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| 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 01/10/2025 |
| 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.

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>36624</p> <p>Based on interview and record review, the facility failed to ensure one of 23 sampled residents (Resident 71) urinary tract infection (UTI, an infection in the bladder/urinary tract) person-centered care plan was developed.</p> <p>This failure had the potential to negatively impact Resident 71's quality of treatment, care and services received.</p> <p>Findings:</p> <p>During a review of Resident 71's Admission Record (AR), the AR indicated, Resident 71 had diagnoses which included urinary tract infection and bacteremia (the presence of bacteria in the blood).</p> <p>During a review of Resident 71's Physician's Orders (PO) dated 1/6/25, the PO indicated, Nitrofurantoin Macrocrystal (used to treat bladder infection) 50 mg (milligrams-metric unit of measurement, used for medication dosage and/or amount), give one tablet by mouth one time a day for UTI.</p> <p>During a review Resident 71's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for January 1 through 10, 2025, Nitrofurantoin Macrocrystal 50 mg was administered daily.</p> <p>During a record review of Resident 71's plan of care, the record did not indicate a care plan for UTI was developed.</p> <p>During a concurrent interview and record review on 1/10/25 at 8:59 a.m., with the Director of Nursing (DON) together with the Assistant Director of Nursing (ADON), Resident 71's clinical record was reviewed. The DON and the ADON confirmed there was no UTI care plan developed for Resident 71. The DON stated nursing care could be compromised when care plan was not put in placed.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Care Plan Comprehensive, dated 8/25/21, the P/P indicated, .an individualized comprehensive care plan that includes measureable objectives and timetables to meet the resident's medical, physical, mental and psychosocial needs shall be developed for each resident .</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.

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| 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 7 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36624</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 23 sampled residents (Resident 51) had compression stocking (stockings that apply gentle pressure to the legs and ankles to improve blood flow) applied everyday to Resident 51's left lower extremity (LLE) as ordered.</p> <p>This failure had the potential to compromise Resident 51's blood circulation.</p> <p>Findings:</p> <p>A review of Resident 51's Admission Record (AR) indicated Resident 51 had diagnoses which included hemiplegia (total paralysis of the arm, leg and trunk of the same side of the body) affecting the left dominant side and acute embolism (block in an artery caused by blood clots) and thrombosis (occurs when a blood clot forms either in an artery or vein) of unspecified deep [NAME] of LLE.</p> <p>A review of Resident 51's Physician's Order (PO), dated 9/22/23, the PO indicated, Compression stockings during day and off at night in the morning for edema [swelling] and remove per schedule.</p> <p>A review of Resident 51's Care Plan (CP) titled At risk for fluid volume excess as evidenced by edema, indicated, apply and remove compression stockings as ordered. If patient refuse, explain importance of compression stockings and risk of not wearing it.</p> <p>During observations on 1/7/25 at 11:35 a.m., on 1/8/25 at 10:43 a.m., and, on 1/10/25 at 8:09 a.m., Resident 51 was not wearing any compression stocking on his left leg, his LLE was observed to be bigger than his right lower extremity (RLE).</p> <p>During an interview on 1/10/25 at 8:09 a.m., Resident 51 stated he was not offered to wear the compression stockings.</p> <p>During a concurrent observation and interview on 1/10/25 at 8:09 a.m., with Certified Nurse Assistant 4 (CNA 4), CNA 4 confirmed Resident 51 was not wearing his compression stockings. CNA 4 stated she was supposed to put the stocking on today, but she did not.</p> <p>During an interview and record review on 1/10/25 at 9:40 a.m., with the Director of Nursing (DON) together with the Assistant Director of Nursing (ADON), Resident 51's clinical record was reviewed. The DON and ADON confirmed Resident 51 had a PO to wear the compression stocking everyday and nurses should follow that PO. The ADON stated the compression stocking would help control or reduce the leg edema. Both the DON and ADON validated if Resident 51 would not wear his stockings, his blood circulation could be compromised.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Physician's Order, dated 3/22, the P/P indicated, . the Licensed Nurse . will be responsible for documenting and implementing the order .</p> | | |

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| <p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assist a resident in gaining access to vision and hearing services.</p> <p>36624</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 23 sampled residents (Resident 1) had hearing aids (HA) applied everyday as ordered.</p> <p>This failure decreased the facility's ability to provide treatment and assistive devices to maintain Resident 1's hearing acuity.</p> <p>Findings:</p> <p>During a review of Resident 1's admission record (AR), dated 10/18/20, the AR indicated, Resident 1 had diagnoses which included need for assistance with personal care and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Physician's Order (PO), dated 2/9/22, the PO indicated, Apply both hearing aids in the morning and take off at night and put back in cart two times a day.</p> <p>During a review of Resident 1's Care Plan titled Resident has hearing impairment-adequate with bilateral hearing aids and The Resident has impaired communication as impaired hearing has x 2 hearing aids. Apply bilateral hearing aid every morning and remove every evening.</p> <p>During observations on 1/7/25 at 8:35 a.m., on 1/8/25 at 9:43 a.m., and, on 1/9/25 at 9:04 a.m., Resident 1 was not wearing her hearing aids.</p> <p>During a concurrent observation and interview on 1/9/25 at 9:43 a.m., with Certified Nursing Assistant 6 (CNA 6), CNA 6 confirmed Resident 1 had an order to wear the HA every morning but she was not wearing it today.</p> <p>During a concurrent observation and interview on 1/9/25 at 10 a.m., with Licensed Nurse 1 (LN 1), LN 1 confirmed she did not apply Resident 1's HA in the morning and the HA was not kept in the medication cart as ordered.</p> <p>During an interview and record review on 1/10/25 at 9:04 a.m., with the Director of Nursing (DON) together with the Assistant Director of Nursing (ADON), Resident 1's clinical record was reviewed. The ADON stated if there was an order to apply the HA, that order should be followed. The ADON stated it is important for Resident 1 to wear the HA to help with her communication and to avoid miscommunication between the resident and the staff.</p> <p>During a review of the the facility's Policy and Procedure (P/P) titled, Hearing Aid, Care of, revised 2/2018, the P/P indicated, .The purpose is to maintain the resident's hearing at the highest attainable level</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50282</p> <p>Based on observation, interview and record review, the facility failed to store food in a safe and sanitary manner for 96 residents who received food from the kitchen when:</p> <ol style="list-style-type: none"> 1. Opened and prepared foods stored without used by dates labeled; 2. foods with opened packages not covered tightly; and 3. spoiled food available to be served. <p>These failures had the potential to result in foodborne illnesses among the vulnerable residents of the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 1/7/25 beginning at 7:45 a.m. with the Certified Dietary Manager (CDM), while touring the kitchen, the CDM confirmed the presence of a pan of cinnamon brown sugar blondie dessert that had been prepared to serve to residents but had no label with dates. The CDM stated it was important to ensure food items were labeled with dates to know when the food was prepared and when it should be used by. During a concurrent observation and interview, on 1/8/25 beginning at 8 a.m., with the CDM, in the kitchen, the CDM confirmed the presence of two stacks of opened processed yellow cheese and an opened package of sliced [NAME] cheese, both cheeses had no labeled used by dates. 2. During a concurrent observation and interview on 1/7/25 beginning at 7:45 a.m. with the CDM, while touring the kitchen, the CDM confirmed the presence of a pan of prepared cinnamon brown sugar blondie dessert that was not covered and five prepared peanut butter and jelly sandwiches in unsealed bags. The CDM indicated foods should be covered and sealed to prevent residents getting sick with foodborne illness. During a concurrent observation and interview, on 1/8/25 beginning at 8 a.m., with the CDM, in the kitchen, the CDM confirmed the presence of a package of hot dogs that had been opened but not tightly wrapped or sealed. The CDM acknowledged the importance of wrapping foods to protect them from spoilage and the potential to cause foodborne illness. 3. During a concurrent observation and interview on 1/7/25 beginning at 7:45 a.m. with the CDM, while touring the kitchen, the CDM confirmed the presence of two tomatoes, in the walk-in refrigerator with other foods to be served to residents, that were mushy and rotten. The CDM stated spoiled foods had the potential to cause foodborne illness. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of the facility's policy and procedure titled, Food Receiving and Storage, undated, indicated, .Food shall be received and stored in a manner that complies with safe food handling practices .When food is delivered to the facility it is inspected for .quality .All foods stored in the refrigerator or freezer are covered, labeled and dated .</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>34328</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection prevention and control practices to help prevent the development and transmission of communicable diseases and infections when:</p> <ol style="list-style-type: none"> 1. A visitor was observed accessing and obtaining ice from the nursing unit's ice chest unsupervised; 2. Ice scoop was stored uncovered; and 3. Certified Nursing Assistant (CNA) was observed not performing hand hygiene after handling garbage. <p>These failures had the potential to result in the spread of infections for a facility census of 97 residents.</p> <p>Findings:</p> <p>1. During a concurrent observation and interview on 1/7/25 at 9:28 a.m., with CNA 3, near ice chest by nursing station 2, CNA 3 confirmed a visitor was helping themselves to ice without staff assistance or supervision.</p> <p>An interview on 1/7/25 at 9:44 a.m., the Director of Staff Development (DSD) confirmed visitors and residents may not self-serve ice from the ice chest and added, staff must serve or fill up the resident's pitchers.</p> <p>An interview on 1/7/25 at 10:11 a.m., the Infection Preventionist (IP) stated only the facility staff may distribute the ice, and added, no resident or visitors may help themselves to the ice.</p> <p>During an interview on 1/7/25 at 11:23 a.m. the Administrator (ADM) confirmed there is no specific policy written for the usage and distribution of ice from the nursing station ice chest but stated he expected only facility staff may access and distribute the ice.</p> <p>2. During a concurrent observation and interview on 1/7/25 at 9:28 a.m., with CNA 3, near ice chest by nursing station 2, CNA 3 confirmed there was an ice scoop which was stored uncovered on the cart.</p> <p>During a concurrent observation and interview on 1/7/25 at 9:50 a.m., with the DSD, near ice chest by nursing station 2, the DSD confirmed the ice scoop was stored uncovered. The DSD stated the ice scoop should be stored in a scoop container.</p> <p>An interview on 1/7/25 at 10:11 a.m., the IP stated the ice scoop must be stored covered to prevent exposure to dust or other contaminants in the environment.</p> <p>(continued on next page)</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of facility Policy and Procedure titled, Ice, revised 9/2017 indicated: . Ice scoops will be cleaned and stored in a separate container that limits exposure to dust .</p> <p>3. During a concurrent observation and interview on 1/8/25 at 10:00 a.m., in the 600 hallway, CNA 1 was observed handling resident garbage. CNA 1 was not observed performing hand hygiene before handling plastic straps. CNA 1 confirmed she had handled the garbage and then handled plastic wrist bands for the residents. CNA 1 stated she was supposed to perform hand hygiene after patient care activities such as handling garbage.</p> <p>An interview on 1/08/25 at 10:41 a.m., the ADM stated he expected staff to perform hand hygiene immediately before and after patient care activities.</p> <p>Review of policy and procedure Handwashing/Hand Hygiene effective date 9/18/23 indicated: .Purpose .This facility considers hand hygiene the primary means to prevent the spread of infections . All personnel shall be trained on the importance of hand hygiene preventing the transmission of healthcare - associated infections . All personnel shall follow the handwashing/ hand hygiene procedures to help prevent the spread of infections .Before and after contact with the resident . After contact with .visibly contaminated surface or after contact with objects in the resident room .</p> | | |