STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055446	A. BUILDING _____ B. WING _____	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK CREEK CARE CENTER	260 RACETRACK STREET AUBURN, CA 95603

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00778716. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 42273 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.	F 725		

Received 10/6/22 Approved 10/10/22
BIC 10/4/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10/6/2022

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 725	Continued From page 1 §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure sufficient staffing was maintained when assistance with toileting needs was not provided. This failure resulted in Resident 1 not receiving necessary nursing services to maintain and promote physical health and well-being. Findings: Resident 1 was admitted to the facility in winter of 2021 with diagnoses that included muscle weakness, benign prostatic hyperplasia (enlarged prostate) with lower urinary tract symptoms, and difficulty in walking. During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 12/29/21, the MDS indicated Resident 1 had a moderate cognitive impairment. During a review of Resident 1's MDS, dated 12/29/21, the MDS also indicated Resident 1 needed one person [staff] assist with toilet use. During a review of Resident 1's Nursing Care Plan (NCP), titled, "Category: Urinary Incontinence", dated 12/31/21, the NCP indicated "Encourage use of toileting in rest room while awake ..."	F 725		

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F 725	Continued From page 2 During a review of Resident 1's Physician Orders, dated 1/11/22, the Physician Orders indicated, "Bowel and Bladder Program." During a review of Resident 1's Physician Orders, dated 2/17/22, the Physician Orders indicated, "Encourage PO (by mouth) fluids d/t (due to) dehydration every shift." During an observation on 4/13/22, at 11:12 a.m., the call light in Resident 1's room was turned on and visible from the hallway. Licensed Nurse (LN) 1 walked partly down the hallway but didn't answer Resident 1's call light. During an observation and interview on 4/13/22, at 11:24 a.m., in the hallway with Certified Nursing Assistant (CNA) 1, CNA 1 was asked about the staffing and stated, "It can be short [staffed]." Resident 1's call light was visible from the hallway, but CNA 1 did not answer it. During an observation and interview on 4/13/22, at 11:30 a.m., with Resident 1, the call light was on and visible from the hallway. Upon entering Resident 1's room, Resident 1 was lying in bed with the call light in reach. Resident 1 stated, he put the call light on [for staff assistance] to use the bathroom. During an observation on 4/13/22, at 11:34 a.m., LN 1 entered Resident 1's room and asked what he needed. Resident 1 stated, "The bathroom." LN 1 turned off the call light and stated, "I have to tell your CNA." During an observation on 4/13/22, at 11:35 a.m., an overhead pager announcement requested	F 725		

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F 725	Continued From page 3 CNA assistance to another resident's room. No call for CNA assistance was requested for Resident 1. During an observation on 4/13/22, at 11:42 a.m., with CNA 2, CNA 2 entered Resident 1's room, and turned off the call light, and stated, "Hold on a minute." CNA 2 then exited Resident 1's room and entered Resident 4's room and assisted Resident 4 to the front lobby for a visit. CNA 2 did not return to assist Resident 1. During a concurrent observation and interview on 4/13/22, at 11:44 a.m., with Resident 1, Resident 1 was in bed with the call light in reach and activated. No roommate or staff were present in the room. Resident 1 was asked if he had been assisted by staff for toileting needs, and stated, "No." Resident 1 was asked how he felt about waiting for assistance, and stated, "Yes," while making a facial grimace. Resident 1 gestured toward his incontinence brief, and stated, "It's too much stuff." During an observation on 4/13/22, at 11:50 a.m., Resident 1's call light was still on and visible from the hallway. During an observation and interview on 4/13/22, at 11:54 a.m., with LN 1, in the hallway a few resident rooms away from Resident 1's room, LN 1 was asked about Resident 1's activated call light and stated, "I have to find the CNAs' ..." During an observation on 4/13/22, at 11:56 p.m., LN 1 asked CNA 1 to answer Resident 1's call light. CNA 1 stated, she had to get a blanket for another resident first.	F 725		

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F 725	Continued From page 4 During an observation on 4/13/22, at 11:59 p.m., Resident 1's call light was still on, and he had not been assisted by staff with toileting needs. During an interview on 4/13/22, at 12:45 p.m., with the Director of Nursing (DON), the DON was asked about expectations for answering call lights. The DON stated, "In a timely manner. As soon as you see it, you should answer it ...It doesn't have to be your patient..." During an interview on 4/13/22, at 1:54 p.m., with CNA 2, CNA 2 was asked about staffing levels and stated, "It's supposed to be 8 CNA's [today], but we were a little short. I came in." During an observation and interview on 4/13/22, at 1:56 p.m., with CNA 2, in the hallway, CNA 2 was asked about Resident 1's call light which was turned on and visible from the hallway. CNA 2 stated, "Oh, that was the roommate [who turned on the light]." CNA 2 did not enter Resident 17's room to answer the call light. During an interview on 4/13/22, at 2:09 p.m., with LN 4, LN 4 stated, "Staffing shortages everywhere ..." LN 4 was asked about expectations for answering call lights and stated, "To answer them promptly. If they [residents] need to go to the bathroom ...I try to personally delegate it to a CNA ..." During an interview on 4/19/22, at 12:37 p.m., with the Staffing Coordinator (SC), the SC was asked about the staffing levels and stated, " ...They [staff] leave because we just need more staff ..."	F 725		

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F 725	Continued From page 5 During a review of the facility's policy and procedure titled, "Staffing", dated 4/07, the P&P indicated, "Licensed registered nursing and licensed nursing staff are available to provide and monitor delivery of resident care services" and "Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident ..." During a review of the facility's P&P, titled, "Call Light," (undated), the P&P indicated, "All personnel will respond to resident requests and needs," and "Call lights are answered promptly."	F 725		
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows:	F 732		

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F 732	Continued From page 6 (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to display direct care daily staffing information (DHPPD, Direct Care Service Hours Per Patient Day) in a visible location. This failure had the potential to result in residents, visitors, and staff not being fully informed of staffing levels in the facility based on resident needs. Findings: During a concurrent observation and interview on 4/13/22, at 10:58 a.m., with the Receptionist (RC), the DHPPD posted on wall near the nursing station was viewed. The form had not been completed. RC confirmed the form was blank, and stated, "I did it [completed the form] every morning when I was doing it".	F 732		

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F 732	Continued From page 7 During an interview on 4/13/22, at 12:45 p.m., with the Director of Nursing (DON), a facility log of daily DHPPD forms were requested for review. The DON was unable to locate any previous DHPPD forms. During a concurrent observation and interview on 4/13/22, at 2:03 p.m., with the DON, the DHPPD form on the wall by the nursing station was viewed. The DHPPD form was blank, and the DON confirmed the form had not been completed. The DON stated, "It is supposed to be filled out by the desk nurse, and there was no desk nurse this morning." When asked about posting the DHPPD hours, the DON stated, "It's supposed to be provided to you guys [CDPH], that's all I know." During a concurrent observation and interview on 4/13/22, at 2:36 p.m., with the Administrator in training (AIT), the blank DHPPD form on the wall was viewed. The AIT stated, "It's filled out at the end of the day." During an interview on 4/13/22, at 2:38 pm, with Licensed Nurse (LN) 2, LN2 confirmed he was the PM shift desk nurse. LN 2 stated, he didn't know about the DHPPD (posted nursing hours) form but thought the night shift staff was responsible for filling the forms out. During an interview on 4/19/22, at 12:31 p.m., with the Staffing Coordinator (SC), the SC was asked about the DHPPD forms. The SC stated, "We don't really have anyone to fill those forms out. We just don't have permanent staff to do that stuff right now." When asked if anyone was reviewing the DHPPD forms, the SC stated, "Not	F 732		

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F 732	Continued From page 8 that I know of." During a review of the facility's emailed DHPPD forms, dated 4/7/22-4/12/22, the DHPPD forms indicated, the Daily Census Changes and the Actual Direct Care Service Hours sections were not documented (blank), but the DHPPD form had been signed by the DON as reviewed, true, and correct. During a subsequent interview on 4/21/22, at 3:30 p.m., with the DON, the DON was asked about reviewing the DHPPD forms and stated, "I'm signing the forms and assuming people are doing their work. I'm trusting them when I shouldn't have." During a review of the facility's policy and procedure (P&P), titled "Posting Direct Care Daily Staffing Numbers," dated 2006, the P&P indicated, "Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents," and "Within 2 (2) hours of the beginning of each shift, the number of Licensed Nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) ..."	F 732		

How the corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

DSD/Designee in-serviced the CNA's and Licensed Nurses on the need to answer the call light timely to meet resident needs. This in-service included the direct caregivers of Resident 1. No change of condition has been noted which can be directly related to the deficient practice.

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.

All residents have the potential to be affected by this deficient practice. DSD/DON/Designee will in-service staff on the importance of the timely response to call light in prevention of accidents and to meet the resident needs. Included in the in-service is the reminder that non-nursing staff can also answer the call lights for non-medical needs, and for timely collaboration with nursing for clinical needs.

What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur.

Call Light response time will be added to the Room Rounds Form. The Room Rounds form will be submitted to the Administrator and the answer to to the call light questions will be reviewed for compliance.

DSD/Designee will do weekly random call light checks for 4 weeks for five residents and track the timeliness of response in a form titles "Call Light Timeliness Tracker" and submit result of the tracker to the Administrator.

DSD will include the importance of answering the call light timely in orientation of new hire Nurses and CNA's.

How the facility plans to monitor its performance to make sure that the solutions are sustained.

Findings will be reported to the Quality Assurance (QA) Committee.

Include dates when corrective action will be completed.

10/4/2022

How the corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

All residents have the potential to be affected by the incorrect or out of date DHPPD report.

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.

No residents observed to have been affected by the deficient practice.

What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur.

Inservice conducted by the Administrator/Designee with Human Resources (HR) regarding accurate posting of Direct Care Service Hours Per Patient Day (DHPPD).

How the facility plans to monitor its performance to make sure that the solutions are sustained.

Facility Administrator to conduct random rounds 5 times a week for 4 weeks to ensure posting is in place and accurate. Findings will be reported to the Quality Assurance (QA) Committee.

Include dates when corrective actions will be completed?

10/4/2022