

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Marysville Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1617 Ramirez Street Marysville, CA 95901	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46147</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 13 sampled residents (Resident 2) was treated with dignity and respect during direct patient care.</p> <p>This deficient practice had the potential to negatively affect Resident 2's psychosocial well-being and did cause Resident 2 to become angry.</p> <p>Findings:</p> <p>During a review of the facility's policy revised 2/2021, titled, Dignity, indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of wellbeing, level of satisfaction with life, and feelings of self-worth and self-esteem. This policy also indicated residents are treated with respect and dignity at all times.</p> <p>During a review of the facility's policy revised 2/2021, titled, Resident Rights, indicated each resident is to be treated with respect, kindness, and dignity; and to be supported by the facility in exercising his or her rights.</p> <p>A review of Resident 2's clinical record indicated she was admitted to the facility on [DATE] with diagnoses that included injury of lower spine and pelvis, sequela (an after effect of a disease, condition, or injury), Chronic Obstructive Pulmonary Disease (COPD, a progressive lung disease), difficulty walking, chronic pain, heart disease, and a history of falls.</p> <p>A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 4/10/24, indicated that Resident 2 was cognitively intact (able to think and reason) and made her own decisions, and is her own responsible party (RP).</p> <p>A review of a care plan dated 4/8/24, indicated Resident 2 is dependent on staff for activities for daily living (ADLs-hygiene, toileting, grooming, dressing, and bathing) related to limited physical mobility and a history of falls with injury. This care plan indicated Resident 2 needed assistance of one staff member with transfers and ambulation related to pelvis fracture, pain, and weakness.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/3/24 at 2:30 pm, Resident 2 stated, I get tired of waiting on the Certified Nursing Assistants, (CNA)s. [CNA F] made me wait for 30 minutes to get help to the bathroom and I wet myself. [CNA F] was not supposed to come back in here. They promised me I would not have to see [CNA F] again. I am angry, I do not want an apology, I don't ever want to see her again.</p> <p>During an interview on 5/3/24 at 3:10 pm, Licensed Nurse (LN) A confirmed CNA F was not supposed to go back in Resident's 2 room after she discussed a complaint made by Resident 2. LN A stated, I think there might be a language barrier, and CNA F has received corrective action. I will also be providing more education to CNA F; she has only been a nurse assistant for less than 90 days.</p> <p>During an interview on 5/3/24 at 3:15 pm, Assistant Director Of Nursing stated, Yes, I agree CNA F did cause Resident 2 to become angry and this is a dignity issue for the resident, she needs to be monitored and put on alert charting. Even though she is her own RP, we will call the family.</p> <p>During an interview on 5/3/24 at 3:20 pm, the Director of Nursing (DON) confirmed she was aware of the complaint by Resident 2 about CNA F and this CNA was not supposed to have the assignment to help Resident 2 per request. DON stated, I will follow up with [CNA F] and tell her even if she is scheduled in error, she is not allowed to go into the room of Resident 2. We will monitor Resident 2 for any new behaviors since this mistake happened today.</p>		