

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

PRINTED: 05/03/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055887	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2022
NAME OF PROVIDER OR SUPPLIER RIVER BEND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2215 OAKMONT WAY WEST SACRAMENTO, CA 95691		
(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 survey for the investigation of facility reported incident #CA00766976. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 41054 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.		F 000	Preparation and/or execution of this response and Plan of Correction (POC) do not constitute an admission or agreement by the provider of truth or accuracy of the alleged facts of conclusions set forth in the Statement of Deficiencies. This POC is prepared and/or executed solely for the provisions of Federal and State required regulations. This POC is not an admission of noncompliance with the cited regulations(s)	
F 610	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to submit the results of an abuse allegation		F 610	Investigate/Prevent/Correct Alleged Violation Facility presented 5-day review related to any alleged abuse to evaluator. No residents were harmed by the alleged deficient incident DON, Administrator, or Designee will keep a copy of the fax confirmation to validate form has been sent to CDPH timely. Facility will fax 5-day review to CDPH. Facility will also report any challenges to the Administrator immediately. Facility will contact CDPH if there has been a challenge in reporting the 5-day review. DON or Administrator will report and findings as needed at the quarterly facility QAPI meeting.	5/18/22, approved 5/18/22 - ADJ 5/10/22, reviewed 5/10/22 - ADJ 5/29/22, reviewed 5/29/22 - ADJ 5/29/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 610	<p>Continued From page 1</p> <p>investigation involving three of 8 sampled residents (Resident 1, Resident 2, and Resident 3) to the Department of Public Health within 5 working days of the incident.</p> <p>This failure decreased the potential for the facility to protect residents from abuse.</p> <p>Findings:</p> <p>On 1/2/22, the Department received faxed notification from the facility Resident 3 had poured water on Resident 1 and pulled on Resident 2's legs earlier that day.</p> <p>The Department had not received an investigative summary from the facility by the time an on-site visit was made on 1/13/22, 9 working days after the alleged incident. A written summary of the investigation was provided to the Department on 1/31/22, but no evidence was provided that the summary was sent to the Department within 5 working days.</p> <p>In an interview, on 1/31/22 at 3:06 p.m., the Administrator (ADM) stated he was not sure if he could locate the faxed confirmation from sending the 5 day follow-up to the Department. The ADM stated he was not sure providing a 5 day follow-up report of the abuse investigation was in the facility's policy.</p> <p>A review of the facility's policy titled, "Abuse Investigation and Reporting," last revised 7/17, stipulated, "The Administrator, or his/her designee, will provide the appropriate agencies or individuals...with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident."</p>	F 610			

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