STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555802	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Crest Post-Acute	50 Concordia Lane Oroville, CA 95966

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain food safety requirements regarding the preservation of a sanitary kitchen environment in addition to appropriate storage and labeling of foods when the main kitchen was observed to have a build up of grime and webbing on pipes under counters, mineral and corrosive (something that causes gradual harm due to a chemical reaction) buildup on pipes and draining apparatuses, dirt buildup on flooring and air gap drains, grease and grime on the hood over the stove, breadcrumb buildup in the toaster, dirt buildup on the filters and plastic of a portable cooler unit, a large unlabeled brisket thawing in the refrigeration unit, expired Yoplait yogurt in the refrigeration unit, a container of red gelatin dessert unlabeled in the refrigeration unit, and an inadequately covered cardboard box of sliced mushrooms in the refrigeration unit.This failure had the potential to result in disease transmission, increasing health complications and overall wellbeing issues to those residents' receiving their nutritional intake from the facility kitchen.During a review of the facility's policy and procedure titled, Sanitization, dated Revised October 2008, the policy indicated, The food service area shall be maintained in a clean and sanitary manner.During a review of the facility's policy and procedure titled, Food Receiving and Storage, dated Revised October 2017, the policy indicated, Food Services, or other designated staff, will maintain clean food storage areas at all times .Dry foods that are stored in bins will be .labeled and dated (use by date) .All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).During an observation on 1/12/26 at 11:00 am, in the main kitchen, the following was observed: The hood above the stove had an accumulative buildup of grease and grime.The pipes and drain hoses under the counter by the dishwasher had an accumulative buildup of grime and webbing, and the pipes and drain hoses under the preparation counter across from the dry storage had an accumulative buildup of grime and webbing.The pipes to the air gap in the floor under the counter by the dishwasher appeared to be encrusted in corrosive material and the flooring under the counter had an accumulative buildup of dirt.The drainpipe used for condensation (collection of water droplets) removal out of the refrigerator exhibited the presence of corrosive material on the pipe and the wall it was attached to, and the air gap drain on the floor where the pipe terminated appeared dirty and grimy.The pipes on the outside of the dishwasher appeared to have mineral and corrosive material buildup.The face of the dishwasher appeared to have mineral buildup along the crevices.The toaster had a buildup of breadcrumbs on top and within the appliance.The Scale Inhibitor apparatus (descaler, system that prevents mineral buildup in water lines and appliances) on the wall attached to the steamer exhibited a buildup of minerals.The portable cooler unit had an accumulative buildup of dirt on the filters through the vent openings and on the plastic throughout the unit.The 18 quart dry rice container was not labeled nor dated.An unopen 32 ounce container of Yoplait yogurt with an expiration date 20 [DATE], remained on the shelf in the refrigerator for usage. A cardboard box occupied by sliced mushrooms was inadequately covered exposing the sliced mushrooms.A large brisket (cut of beef) in the refrigerator was not labeled nor dated.A container of red gelatin dessert which had been partially served was not labeled nor dated.During a concurrent observation and interview with Food Service Director (FSD) on (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1/12/26 at 1:30 pm, in the main kitchen, all visual aspects of the kitchen was observed, FSD confirmed that the kitchen was not clean to acceptable standards, including the pipes and hoses throughout, the flooring and air gap drains, the portable cooling unit, the hood to the stove, the descaler for the steamer, and the toaster. Additionally the brisket, red gelatin dessert, and dry rice were not labeled nor dated, and the Yoplait yogurt was expired.During a concurrent observation and interview with Facility Dishwasher (FD) on 1/12/26 at 1:45 pm, in the main kitchen, the stove hood was observed to have a buildup of grease and grime. FD stated the hood to the stove is typically cleaned weekly but FD has not been able to clean it since December 2025 because there is too much work to do.During a concurrent observation and interview with Morning [NAME] (MC) on 1/12/26 at 2:00 pm, in the main kitchen, the stove hood was observed to have a buildup of grease and grime. MC stated it is usually cleaned weekly by FD but depending on what is going on it doesn't always get done.During a concurrent observation and interview with Certified Dietary Manager (CDM) on 1/13/26 at 08:30 am, in the main kitchen, all visual aspects of the kitchen was observed, CDM confirmed that the kitchen was not clean to acceptable standards, including the pipes and hoses throughout, the flooring and air gap drains, the portable cooling unit, the hood to the stove, the descaler for the steamer, and the toaster. Additionally, the brisket, red gelatin dessert, and dry rice were not labeled nor dated, and the Yoplait yogurt was expired.

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review the facility failed to maintain a clean homelike environment when two of three shower rooms were found to be less than adequately maintained when the laminate on counter tops was chipped, paint was chipped and not adhered to the walls above and around the shower stalls, flooring was in disrepair in front of the shower stalls, by the door, as well as within the shower stalls.This failure had the potential to result in disease transmission, with increasing health complications and overall wellbeing issues to those residents utilizing the common space.During a review of the facility's policy and procedure titled, Quality of Life - Homelike Environment, dated Revised May 2017, the policy indicated, The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: Clean, sanitary and orderly environment.During an observation on 1/12/26 at 4:00 pm, the resident shower rooms were observed for adherence to safety and overall cleanliness and sanitation. Shower room one was found to have chipped laminate along the counter tops, paint chipped and not adhering to the walls around the shower stall, and flooring in disrepair in front of the shower stallShower room two was found with water damage on the wall at floor level outside the shower room in between the shower room and supply storage, paint chipped and not adhering to the walls around the shower stall, and flooring in disrepair in front of the shower stall, by the door, and within the shower stall.During a concurrent observation and interview on 1/13/26 at 08:00 am, with Director of Nursing (DON), in shower room one and two, DON confirmed the shower rooms were in disrepair and did not represent a safe and aesthetic homelike environment for residents.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review the facility failed to ensure that it remained free from (potential) accidents and hazards when two of three shower rooms were observed to have a hole in the floor of one shower room, and an open box on the wall appearing to be a temperature control apparatus with exposed wires and sharp edges in the second shower room.This failure had the potential to result in physical injury leading to psychological trauma and health decline for residents utilizing the common space.During a review of the facility's policy and procedure titled, Hazardous Areas, Devices and Equipment, dated Revised July 2017, the policy indicated, All hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards.A hazard is defined as anything in the environment that has the potential to cause injury.During an observation on 1/12/26 at 4:00 pm, the resident shower rooms were observed for adherence to safety requirements. Shower room one was observed with an open, uncovered hole in the floor across from the shower stall large enough for a pipe fitting.Shower room two was observed with what appeared to be a temperature control apparatus on the wall with the lid off exposing small wires and sharp edges.During a concurrent observation and interview on 1/13/26 at 08:00 am, with Director of Nursing (DON), in shower rooms one and two, DON confirmed the shower rooms were in disrepair and concurred the hole in the floor and open temperature apparatus could result in safety issues posing potential risk of injury to residents.

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F 0826 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide physical therapy (PT) services as indicated on the evaluation for five out of five sampled residents (Resident 1, 9, 13, 34, and 41) when:Residents 1, 34, and 41 were not provided with PT five times a week.Residents 9 and 13 were not provided with PT three times a week.This had the potential to result in a decline in physical function and physical ability and prevented Resident 1, 9, 13, 34, and 41 from reaching their full potential and causing health complications and emotional dysfunction. A review of Resident 1's clinical record indicated, Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnosis that included, muscle weakness, unsteady on feet, dementia (loss of memory), and anxiety (fear of unknown).During an interview on 1/12/26 at 11:00 a.m., with Resident 1, Resident 1 stated he did not think he was getting PT, as much as he is supposed to, last two weeks of December.A review of Resident 34's clinical record indicated, Resident 34 was admitted to the facility on [DATE], with diagnosis that included, Muscle weakness, unsteady on feet, and arthritis.During an interview on 1/12/26 at 11:45 a.m., with Resident 34, Resident 34 stated she did not get PT five times a week for the month of December and beginning of January.A review of Resident 41's clinical record indicated, Resident 41 was admitted to the facility on [DATE], with diagnosis that included, Fracture to lower back, muscle weakness, unsteady on feet, and lack of coordination.During an interview on 1/12/26 at 3:17 p.m., with Resident 41, Resident 41 stated that he only got PT three times the week of 12/21/25 and only two times the week of 12/28/25.During a concurrent interview and record review, on 1/14/26 at 3:00 p.m., with the Director of Rehabilitation (DR), Resident 1, 34, and 41's Physical therapy and Evaluation Plan of treatment (PT eval & TX,) was reviewed, the PT eval & TX indicated, Resident 1, 34, and 41 were to get PT five times a week. DR confirmed resident 1, 34, and 41 did not get PT five times a week for the week of 12/21/25 through 12/27/25 and for the week of 12/28/25 through 1/3/26.A review of Resident 9's clinical record indicated, Resident 9 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnosis that included, muscle weakness, unsteady on feet, and dementia (loss of memory).During an interview on 1/12/26 at 12:30 p.m., with Resident 9, Resident 9 stated He never received PT for the week of 12/21/25 and the week of 12/28/25. Resident 9 said no one even showed up.A review of Resident13's clinical record indicated, Resident 13 was admitted to the facility on [DATE], with diagnosis that included, paralysis to right side of body, unsteady gait and walking, and high blood pressure.During an interview on 1/12/26 at 2:00 p.m., with Resident 13, Resident 13 stated she only got PT once for the week of 12/21/25 and none at all for the week of 12/28/25.During a concurrent interview and record review, on 1/14/26 at 3:00 p.m., with the Director of Rehabilitation (DR), Resident 9 and 13's PT eval & TX was reviewed, the PT eval & TX indicated, Resident 9 and 13 were to get PT three times a week. DR confirmed resident 9 and 13 did not get PT three times a week for the week of 12/21/25 through 12/27/25 and for the week of 12/28/25 through 1/3/26.During a concurrent interview and record review on 1/15/26 at 2:00 p.m., with the DR, the facility's policy and procedure (P&P) titled, Rehabilitation Services, dated January 2017 was reviewed. The P&P indicated, Purpose: To promote quality of care for all residents. To hold Rehabilitation Services staff accountable to the facility mission, objectives, and goals. Mission: Rehabilitation Services provides the highest quality standard of PT. Goals: To provide professional rehabilitation services when prescribed by physicians. To treat residents. The DR Confirmed the P&P was not followed due to a PTA quit the last week of December.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement an individualized patient-centered care plan for two of 15 sampled residents (Resident 9 and 41) when:Certified Nurse Assistant (CNA 3) transferred Resident 9 to bed without assistance and Resident 9 fell to the floor.CNA 3 ambulated Resident 41 without assistance and Resident 41 fell to the floor causing a skin tear.These failures resulted in Resident 9 and Resident 41 to fall had had the potential to cause broken bones. 1.A review of Resident 9's clinical record indicated, Resident 9 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnosis that included, muscle weakness, unsteady on feet, and dementia (loss of memory).During an interview on 01/12/26 at 12:30 p.m., with Resident 9, Resident 9 said that last month CNA 3 was helping him get into his wheelchair by herself and he lost his balance and slipped to the floor. Resident 9 told CNA 3 that she needed another person to help but she ignored him. During a review of Resident 9's Progress Notes (PG), dated 12/31/25 at 4:07 p.m., the PG indicated, Resident 9 was being transferred from bed to wheelchair by CNA 3. CNA 3 tried to do a stand and pivot transfer, but Resident 9 was too weak to bear weight and Resident 9 was lowered to the floor.During a concurrent interview and record review, on 01/13/26 at 10:30 a.m., with the Director of Nursing (DON), Resident 9's Care Plan dated 12/26/25 was reviewed, the Care Plan indicated that Resident 9's Mobility Deficit as evidenced by: Requiring assistance or is dependent in: Mobility- Chair/Bed-to-Chair Transfer. Interventions: use of two persons during transfers. DON confirmed CNA 3 was supposed to get help when transferring Resident 9.During a concurrent interview and record review, on 1/14/26 at 11:00 a.m., with the Director of Rehabilitation (DR), Resident 9's Physical therapy and Evaluation Plan of treatment (PT eval & TX,) was reviewed, the PT eval & TX indicated, Resident 9 was a maximum assist with transfers. DR confirmed maximum assistance means there should always be two CNA's when transferring Resident 9.2. A review of Resident 41's clinical record indicated, Resident 41 was admitted to the facility on [DATE], with diagnosis that included, Fracture to lower back, muscle weakness, unsteady on feet, and lack of coordination.During an interview on 1/12/26 at 3:17 p.m., Resident 41 stated that last month CNA 3 was helping him walk to the bathroom by herself and he lost his balance and fell. When he fell CNA 3 grabbed his right arm and tore his skin.During an interview on 1/12/26 at 4:00 p.m., with confidential witness (CW), CW stated, I witnessed CNA 3 walking Resident 41 to the bathroom by herself, Resident 41 lost his balance and fell to the floor. When Resident 41 fell CNA 3 grabbed his right arm and caused a skin tear.During a review of Resident 41's PG dated 12/29/25 at 3:09 p.m., the PG indicated, Resident 41 was turning to put the front wheel walker aside and lost his balance. CNA 3 reached to help Resident 41 lower to the floor and caused a skin tear to Resident 41's right arm.During a concurrent interview and record review, on 01/13/26 at 10:30 a.m., with the Director of Nursing (DON), Resident 41's Care Plan dated 12/26/25 was reviewed, the Care Plan indicated that Resident 41's Mobility Deficit as evidenced by: Requiring assistance or is dependent in: Transfer- Walking-Wheelchair. Interventions: use of two persons during transfers. DON confirmed CNA 3 was supposed to get help when transferring or walking Resident 41.During a concurrent interview and record review, on 1/14/26 at 11:00 a.m., with DR, Resident 41's PT eval & TX, was reviewed, the PT eval & TX indicated, Resident 41 was a maximum assist with transfers and walking. DR confirmed maximum assistance means there should always be two CNA's when transferring Resident 41.During an interview on 1/12/26 at 4:30 p.m., with CNA 1, CNA 1 stated Resident 9 and Resident 41 are both two-person assistance when transferring or walking them.During an interview on 1/14/26 at 4:30 p.m., with CNA 2, CNA 2 stated Resident 9 and Resident 41 are both two-person assistance when transferring or walking them.During a concurrent interview and record review on 1/15/26 at 2:00 p.m., with the DON, the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Person-Centered, dated December 2016 was reviewed. The P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. and will be consistent with the resident's rights to participate in the development and implementation of his or her care plan. The DON Confirmed the facility staff should have followed the P&P but didn't.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to ensure professional standards were followed when nursing staff failed to wear appropriate personal protective equipment (PPE) while handling hazardous medication (medications that can cause serious effects including cancer, organ toxicity, fertility problems, genetic damage, and birth defects if not handled appropriately).This failure had the potential to result in unwanted exposure to hazardous medications leading to health complications. Findings:During a review of the facility's policy and procedure (P&P) titled, Medication Administration General Guidelines, dated 1/24, the P&P indicated, Medications are administered as prescribed in accordance with manufacturers specifications, good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.A review of the Occupational Safety and Health Administration (OSHA) 's current recommendations for addressing the health and safety hazards faced by healthcare workers titled, Controlled Occupational Exposure to Hazardous Drugs, indicated, IV. Work Areas. B. Administration of Drugs to Patients: Administration of hazardous drugs (HDs) to patients is generally performed by nurses or physicians. The potential for occupational exposure exists for every route of drug administration. Drug Administration: HDs are administered through many different routes, in several types of settings, and for numerous disease states, Safe handling is required for all HDs no matter how they are used. (https://www.osha.gov/hazardous-drugs/controlling-occex; accessed 1/22/26)During a medication pass observation on 1/13/25 at approximately 8:30 am with Licensed Nurse 4 (LN 4), LN 4 was observed preparing three medications for Resident 23, including phenytoin (a medication to treat seizures) 100 milligrams (mg, a unit of measurement), 2 capsules. The pharmacy label affixed to the bubble pack indicated the medication was hazardous. LN 4 prepared the medications without wearing gloves or any other personal protective equipment.During an interview on 1/13/25 at 9:05 am with LN4, LN 4 stated the expectation is to use gloves when handling phenytoin and confirmed they did not wear any during the medication preparation or administration.During an interview on 1/13/25 at 2:43 pm with Director of Nursing (DON), DON stated that proper precautions, including the use of gloves, were expected during medication administration. DON stated nursing staff were expected to follow precautionary instructions listed on the pharmacy label.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure accurate accountability of controlled medications (those with high potential for abuse or addiction) when random controlled medication audits for one out of four residents (Resident 16) did not reconcile. Two controlled medications were signed out of the Controlled Drug Record (CDR, an inventory sheet that keeps record of the usage of controlled medications) but were not accurately documented on the Medication Administration Record (MAR) to indicate they were administered to the resident.This failure resulted in the facility being unable to ensure accurate accountability of controlled medications and had the potential for diversion or misuse, unavailability of emergency medications when needed, and failure to meet the resident's therapeutic needs, placing the resident at risk for worsening of their medical conditions.Findings:A review of Resident 16's medical record indicated Resident 16 was admitted on [DATE] with diagnoses that included anxiety, high blood pressure, and fracture of thoracic vertebra (a break in the bones of the middle back.)Resident 16 had a physician's order dated 7/1/24, for tramadol (a medication to treat pain) 50 milligrams (mg, a unit of measure), 1 tablet by mouth every 6 hours as needed for moderate to severe pain. The CDR indicated 1 tablet was signed out on 8/11/25 at 5 pm, 12/20/25 at 8:15 am, 12/24/25 at 7:30 am, and 12/31/25 at 7:30 am. The MAR did not indicate tramadol was administered to Resident 16 for these dates and times.Resident 16 had a physician's order dated 9/23/25, for Ativan (a medication to treat anxiety) 0.5 mg, 1 tablet by mouth every 12 hours as needed for anxiety. The CDR indicated 1 tablet was signed out on 10/1/25 at 5 am. The MAR did not indicate Ativan was administered to Resident 16 on this date.During a concurrent interview and record review on 1/13/26 at 2:43 pm with Director of Nursing (DON), DON confirmed the CDRs and MARs for Resident 16's tramadol and Ativan were not accurate. The DON stated that when a controlled medication is administered, it is signed out of CDR and the MAR, and the dates and times must reconcile between the two records.During a review of the facility's policy and procedure titled, Medication Administration General Guidelines, dated 01/24, indicated, the individual who administers the medication dose, records the administration of the residents MAR immediately following the medication being given. In no case should the individual who administered the medication report off duty without first recording the administration of any medications.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observation, interview, and record review, the facility failed to ensure two of five sampled residents (Resident 9 and Resident 29) were free of significant medication errors when both residents received latanoprost eye drops (a medication to treat glaucoma and ocular hypertension) multiple times (doses) past the expiration date.This failure had the potential for ineffective use of the latanoprost eye drops, placing the residents at risk for worsening of their medical conditions.Findings: During a concurrent record review and inspection of Medication Cart 1 on 1/12/26 at 1:25 pm alongside Licensed Nurse 3 (LN 3), two bottles of latanoprost eye drops opened 11/14/25 for Resident 9 and 29, were identified. LN3 reviewed the manufacturer's labeling on the bottle which indicated, Opened bottle may be stored at room temperature for 6 weeks. LN 3 confirmed both eye drops had expired on 12/26/25. She stated nursing staff had continued to administer the eye drops to Resident 9 and 29 beyond their expiration date, and confirmed that medication can be less effective when used beyond the expiration date.A review of Resident 9's medical record indicated a physician's order for latanoprost ophthalmic solution 0.005%, instill 1 drop in both eyes at bedtime for glaucoma, dated 11/20/25.A review of Resident 9's December 2025 and January 2026 Medication Administration Record (MAR) indicated latanoprost was administered to Resident 9 sixteen times past the expiration date.A review of Resident 29's medical record indicated a physician's order for latanoprost ophthalmic solution 0.005%, instill 1 drop in both eyes at bedtime for glaucoma, dated 11/25/25.A review of Resident 29's December 2025 and January 2026 MAR indicated latanoprost was administered to Resident 29 sixteen times past the expiration date.During an interview on 1/13/26 at 2:43 pm with Director of Nursing (DON), DON stated nursing staff were expected to check the expiration date of a medication prior to administration. He stated that if there was an earlier expiration date after first use, that was to be added to the medication label. The DON stated this was to ensure the effectiveness of the medication.During a review of the facility's policy and procedure titled, Medication Administration General Guidelines, dated 1/24, the policy indicated that nursing staff are required to place a date opened label on applicable medications and document the date opened. The policy further indicated that certain medications, including multidose vials and ophthalmic drops, have shortened beyond use dates once opened to ensure medication purity and potency, and the manufacturer recommendations for beyond use dating are to be followed.A review of the manufacturer's labeling for latanoprost, revised 8/2011, the labeling indicated, . Once a bottle is opened for use, it may be stored at room temperature up to 25 C (77 F) for 6 weeks.According to an article dated 10/31/25 by the United States Food and Drug Administration, Expired medical products can be less effective or risky due to a change in chemical composition or a decrease in strength. Certain expired medications are at risk of bacterial growth and sub-potent antibiotics can fail to treat infections, leading to more serious illnesses and antibiotic resistance. Once the expiration date has passed there is no guarantee that the medicine will be safe and effective. If your medicine has expired, do not use it. (https://www.fda.gov/drugs/special-features/dont-be-tempted-use-expired-medicines; accessed 1/22/26)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555802	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Crest Post-Acute	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)
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 ensure opened multi-dose medications and biologicals were dated with an open and discard date to ensure they were not used beyond the discard date, and expired medications were not available for resident use.This failure had the potential for residents to receive medications or biologicals with unsafe and reduced potency from being used past their discard date, and incorrect medications from inadequate labeling.Findings:During a review of the facility's policy and procedure (P&P) titled, Medication Administration General Guidelines, dated 1/24, the P&P indicated, medication expiration dates must be checked, expired medication will not be administered to a resident, the nurse is to place a date opened label on applicable medications and document the date, and the manufacturer recommendations for beyond use dating are to be followed.During a review of the facility's P&P titled, Medication Storage - Storage of Medication, dated 1/24, the P&P indicated, Insulin vials and pens are to be labeled with the date when initially opened. Outdated medications are to be immediately removed from inventory, disposed of, and documented with the pharmacy when a current order exists.During a review of the facility's P&P titled, Medication Brought to the Facility by the Resident/Family, undated, the P&P indicated, when a medication brought from outside the facility is determined to be necessary for the resident, the DON and nursing staff, with support from the physician and pharmacist, are responsible for ensuring the medication is properly labeled in accordance with the facility policy and the contents have been verified by a licensed pharmacist.During an inspection of medication cart 3 on 1/12/26 at 12:50 pm alongside Licensed Nurse 5 (LN 5), one Trelegy (an inhaler used for the treatment of asthma) 100 micrograms (mcg, a unit of measurement) /62.5 mcg/25 mcg inhaler, and one Anoro (an inhaler used for the treatment of chronic obstructive pulmonary disease) 62.5 mcg/25 mcg inhaler both opened and unlabeled with an opened date were identified. Also, one Lantus Solostar (an insulin to treat diabetes) 100 units/milliliter (u/ml) insulin pen opened and unlabeled with an open date was identified. LN 5 confirmed the medications were available for use but lacked labels indicating the date opened. LN 5 confirmed the medications expire after a specified period once opened, which would be reflected by an open-date label, and stated they believed the insulin pen is stable for only 28 days at room temperature. During an inspection of Medication Cart 1 on 1/12/26 at 1:25 pm alongside Licensed Nurse 3 (LN 3), two bottles latanoprost (used to lower high fluid pressure within the eye) 0.005% eye drops, opened on 11/14/25 were identified. LN 3 reviewed the manufacturer's labeling on the package which indicated, Opened bottle may be stored at room temperature for 6 weeks. LN 3 confirmed both medications expired on 12/26/25. Also identified was one albuterol inhaler expired 1/2025. LN 3 confirmed the finding and stated it should not have been available in the medication cart for administration. During an interview on 1/13/26 at 2:43 pm with Director of Nursing (DON), DON stated nursing staff were expected to check the expiration date of a medication prior to administration. He stated if there was a date that a medication should be disposed of before the expiration date, it should have been added to the medication label. DON stated the identified albuterol inhaler that expired 1/2025 may have been a medication the resident brought from home. The DON stated home medication was not permitted in the medication cart unless approved by the physician and labeled by the pharmacy. He stated an unlabeled medication brought from home was not permitted in the medication cart.