

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Eastern Plumas Hospital- Portola Campus Dp/Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 500 First Street Portola, CA 96122	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>45315</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1). Maintain the Ice/Water Dispensing machine per manufacturer recommendations allowing a buildup of moist, black residue to collect on the water supply nozzle and; 2). Maintain a functioning drain for the dishwashing machine allowing water to spill out of the drain and onto the floor. <p>These failures had the potential to negatively impact resident health.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of the facility's policies and procedures (P&P) titled, Cleaning and Sanitizing Ice Machines, revised 7/1/21, indicated, Ice machines will be cleaned and sanitized per manufactures guidelines. <p>During a concurrent observation, interview, and record review, on 8/14/24 at 9:25 AM, located in the resident's kitchenette (a small kitchen), the Ice/Water Dispensing machine was observed with Biomed (BM). A white paper towel was used to wipe the water supply nozzle and a moist, black residue was observed. BM stated, the water supply nozzle should be clean and was not. BM stated, the facility utilized an outside contractor to clean the Ice/Water Dispensing machine every six months, per the manufacture's recommendations. BM reviewed the Job Invoice, dated 2/12/24, and stated, the Ice/Water Dispensing machine was last cleaned on 2/1/24.</p> <p>A review of the Ice/Water Dispensing machine's Service Manual, revised 9/24/14, indicated, the maintenance schedule was to be used as a guideline and more frequent maintenance could be required.</p> <p>During an interview on 8/14/24 at 9:30 AM, the Activities Director confirmed, resident drinking water was obtained from the Ice/Water Dispensing machine located in the resident's kitchenette area.</p> <ol style="list-style-type: none"> 2. A review of the facility's P&P titled, Equipment Management Program, revised 10/1/21, indicated, when there was an equipment failure, facility staff would report the failure to the appropriate department. <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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/14/24 at 2:09 PM, located in the kitchen, the drain for the dishwashing machine was observed. Dietary Aide (DA) stated, when draining the dishwasher, DA was required to release the water down the drain, using a stop and go method, so the water would not overflow the drain. DA demonstrated what would happen if DA did not utilize a stop and go water release method and the water overflowed the drain and onto the floor. Dietary Manager (DM) was present and confirmed there had been an ongoing issue with the drain under the dishwasher. DM stated, when there was an equipment failure, DM was responsible to report the failure to the facility's Maintenance Director (MD). DM stated, she did not report the equipment failure to the MD and should have.</p> <p>During a concurrent interview and observation on 8/14/24 at 3:00 PM, MD took a picture of the drain under the dishwashing machine. The picture showed a moist, thick, black residue in the drain and MD stated, the drain was clogged and that was what caused the water to overflow the drain and onto the floor. MD stated, approximately six months ago, there had been a water overflow issue and it had been repaired. MD confirmed, DM had not notified MD that the dishwashing machine drain had a water overflow issue</p>