

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 <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY CREST POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>50 CONCORDIA LANE OROVILLE, CA 95966</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG <b>F 0550</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure that four out of four residents (Residents 1-4) were treated in a manner that enhanced their dignity, and quality of life, when their needs were not fully met by the staff. These failures resulted in the residents feeling rushed, anxious, which affected their psychosocial well being, and could lead to potentially negative clinical outcomes. Findings: During an observation, and interview, on 9/12/18 at 9:45 am, Resident 2 stated that she had [MEDICAL CONDITION] (skin infection) on both legs, and usually showered every other evening. Resident 2 stated that she had requested to take a shower for four days, and finally on the fifth day, she was allowed to take a shower. Resident 2 stated that she understood that the staffing was short, but not being able to take a shower made her feel, stinky, and unclean. Resident 2's medical record was reviewed, and indicated that she was admitted to the facility with [DIAGNOSES REDACTED]. Resident 2's care plans indicated, that Resident 2 was alert, oriented, and able to make her needs known. During an observation and interview, on 9/12/18 at 10:30 am, Resident 3 stated that she was admitted to the facility four-days ago following a shoulder surgery. Resident 3 stated that nothing has gone well since she had arrived. Resident 3 stated that she has put her call light on for assistance to help her get back to bed, and no one came for 3-hours. Resident 3 stated this made her feel anxious and frustrated with the care that she was receiving. During an observation and interview, on 9/12/18 at 11:15 am, Resident 4 stated that there were delays with call lights being answered. Resident 4 stated that he has noted sometimes there is only one certified nursing assistant in the hallway. Resident 4 stated that lately he has had to sit in his own bowel movements waiting for someone to come change him. Resident 4 stated he knows they are busy, but he doesn't like it, and it can be extremely undignified. Resident 4's medical record was reviewed, and indicated that he was admitted to the facility with [MEDICAL CONDITION], muscle weakness, and difficulty walking. Resident 4's care plan indicated that he required assistance with all activities of daily living. During an observation and interview, on 9/12/18 at 1:00 pm, Resident 1 stated staffing is short, and they are stressed out. Resident 1 stated that there are delays in call lights being answered, meal trays are late, and the food is cold. She stated she feels anxious for the staff, and whenever she becomes anxious, she is at risk for [MEDICAL CONDITION]. Resident 1's medical record was reviewed, and indicated that she was admitted with [DIAGNOSES REDACTED]. Resident 1's care plan indicated that she was alert, oriented, and able to make her needs known. During an interview, on 9/12/18 at 10:40 am, Certified Nurses Assistant A, (CNA A) stated when the census is low, staff are called off which leaves them short staffed. CNA A stated that she usually has 16 to 22 residents to coordinate care between. CNA A acknowledged that it is hard to get showers done, pass out and pick up meal trays, and she feels she does not have time to give adequate care. During an interview, on 9/18/18 at 10:30 am, CNA C stated staffing has been horrible the last two months. CNA C stated for example today, there is only one CNA per hall when there should be two. CNA C stated some showers don't get done, he is late in feeding the dependent residents, and has to watch out for the residents who wander. During an interview on 9/18/18 at 11:25 am, CNA D stated that they are short staffed. CNA D stated for the last two days she has worked by herself on two different halls. CNA D stated that showers don't get done, and the residents don't get cleaned up on time. CNA D stated that she is not able to answer call lights on time.</p>		
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.