

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

PRINTED: 05/19/2025
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 05/14/2025
NAME OF PROVIDER OR SUPPLIER RIVER VALLEY HEALTHCARE & WELLNESS CENTRE, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for a facility reported incident. Facility reported incident: CA00960702 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. A deficiency was issued for facility reported incident CA00960702 at F880.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the	F 880	<i>" please see attached "</i>	

CA DEPT OF PUBLIC HEALTH
CHCQ Field Operations North Division- Chico

Received Date: 5/28/25

Compliance Date: 5/28/25

Approved Date: 5/28/25

Approved By: Yvonne Mulcahy, HFES

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 05/28/2025

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 880	<p>Continued From page 1</p> <p>facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report an outbreak of gastroenteritis (symptoms could include vomiting and diarrhea, which could be caused by an infection) to the California Department of Public Health (CDPH, responsible to protect the health of the public) in a timely manner.</p> <p>This failure had the potential for infection to spread to all residents, facility staff, and the community.</p> <p>Findings:</p> <p>A review of the All Facilities Letter 23-08 (a letter from the Center for Health Care Quality, responsible for regulatory oversight, that contained reminders, recommendations, or information regarding changes in healthcare requirements), dated 1/18/23, indicated, an outbreak was defined as a disease or condition that affected more residents than expected, included gastroenteritis (an illness that caused vomiting, diarrhea, and stomach pain), and "Outbreaks of any condition should generally be reported."</p> <p>A review of the facility 's policy and procedure titled, "Unusual Occurrence Reporting," revised</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>5/30/24, indicated, unusual occurrences would be reported to the appropriate agencies within 24 hours.</p> <p>A review of "Unusual occurrence for unknown gastrointestinal [involved the mouth, stomach, and intestines] outbreak," dated, 5/5/25, indicated, two residents vomited on 5/1/25, three residents vomited on 5/3/25, and five residents had vomited on 5/4/25.</p> <p>During a concurrent interview and record review on 5/14/24 at 11:55 am, with Infection Preventionist (IP), the "LTC Acute Gastroenteritis Surveillance Line List" (line list) for residents, dated 5/2/25 was reviewed. IP confirmed, the line list indicated, symptoms of gastroenteritis, that included vomiting and/or diarrhea, were experienced by 12 residents from 5/1/25 through 5/5/25 and seven residents experienced symptoms that included vomiting, diarrhea, and/or a fever, from 5/6/25 through 5/13/25. IP confirmed, CDPH was notified by the Director of Nursing (DON) on 5/5/25.</p> <p>During an interview on 5/14/25 at 12:51 pm, DON confirmed that the facility reported a suspicion of gastrointestinal outbreak on 5/5/25 and was not reported in a timely manner.</p>	F 880			

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”

F880 SS=D Infection Prevention & Control CFR(s):483.80(a)(1)(2)(4)(e)(f)

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

All residents reviewed on line listing for gastrointestinal illness 5/5/25 and had returned to baseline. County, state agencies notified on 5/5/25 of suspected outbreak.

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

No residents were affected upon review. The Clinical Meeting held Monday through Friday under the guidance of the Director of Nursing Services will review all changes of condition to identify any suspected outbreak.

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 5/5/25 assuring compliance for reporting any suspected communicable illness to Infection Preventionist related to patients and staff illness. This training was provided by the Infection Preventionist and Director of Nursing Services. Additional training will be provided as indicated. Daily review of change of condition is to occur Monday through Friday during the Clinical Meeting through guidance of Director of Nursing Services. In addition, training included review of the policy and procedure for unusual occurrence reporting with Infection Preventionist provided by Director of Nursing on 5/5/25. Infection Preventionist to monitor all suspected communicable illness and report to CDPH and county agencies upon two suspected cases.

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 suspected communicable illness, as well as daily infection line listing during Clinical Meeting held Monday through Friday under the guidance of the Director of Nursing Services. Upon two or more suspected communicable illness Infection Preventionist will report to CDPH and county. 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:5/28/25

