

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

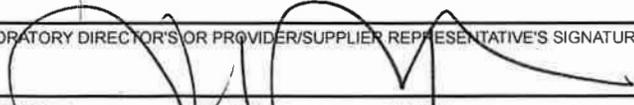
PRINTED: 03/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>03/19/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBOR POST ACUTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 SPRINGFIELD DRIVE CHICO, CA 95928</b>
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{F 000}	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during a first revisit for a recertification survey conducted from 3/18/25 to 3/19/25.  The inspection was limited to the specific deficiencies previously cited and does not represent the findings of a full inspection of the facility.  There were no deficiencies for the revisit survey.  One new deficiency was issued at F686.  Census: 133 F 686 SS=D Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 123), was turned	{F 000}	<div style="border: 2px solid blue; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: blue;"><b>CA DEPT OF PUBLIC HEALTH</b> CHCQ Field Operations North Division- Chico</p> <p>Received Date: <u>03/24/2025</u></p> <p>Compliance Date: <u>3/20/25</u></p> <p>Approved Date: <u>3/24/25</u></p> <p>Approved By: <u>Paul Lister HFES</u></p> </div> <p><b>F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer</b></p> <p><b>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>The resident identified was turned upon identification and transferred to her wheelchair.</p> <p>Additionally, a task was added to the POC charting to turn and reposition every 2 hours.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>3/24/25</b>
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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 686	<p>Continued From page 1</p> <p>and repositioned as ordered to prevent skin break down, promote circulation, and provide pressure relief.</p> <p>This failure resulted in areas of redness to Resident 123's skin and wrinkles to her skin from the bed linens and the potential to contribute to Resident 123 developing a pressure ulcer (open area of the skin, or bedsore caused by prolonged pressure) which could lead to complications including pain, discomfort, and infection.</p> <p>Findings:</p> <p>During a review of the facility's policy revised 5/2013, titled, "Repositioning," indicated the purpose of repositioning is to provide guidelines for the evaluation of resident's repositioning needs, to aid in the development of an individualized care plan for repositioning, to promote comfort for all bed or chair bound residents and to prevent skin breakdown, promote circulation and provide pressure relief for residents. Repositioning is a common, effective intervention for preventing skin break down, promoting circulation, and providing pressure relief. Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning.</p> <p>During a review of the facility's policy revised 4/2020, titled, "Prevention of Pressure Injuries," indicated the purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Inspect the skin on a daily basis when performing or assisting with personal care or ADLs. Identify any signs of developing pressure injuries (non-blanchable erythema),</p>	F 686	<p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>Any dependent resident has the potential to be affected by the practice.</p> <p>On 3/19/25, Director of Staff Development educated on repositioning and turning of this resident to the CNA on duty.</p> <p>On 3/20/25, this resident was picked up by therapy to assist with increased range of motion and activity.</p> <p><b>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not reoccur:</b></p> <p>On 3/19/25, Director of Staff Development initiated education on repositioning and turning policy.</p> <p>Director of Staff Development will conduct daily visual audits, Monday through Friday, of three residents turning and repositioning.</p> <p><b>How the facility plans to monitor its performance to make sure that the solutions are sustained:</b></p> <p>Audit results will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meeting. If 95% compliance is achieved after 90 days, the issue will be resolved within QAPI.</p>		

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F 686	<p>Continued From page 2</p> <p>inspect pressure points (sacrum, heels, buttocks, coccyx, elbows, ischium, trochanter, etc.) and reposition resident as indicated on the care plan. Reposition all residents with or at risk of pressure injuries on an individualized schedule and choose a frequency for repositioning based on the resident's risk factors, and current clinical practice guidelines.</p> <p>During a review of a policy revised 3/2018, titled, "Activities of Daily Living (ADLs), Supporting," indicated residents who are unable to carry out ADLs [Activities of Daily Living] independently will receive appropriate care and services for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene, (bathing, dressing, grooming, and oral care), mobility (transfer and ambulation, including walking), elimination (toileting), and dining (meals and snacks). The resident's response to interventions will be monitored, evaluated, and revised appropriately.</p> <p>During a review of Resident 123's medical record, the "Admission Record," indicated Resident 123 was admitted to the facility on 1/26/24 with diagnoses that included unspecified dementia (decline in mental ability such as thinking, remembering, and reasoning that affect activities of daily life), diabetes (too much sugar in the blood), dysphagia (difficulty swallowing), Lichen Sclerosis ET Atrophicus (long lasting skin disorder that often affects the genitals and anus which causes inflammation and itching), depressive disorder (persistent feelings of sadness and loss of interest in activities), and seizures (sudden, uncontrollable body</p>	F 686	<p><b>Include dates when corrective action will be completed:</b></p> <p>Corrective action for deficient practice will be completed by March 20th, 2025.</p>		

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F 686	<p>Continued From page 3</p> <p>movements that occur due to abnormal electrical activity in the brain).</p> <p>A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 1/30/25, indicated that Resident 123 had a Brief Interview for Mental Status, (BIMS) score of 00 out of 15 which indicated Resident 123 was not able to complete the interview and had a severe cognitive deficit (ability to think and reason). This MDS also indicated Resident 123 was totally dependent on staff for all activities of daily living (ADLs, personal care tasks, dressing, toileting, bathing, hygiene, transfers, eating, and turning in bed).</p> <p>During a review of Resident 123's medical record, a record revised 5/2/24, titled, "Care Plan," indicated Resident 123 was at risk for skin breakdown related to dementia, and impaired ADL ability. One of the interventions listed for Resident 123 on this care plan indicated the staff were to turn and reposition as indicated/tolerated.</p> <p>During a review of Resident 123's medical record, a record dated March 19, 2025, titled, "Order Summary Report," indicated to turn and reposition Resident 123 every two hours and document if she refused.</p> <p>During an interview on 3/18/25 at 12:10 pm, a Family Member (FM) 1 stated, "I don't think they turn [Resident 123], she is always lying on her back every time I come to visit."</p> <p>During an observation on 3/19/25 at 8:55 am, Resident 123 was lying in bed, a white towel was covering the pillow for resident's head. Resident 123 was observed wearing a hospital gown, eyes</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>closed, no signs or symptoms of pain or discomfort.</p> <p>During an interview on 3/19/25 at 9:05 am, Licensed Nurse (LN) F stated, "Yes, they turn resident [123], the Certified Nursing Assistants (CNAs) turn her every two hours."</p> <p>During an interview on 3/19/25 at 9:30 am, FM 2 stated, "They never turn [Resident 123], her husband comes in every day. The staff doesn't even go over there."</p> <p>During an interview on 3/19/25 at 9:40 am, CNA C stated, "Night shift staff turns [Resident 123] at 6:00 am, then 8:30 am the staff should turn her again after her breakfast. We keep [Resident 123] on her back for meals, she has to be fed, but she should be on her side now."</p> <p>During an interview on 3/19/25 at 10:16 am, the Director of Nursing (DON) stated, "There is a physician's order for [Resident 123] to be turned and repositioned every 2 hours. It is on the Electronic Medical Record (EMAR) for the nurses to fill in."</p> <p>During a concurrent observation and interview on 3/19/25 at 11:35 am, CNA C confirmed Resident 123 had not been turned or repositioned since 9:40 am, and Resident 123 was still lying on her back. CNA stated, "I think the towel under her head is from a shower today. I think her CNA is at lunch, I will go get someone to help me."</p> <p>During an observation on 3/19/25 at 11:55 am, CNA A and CNA C changed a soiled brief (incontinent pad) and turned resident on her left side to provide hygiene care and to change the</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>incontinent brief. Resident 123 was observed to have multiple red areas to her upper thighs and both buttocks. Resident 123 was observed with visible indentations and red lines on the backs of her upper legs, buttocks, and lower back area from lying on her wrinkled, folded, white sheet in bed.</p> <p>During an interview on 3/19/25 at 12:30 pm, FM 3 stated, "This is my second home, I am so glad to see [Resident 123] out of bed, it has been a while since I have seen her up."</p> <p>During an interview on 3/19/25 at 12:45 pm, CNA D confirmed she had not turned or positioned Resident 123 on her side since her shift started in the morning. CNA D stated, "No, I have not turned or positioned [Resident 123] on her side today, I just moved the pillow under her legs. [Resident 123] has not had a shower, the towel is on her pillow because Resident 123 will sweat at times."</p> <p>During an interview on 3/19/25 at 12:50 pm, CNA A confirmed Resident 123 had not been turned or repositioned on day shift, stated, "I confirm the lines on her bottom and legs were from the sheet she was lying on."</p> <p>During an interview on 3/19/25 at 12:54 pm, the DON confirmed Resident 123 had not been turned and positioned every two hours as ordered. DON stated, "I confirm turning and positioning is important to prevent skin break down and prevent pressure wounds, and I will begin training immediately."</p> <p>During an interview on 3/19/25 at 1:30 pm, the Administrator (Admin) confirmed Resident 123</p>	F 686			

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F 686	Continued From page 6 needed to be turned and repositioned to prevent any skin problems. Admin stated, "I confirm education is needed and we will implement a new process immediately."	F 686			