

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555889	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Mountain Manor Senior Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 6101 Fair Oaks Boulevard 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>32096</p> <p>Based on observation, interview and record review, the facility failed to ensure one of three sampled resident's (Resident 3's) rights were exercised when the resident was moved to another room without advance notice.</p> <p>This failure resulted in a violation of Resident 3's rights and left the resident confused.</p> <p>Findings:</p> <p>Review of Resident 3's medical record, ADMISSION RECORD, indicated the resident was admitted to the facility in the spring of 2024 with diagnoses that included heart problems. The Admission Record indicated Resident 3 was his own responsible party (RP).</p> <p>In an interview on 8/6/24 at 11:15 a.m., Resident 3 was in his wheelchair near the door of a room in the hallway. Resident 3 stated he was being moved to the room at that time and stated he did not know why he was moving. Resident 3 stated someone came in his room that morning and said, You're moving, while clapping his hands. Resident 3 said he did not receive any notification regarding the room change, did not know where his new room was, or who the new roommate would be and still had not met the roommate. Resident 3 stated, I did not give my consent to the room change and indicated staff were packing his stuff while he was waiting outside his new room to be moved in. Resident 3 stated that he might be being moved because he did not get along well with one of the staff.</p> <p>Review of the facility's May 2027 revised policy and procedure, Room Change/Roommate Assignment, stipulated, Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives (sponsors)) will be given advance notice of such change .Advance notice .will include why the change is being made and any information that will assist the roommate in becoming acquainted with his or her new roommate.</p> <p>In an interview on 8/6/24 at 12:30 p.m., in the conference room, the Administrator stated Resident 3 was moved to another room with a male resident at the request of the facility for a new female resident admission. The Administrator stated the room change should have been discussed with the resident and consent obtained from the resident prior to the room change. The Administrator stated the room change for Resident 3 was discussed during the Interdisciplinary Team (IDT) stand up meeting that morning. The Administrator stated resident's room changes were handled by the Social Services and verified that Resident 3 had no history of false accusation.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a concurrent interview and record review on 8/6/24 at 1:05 p.m. in the conference room, the Social Service Director (SSD) stated it was the facility policy to ask the resident or the resident representative for verbal consent before or upon a room change. The SSD indicated the facility did not use any consent form for the resident/RP to sign but the SSD documented regarding the room change notice, RP consent and the follow up notes of the resident's room change adjustment in the resident medical record. In a concurrent review of Resident 3's medical record, there was no documented evidence that the facility provided a written or verbal notice of the room change to Resident 3. There was no documented evidence that the SSD explained why the room change was required or offered the resident an opportunity to see his new room and/or to meet his roommate and to ask questions about the move. There was no documentation whether Resident 3 had consented to the room change. The SSD verified the record review findings for Resident 3 and stated the room change for the resident was first discussed that morning during the IDT meeting. The SSD stated the IDT meeting started at 9:30 a.m. that morning.</p>		