

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

PRINTED: 06/12/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555802</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>06/10/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY CREST POST-ACUTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 CONCORDIA LANE OROVILLE, CA 95966</b>
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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: CA00966632  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: CA00966632 (Refer to F686)	F 000		
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 interview and record review, the facility failed to ensure one of five sampled residents (Resident 1) received wound preventative measures as ordered to prevent skin breakdown, promote circulation, and provide pressure relief.	F 686		

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

Received Date: 6/18/25

Compliance Date: 6/19/25

Approved Date: 6/19/25

Approved By: David L. Lutz HFES

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>06/19/2025</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>This failure resulted in Resident 1 sustaining a stage 2 pressure ulcer (partial-thickness skin loss, where the epidermis (outer layer) and part of the dermis (second layer) are damaged caused by prolonged pressure) to their coccyx (tailbone), which had the potential to lead to complications including pain, discomfort, and infection.</p> <p>Findings:</p> <p>During a record review of the facility policy titled "Skin Integrity Management Protocol" dated 1/2019, it was indicated that staff were to "relieve the underlying cause, addressing pressure, shear, other physical friction, and maceration/moisture factors." The facility policy indicated to "keep local areas clean, dry, and free of body wastes such as urine, feces, perspiration, and wound drainage." The policy indicated to "inspect skin frequently for indications of hyperemia (redness, swelling, and warmth), non-blanchable erythema (redness of the skin or mucous membranes), or disruption of skin integrity ...sacrum/coccyx, and buttocks" and to "apply skin A&amp;D ointment (zinc oxide) as indicated for skin maintenance."</p> <p>During a record review of the facility job description for Certified Nursing Assistants (CNAs) undated, it was indicated that facility CNAs were to "observe and report the presence of pressure areas and skin breakdowns to prevent bedsores."</p> <p>A record review of Resident 1's admission record indicated they were admitted to the facility on 9/26/24 with diagnoses that included an intertrochanteric fracture of the right femur (a break in the upper part of the thigh bone) after a</p>	F 686			

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F 686	<p>Continued From page 2</p> <p>fall at home with Open Reduction Internal Fixation (ORIF - a surgical procedure used to repair broken bones, particularly in cases where the bone is displaced or comminuted), protein-calorie malnutrition (nutritional status with reduced availability of nutrients leads to changes in body composition and function), panic disorder (frequent and unexpected panic attacks), and hypokalemia (a low potassium level in blood). Resident 1 was their own responsible party (made their own financial and medical decisions).</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a standard assessment tool used in nursing homes and other long-term care facilities to collect data on residents' health and functional status) Section H Bowel and Bladder dated 9/26/24, Resident 1 was assessed as "occasionally incontinent" for urine and "always incontinent" for bowel.</p> <p>During a record review of Resident 1's MDS Section M Skin Conditions dated 9/26/24, Resident 1 was assessed as at risk for developing pressure ulcers.</p> <p>During a record review of "Interdisciplinary Team (IDT - team of professionals from different disciplines to work collaboratively towards a resident's treatment plan) Notes" dated 11/4/24, the Director of Nursing (DON) indicated that Resident 1 had a Braden score (a tool used to predict the risk of developing pressure ulcers) risk of 14 (a score of 18 or less indicates at-risk status) and indicated they were a "moderate risk."</p> <p>During a record review of Resident 1's Admission Baseline Care Plan dated 9/26/24, Resident 1's skin was assessed with surgical staples to the</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>right hip and "scattered purple discoloration to bilateral upper extremities, and moisture-associated skin damage (MASD - skin inflammation and erosion caused by prolonged exposure to moisture, like urine, stool, perspiration, or wound drainage) to buttocks and groin."</p> <p>During a record review of Resident 1's care plan dated 9/27/24, staff were to "observe for skin redness and report accordingly." Resident 1 was "at risk for skin breakdown or pressure ulcer formation." The care plan further indicated that staff were to "observe for the presence of skin breakdown during care."</p> <p>During a record review of Resident 1's Physician Orders dated 9/26/24, it was indicated that zinc oxide was to be applied to the buttocks and groin as needed for skin maintenance.</p> <p>During a record review of the Situation-Background-Assessment-Recommendation (SBAR - a structured communication tool used to improve communication between healthcare professionals, especially when discussing critical patient information) dated 10/28/24, Resident 1 had a wound to their coccyx evaluated by nursing staff. Nursing staff concluded that Resident 1 had a stage 2 pressure ulcer (a partial-thickness skin loss due to unrelieved pressure) to their coccyx, and Resident 1 verbalized pain.</p> <p>During a record review of Resident 1's Physician Orders dated 10/28/24, it was indicated that the coccyx area was to be cleaned with normal saline, zinc oxide applied and covered with comfort foam dressing every shift for wound care.</p>	F 686			

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F 686	Continued From page 4  During a record review of Resident 1's shower sheets dated 10/1/24, 10/5/24, 10/8/24, 10/12/24, 10/15/24, 10/19/24, 10/22/24, 10/26/24, 11/2/24, 11/5/24, 11/9/24, 11/12/24, 11/15/24, and 11/16/24, CNAs did not indicate any reddened areas or rashes on Resident 1.  During a record review of Skilled Services Documentation dated 9/29/24 through 10/27/24, nursing staff documented no skin issues for Resident 1 every day.  During an interview with Licensed Vocational Nurse (LVN) A on 6/10/25 at 9:54 am, LVN A stated that the facility expectation was for CNAs to document on shower sheets when they noted skin issues. LVN A stated that CNAs should have documented "rash" for Resident 1's coccyx area and notified facility nursing staff. LVN A stated that it was "difficult" to get CNAs to complete skin assessments on facility residents. LVN A stated that they had voiced their concerns to the Director of Staff Development (DSD) but did not receive feedback.  During an interview with the DSD on 6/10/25 at 10:21 am, the DSD stated that they faced "challenges" with newer CNAs and resident skin assessments. The DSD stated that CNAs did not know how to assess residents' skin and how to determine if a change had occurred. The DSD stated that they were aware that nursing staff complained about CNAs and how they did not know how to properly document skin assessments. The DSD confirmed that staff did not follow the facility skin assessment policy for Resident 1. During an interview with the Administrator	F 686			

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F 686	Continued From page 5 (Admin) on 6/10/25 at 11:30 am, the Admin confirmed that CNAs and nursing staff did not assess and document per facility policy to prevent and treat Resident 1's pressure ulcer. The Admin confirmed that the lack of assessment and documentation contributed to the breakdown of communication and care that could have prevented a stage 2 pressure ulcer for Resident 1.	F 686		
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## **F686: Treatment/Svcs to Prevent/Heal Pressure Ulcer**

### **How corrective action will be accomplished for resident affected by deficient practice.**

Resident 1 has discharged from the facility.

No other residents have been identified to have been affected by the deficient practice.

### **How facility will identify other residents having potential to be affected by the same deficient practice.**

A skin sweep was conducted by Director of Nursing and Director of Staff Development to ensure that any potential skin issues are identified and an appropriate treatment is in place. Any issues identified have been immediately corrected.

No other residents have been identified to have been affected by the deficient practice.

### **What measures will be put into place by the facility to ensure the deficient practice does not recur.**

DSD to incorporate training shower practices in new hire LN/CNA orientation; to include process for entering schedules, documenting bathing & skin inspections, escalating skin issues, recording refusals & make-ups, monitoring dashboard.

Director of Nursing and Director of Staff Development in-serviced Licensed Nurses and Certified Nursing Assistants by 06/20/2025 on ensuring skin check documentation is complete and accurate to ensure possible skin breakdown is promptly identified and addressed. Any staff unable to attend will be in-serviced prior to the start of their next shift.

### **How does the facility monitor its performance to assure compliance is sustained?**

The facility has implemented an audit that will be completed at least weekly by the Director of Nursing or Director of Staff Development to ensure that CNA documentation of skin is complete and accurate. Any issues identified will be immediately corrected.

Director of Nursing will provide a report to CQI until a consistent 95% compliance is met for 3 months. Any identified issues will be corrected immediately.

Administrator to monitor compliance

**Date of compliance: 06/20/2025**