs and provide required assistance as needed (initiated 01/22/2022).</p> <p>Resident #7's Active Orders revealed an order for podiatry consultations and treatment to be provided as indicated, with an order date of 01/21/2022.</p> <p>Resident #7's Podiatric Evaluation & Treatment Form, dated 01/04/2025, revealed the podiatrist noted Resident #7's toenails to be painful, elongated, and mycotic (a fungal infection that caused the nail to be thick, fragile, and separate from the nail bed). The record revealed the dead tissue was removed from the resident's nails, the dystrophic nails (nail deformity such as thickening or unusual curves) were trimmed, and nail avulsion (removal of part or all of a nail from the nail bed) was completed.</p> <p>An interview was held with Resident #7 on 03/17/2025 at 1:36 PM. Resident #7 stated one of their biggest concerns was the irregularity of podiatry services. The resident stated their toenails needed to be clipped. The resident was unable to remember the last time podiatry had visited.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation was made on 03/19/2025 at 10:14 AM, accompanied by Registered Nurse (RN) #1. The three middle toenails on Resident #7's left foot had curled under the end of the toe and were touching the bottom of the resident's toes. Resident #7 stated their feet hurt but was unable to specify the type of pain or the area of the feet that were hurting. Resident #7 stated that, about two weeks prior, someone had tried to trim the toenails but was only able to get a little off the nails. Resident #7's toenails were thick and white in color. RN #1 stated the podiatrist came to the facility approximately every three months, and if anyone needed podiatry services in between visits, staff notified the social worker. RN #1 confirmed that Resident #7's toenails had curved under the toes and touched the skin on the bottom of the toes. RN #1 stated that a few months prior, the resident's toenails had curved under, and a note had been placed in a communication book for the provider. RN#7 stated that when the podiatrist had trimmed the toenails, the podiatrist had done a good job. RN #1 opined that, if Resident #7's toenails were trimmed, it may partially relieve some of the resident's foot pain.</p> <p>Licensed Vocational Nurse (LVN) #2 was interviewed on 03/19/2025 at 10:53 AM. She stated she had last seen Resident #7's feet the week prior when she assisted the resident with donning socks. LVN #2 stated she had not noticed the condition of the resident's toenails. The LVN stated no other staff had reported that Resident #7's toenails were curved under the resident's toes, touching the bottom of the resident's toes. LVN #2 stated Resident #7 had no complaints about toe pain.</p> <p>Certified Nursing Assistant (CNA) #3 was interviewed on 03/19/2025 at 11:13 AM. CNA #3 stated she was assigned to provide care to Resident #7 that day. CNA #3 stated Resident #7 required assistance with ADLs and was totally dependent on staff for donning socks and shoes. CNA #3 stated she had seen the resident's feet earlier in the day and described Resident #7's feet as hard and crusty, and looking like the feet had fungus. CNA #3 stated Resident #7's toenails needed to be trimmed, but she was unable to trim the toenails because the nails were so thick. CNA #3 stated she had seen Resident #7's feet on 03/18/2025 also but had not reported the condition of the resident's toenails to anyone because she knew the resident was on the podiatry list. CNA #3 stated she was unsure how frequently the podiatry services were available in the facility.</p> <p>The Social Services Director (SSD) was interviewed on 03/19/2025 at 3:04 PM. The SSD stated she relied on floor staff, conversations with residents and family members, and progress notes to get information about any issues affecting residents. The SSD stated the podiatrist was in the facility twice year. She stated that if a resident required a podiatry visit in between the in-house podiatry visits, the resident received toenail care from the licensed nurse or was taken to a community podiatrist. The SSD stated no one had mentioned that Resident #7 needed podiatry services. When the SSD was given description of the resident's toenails curling under and touching the bottom side of the toe, she stated nursing staff should have reported that to her.</p> <p>The Director of Nursing (DON) was interviewed on 03/20/2025 at 11:21 AM. The DON stated if Resident #7's toenails were curving under and touching the bottom of the toes, she expected the staff bathing the resident to alert the nurse and plan for the resident to receive care. The DON stated that although Resident #7 had seen the podiatrist in 01/2025, if the resident's toenails curled under now and were possibly causing the resident discomfort, she expected the staff to notify the SSD to make arrangements for care to be provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Fountains, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 Williams Way Yuba City, CA 95991	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Administrator was interviewed on 03/20/2025 at 11:34 AM. The Administrator stated if staff observed a resident's toenails curling under and touching the toes, he expected staff to notify the SSD so a podiatrist visit could be scheduled. The Administrator stated that he expected an appointment to be made for podiatry, even if a resident had seen the podiatrist in 01/2025.</p>		