

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Country Crest Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Concordia Lane Oroville, CA 95966	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 report injury of unknown origin for one resident (Resident 1) out of three sampled residents reviewed for abuse within 2 hours, to the California Department of Public Health (CDPH).</p> <p>This failure had the potential to delay investigation and interventions to prevent abuse to other residents in the facility.</p> <p>Findings:</p> <p>The facility ' s policy revised 1/10/24, titled Abuse Reporting and Investigation, indicated to promptly report all allegations of abuse as required by law and regulations to appropriate agencies within the required time frames. All allegations of abuse, neglect, exploitation, or injury of unknown cause/origin shall be reported to the Abuse Prevention Coordinator (APC) immediately. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property shall be reported by APC/Designee to local CDPH, Long Term Care Ombudsman and Local Law Enforcement either by telephone, email, or in writing (SOC 341, form to report alleged abuse or injury of unknown source) immediately.</p> <p>A review of Resident 1 ' s record indicated she had been admitted to the facility on [DATE] for diagnoses that included Urinary Tract Infection (UTI, bladder infection), dementia (a progressive brain disorder that slowly destroys memory and thinking skills, and eventually, the ability to carry out simple tasks), cognitive communication deficit (problems with the ability to think, learn, remember, use judgement, and make decisions), Diabetes (a disease when the body has too much sugar in the blood) and need for personal care. Resident 1 was unable to make her own decisions and did have a responsible party.</p> <p>During an observation on 4/17/24 at 12:17 pm, Resident 1 had a circular, dark purple discoloration, approximate size was 3 centimeters (cm, a unit of measure) by 2 cm on the lateral upper left arm. Resident 1 denied pain or discomfort of left arm.</p> <p>During an interview on 4/17/24 at 12:20 pm, with Licensed Nurse (LN) A, LN A stated, I would have reported this injury to Resident 1 to the abuse coordinator to follow up with an investigation and put Resident 1 on alert charting to monitor. It looks like a bruise with a blood blister in the middle.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent record review and interview with the Director of Nursing (DON) on 4/17/24 at 1:10 pm, the DON confirmed documentation had not been completed for Resident 1 in the progress notes. DON stated, I had not documented for Resident 1 ' s left upper arm injury on 4/15/24 when this was reported to me by a family member, but I was investigating the cause. I agree this injury should have been reported to CDPH.</p> <p>During a follow up interview on 4/17/24 at 1:15 pm, DON confirmed he had not updated the administrator to report Resident 1 ' s injury to left arm to all mandated agencies per their facility ' s policy and the family was not updated of the investigation in progress to Resident 1 ' s left upper arm.</p> <p>During an interview on 4/17/24 at 1:30 pm, the Administrator (Admin) confirmed the injury of unknown origin to Resident 1 ' s left upper arm should have been reported immediately. Admin stated, This was a miss on our part, I confirm the injury of unknown origin was 3 days late reporting to CDPH, we should have reported this injury on 4/15/24 when it was found. I was not updated about this injury to Resident 1, so I did not report.</p>		