

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
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NAME OF PROVIDER OR SUPPLIER RIVER VALLEY HEALTHCARE & WELLNESS CENTRE, LP	STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for one complaint. Complaint: CA00954618 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the Complaint : CA00954618 (Refer to F690)	F 000	(see attached)	
F 690 SS=E	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and	F 690	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center;">CA DEPT OF PUBLIC HEALTH CHCQ Field Operations North Division- Chico</p> <p>Received Date: <u>4/23/25</u></p> <p>Compliance Date: <u>4/24/25</u></p> <p>Approved Date: <u>4/24/25</u></p> <p>Approved By: <u>Paul Lister HFES</u></p> </div>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/23/25
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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.

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F 690	<p>Continued From page 1</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to monitor output of foley catheters (FC - a thin, flexible tube that drains urine from the bladder into a bag) per facility policy and physician orders for three of three sampled residents (Resident 1, 2, 3).</p> <p>This failure had the potential to endanger the residents and cause complications due to inaccuracies in fluid balance monitoring.</p> <p>Findings:</p> <p>A record review of facility policy "Catheter - Care of" dated 6/10/21 indicated "Nursing staff will assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor, and amount of urine."</p> <p>A record review of Resident 1 ' s admission record indicated Resident 1 was admitted to the facility on 3/5/25 with diagnoses that included obstructive and reflux uropathy (here there's a blockage in the urinary tract, preventing the</p>	F 690		

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F 690	Continued From page 2 normal flow of urine), atrial fibrillation (a type of irregular heartbeat where the upper chambers of the heart beat out of sync and very rapidly), and metabolic encephalopathy (a brain dysfunction caused by problems with the body's metabolism or other systemic illnesses). A record review of facility physician orders dated 3/5/25 indicated staff were to "assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor and amount of urine output, every shift." A record review of Resident 1 ' s Intake and Output record dated 3/5/25 to 3/26/25 indicated no output from Resident 1 was documented. A record review of Resident 1 ' s Bladder Report dated 2/26/25 to 3/26/25 indicated no output from Resident 1 was documented. A record review of Resident 2 ' s admission record indicated Resident 2 was admitted to the facility on 1/29/25 with diagnoses that included retention of urine (the inability to completely empty the bladder, either suddenly (acute) or over time (chronic), metabolic encephalopathy, congestive heart failure (a condition where the heart can't pump enough blood to meet the body's needs), and benign prostatic hyperplasia (where the prostate gland grows larger than normal). A record review of facility physician orders dated 1/30/25 indicated staff were to assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor and amount of urine output, every shift."	F 690			

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F 690	Continued From page 3 A record review of Resident 3 ' s admission record indicated Resident 3 was admitted to the facility on 3/18/25 with diagnoses that included chronic obstructive pulmonary disease (COPD - lung disease causing restricted airflow and breathing problems), acute respiratory failure with hypoxia (the respiratory system cannot adequately oxygenate the blood, resulting in low blood oxygen levels), irritable bowel syndrome (IBS - a functional gastrointestinal (GI) disorder characterized by abdominal pain and changes in bowel habits, such as diarrhea, constipation, or both), and constipation (where bowel movements occur less than three times a week, and stools are hard, dry, or difficult to pass). A record review of facility physician orders dated 3/18/25 indicated staff were to "assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor and amount of urine output, every shift." During a concurrent interview with the Director of Nursing (DON) on 4/10/25 at 12:01 pm, DON confirmed there was no output documented for Resident 2 and Resident 3 on their facility Intake and Output reports and Bladder reports from January 2025 to April 2025. DON also confirmed physician orders for Resident 1, 2, and 3 ordered output from FC bags to be documented. DON confirmed facility policy indicated staff was supposed to document FC bag output. DON confirmed FC bag output was not documented for Resident 1, 2 and 3, per policy. DON stated facility catheter policy and physician orders were not followed, and "should have been."	F 690			

River Valley Healthcare & Wellness Centre

“Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of health and safety code section 1280 CFR 483 et seq”

F690 SS=E Bowel/Bladder Incontinence, Catheter, UTI CFR(s):483.25(e)(1)-(3)

Corrective action for residents found to have been affected by this deficiency:

Resident 1, 2, 3 were assessed by the IDT and have updated orders for urine output as well as task in POC for CNA to chart output of Foley catheter. All three patients are currently at baseline with no ASE related to Foley catheter.

Corrective action for residents that may be affected by this deficiency:

Three additional residents identified through the order listing report to require updated orders and tasks for urine output. All residents identified have updated orders as well as CNA task in POC. The Clinical Meeting held Monday through Friday under the guidance of the Director of Nursing Services will review new admissions as well as order listing report for any new identified residents with Foley Catheter.

Measures put into place or systematic changes that facility will make to ensure that the deficient practice does not occur again:

Education was provided to the Licensed Nurses, CNA's, and IDT clinical team on assuring compliance for obtaining orders for urine output of Foley catheter as well as POC task for CNA for urine output on all new Foley catheter orders on 4/10/25 and again during mandatory CNA meeting on 4/16/25. Daily review provision is to occur at the Monday through Friday Clinical Meeting. In addition, training included review of the policy and procedure for catheter care. This training was provided by the Director of Nursing and Staff Development Director. Additional training will be provided as indicated.

Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not reoccur:

IDT clinical team will review all new admissions, as well as daily order listing report during Clinical Meeting held Monday through Friday under the guidance of the Director of Nursing Services. All identified residents with Foley catheter orders will be reviewed for CNA POC task for urine output as well as nursing orders for output. Any concerns or trends identified will be addressed immediately and additional education provided and counselling if appropriate. Director of Nursing will bring all findings to the Quality Assurance and Performance Improvement Committee Meeting every month for three

months. If identified, additional recommendations will be made under the guidance of the Executive Director and committee and implemented until substantial compliance is met and sustained.

Completion date:4/24/25