

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  American River Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3900 Garfield Avenue Carmichael, CA 95608	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48445</p> <p>Based on observation, interview, and record review, the facility failed to maintain dignity for one of four sampled residents (Resident 1) when two Certified Nursing Assistants (CNA) had an argument regarding a staffing assignment while providing a shower to Resident 1.</p> <p>This failure resulted in Resident 1 crying and feeling afraid and decreased the facility's potential to protect residents' dignity.</p> <p>Findings:</p> <p>During a review of Resident 1's admission record, Resident 1 was admitted to the facility in May of 2024 with multiple diagnoses which included nontraumatic intracerebral hemorrhage (a condition in which a ruptured blood vessel causes bleeding inside the brain), hemiplegia and hemiparesis (weakness on one side of the body) affecting right dominant side, dysarthria (weakness in the muscle used for speech), aphasia (loss of ability to understand or express speech), muscle weakness, and major depressive disorder (persistently depressed mood or loss of interest in activities). Resident 1's Minimum Data Set (MDS, an assessment tool) indicated Resident 1 had moderate cognitive impairment.</p> <p>During a review of a document titled, Report of Suspected Dependent Adult/Elder Abuse (SOC 341), dated 5/4/24, the document indicated, Resident 1 received a cold shower by CNA 1 and newly assigned CNA 2 took Resident 1 into the communal shower room and finished off with warm water.</p> <p>During a review of a document submitted to the Department titled, Investigative Summary Report, dated 5/8/24, the document indicated, [Resident 1] was in the shower room crying because he received a cold shower .On the morning of 5/4/23, [CNA 1] placed Resident 1 in the shower chair in the room and put on the water so it can start to warm up .While waiting for the water to warm up, she was approached by another CNA stating that the assignment was changed and that the patient is no longer in her assignment. CNA 1 went to see CNA 2 who was at the station and asked her to give the shower instead. After repeated calls, CNA 2 then went in .On 05/06/2024 at 9:40 AM [morning], [CNA 2] stated that since the assignment was changed, CNA 1 and the other CNA complained that there will be more people .While arguing about the assignment in the resident's room, [CNA 2] heard [Resident 1] crying and when [CNA2] checked in the bathroom, she saw [Resident 1] crying in the chair, hair was dry, but the body was wet .Conclusion: Whether or not a cold shower was intentionally or unintentionally given, the fact remains that the misunderstanding leading to an argument between [CNA 1] and [CNA 2] (because of the change in assignment), had unintended consequences that affected the resident .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 555450	If continuation sheet Page 1 of 2

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<p>F 0550</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 5/16/24 at 11:30 a.m. with Resident 1 in his room, Resident 1 was observed awake, sitting on a wheelchair by the door of the bathroom. Resident 1 stated he cried when he was at the shower on the day of the incident and stated it was because the water was cold. Resident 1 further stated he was afraid it might happen again. Resident 1 was not able to clearly identify the staff involved in the incident.</p> <p>During an interview on 5/16/24 at 1:15 p.m. with the Director of Nursing (DON), the DON stated, There was nothing about abuse here, but because of the bickering, the resident didn't feel right that's why he cried .the problem is the interpersonal relationship of employees .the bickering was not appropriate during that time . they should have communicated separately where the [resident] cannot hear .they should professionally discuss the changes .</p> <p>During an interview on 5/16/24 at 2:02 p.m. with the Social Services Director (SSD), the SSD stated, It was more like drama between CNAs, but a resident was involved.</p> <p>During an interview on 5/16/24 at 2:29 p.m. with the Administrator, the Administrator stated, They [CNAs] feel they are overwhelmed. We've been telling staff and management to not discuss anything in front of the residents .As leaders, we are saddened with the situation because they [residents] might feel they are responsible for causing the argument.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Resident Rights, revised 12/2021, the P&amp;P indicated, Employees shall treat all residents with kindness, respect, and dignity .1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity .</p> <p>A review of the facility's P&amp;P titled, Dignity, revised 2/2021, the P&amp;P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem .1. Residents are treated with dignity and respect at all times .10. Staff protect confidential clinical information. Examples include the following: a. Verbal staff-to-staff communication (e.g., change of shift reports) are conducted outside the hearing range of residents and the public.</p>		