STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555645	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Ravine Healthcare Center	750 Auburn Ravine Road Auburn, CA 95603

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store and prepare food in accordance with professional standards of food safety for a census of 54 when several food items were not labeled and several food items were not disposed of once past their use-by date.These failures present a potential risk of foodborne illnesses for residents eating facility prepared meals. Findings:During the initial kitchen tour on 9/7/25 beginning at 8:03 a.m., with [NAME] 1 for confirmation (CK 1), the following items were observed to be past their use-by date: a container of apple sauce, four containers of prepared pudding, a bag of vanilla pudding mix and a container of fajita seasoning. Additionally, the following items were not labeled with a use-by date: a container of coleslaw, two trays of sour cream, one tray of peaches, one tray of custard dessert, and three pudding cups.During an interview on 9/9/25 at 12:10 p.m., with the Registered Dietitian (RD), the RD indicated that food items should be labeled with a date and should be tossed once they are past their use-by date to ensure food safety.During a review of the facility policy and procedure (P&P) titled, Food Receiving and Storage, revised 11/22, the P&P indicated, All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date).Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to properly label medications for a census of 54 when four eye drops were not labeled with resident names.This failure increased the potential for residents to receive medication that did not belong to them and for cross-contamination and infection.Findings:During a concurrent observation and interview on 9/8/25 with Licensed Nurse (LN1) of the number two medication cart, four eye drops in the top drawer were labeled only with a room number. LN 1 confirmed the findings and stated the eye drops should have the resident name on them. In case they move rooms.you don't want to give the medications to the wrong person.you don't want to mix them up, someone may be allergic.During an interview on 9/9/25 with the Director of Nursing (DON), the DON was shown a picture of the eyedrops. She confirmed the only identifier was a room number. The DON stated medications should be labeled with the resident names because residents could move rooms.During a review of the facility policy and procedures (P&P) titled, Labeling of Medication Containers, dated 4/19, the P&P indicated, All medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations.Labels for individual resident medications include all necessary information, such as.the resident's name.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to follow proper infection control practices for three of 14 sampled residents (Resident 9, Resident 11, and Resident 43) when:1. Resident 9's oxygen tubing and humidifier container (a small container of water connected to oxygen tubing used to moisten the air) were not changed after seven days,2. Resident 11's oxygen tubing and humidifier container were not labeled with a date, and3. A staff member did not put on a gown while providing care to Resident 43 who was on Enhanced Barrier Precautions (EBP, precautions taken to prevent the spread of disease and require the use of a gown and gloves).These failures had the potential to increase the spread of infection.Findings:1. Resident 9 was admitted to the facility in July of 2025 with diagnoses that included chronic obstructive pulmonary disease (COPD, a condition involving constriction of the airways and difficulty or discomfort in breathing).A review of Resident 9's Order Details (OD), dated 7/10/25, indicated, CHANGE HUMIDIFIER BOTTLE (if empty), O2 [oxygen] TUBING, and clean filter by washing with water and soap, then rinse and squeeze dry. Must me (sic) done weekly and PRN [as needed] every night shift every Fri [Friday].During a concurrent interview and observation on 9/7/25 at 9:07 a.m., with Certified Nursing Assistant 1 (CNA 1), Resident 9's oxygen tubing and humidifier container were found to be over seven days old. CNA 1 verbally confirmed that Resident 9's oxygen tubing had a date of 8/30/25.2. Resident 11 was admitted to the facility in September of 2025 with diagnoses that included acute respiratory failure with hypoxia (low levels of oxygen).During a concurrent interview and observation on 9/7/25 at 9:07 a.m., with CNA 1, Resident 11's oxygen tubing and humidifier container were not labeled with a date. CNA 1 verbally confirmed the findings.During an interview on 9/8/25 at 2:08 p.m. with the Infection Preventionist (IP), the IP indicated that oxygen tubing and humidifier container should be replaced every 7 days to prevent the buildup of pathogens.3. Resident 43 was admitted to the facility in August of 2025 with diagnoses that included benign prostatic hyperplasia (enlarged prostate).A review of Resident 43's OD, dated 8/13/25, the OD indicated, ENHANCED BARRIER PRECAUTIONS R/T [related to] indwelling catheters every shift.During a concurrent observation and interview, on 9/9/25 at 8:18 a.m., with the Director of Rehabilitation (DOR), the DOR was observed handling Resident 43's urinary catheter tubing with gloved hands but no gown. The DOR indicated that wearing a gown would be required to provide direct care to Resident 43 since he was on EBP.During an interview on 9/9/25 at 10:27 a.m. with the IP, the IP indicated that staff should be wearing a gown if staff will be providing high contact care to residents placed on EBP to prevent the spread of pathogens.During an interview on 9/9/25 at 3:20 p.m. with the Director of Nursing (DON), the DON indicated that she expected her staff to put on a gown and gloves when providing care to residents on EBP. The DON further indicated standards of practice suggest replacing oxygen tubing and humidifier container often and as needed.During a review of the facility's policy and procedure (P&P) titled Respiratory Therapy - Prevention of Infection, revised 8/15, the P&P indicated, Infection Control Considerations Related to Oxygen Administration.Mark the bottle with date and initials upon opening and discard when empty.Change the oxygen cannula [medical device that delivers supplemental oxygen to a patient through two prongs that fit into their nostrils] and tubing every seven (7) days, or as needed.During a review of the facility's P&P titled Enhanced Barrier Precautions, revised 12/24, the P&P indicated, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents.Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include.device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.).)