

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER RIVER POINTE POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 6041 FAIR OAKS BLVD CARMICHAEL, CA 95608	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision to ensure residents' safety when Resident 2 wandered into Resident 1's room and punched him on the face for a census of 111. This failure had the risk potential to result in injury to the resident and others. Findings: According to the 'Admission Record' Resident 1 was admitted to the facility over a year ago with multiple [DIAGNOSES REDACTED]. Resident 1 died on [DATE]. The most recent quarterly assessment documentation reflected he scored 7 out of 15 in a Brief Interview for Mental Status (BIMS) which indicated he had cognitive impairment. The 'Admission Record' for Resident 2 indicated he was admitted to the facility late last year with multiple [DIAGNOSES REDACTED]. The most recent quarterly assessment documentation reflected he scored 8 out of 15 in a BIMS which indicated he had cognitive impairment. A review of Resident 2's care plan titled, Resident to Resident Altercations: Risk for injury r/t (related to) aggression towards others indicated the care plan was initiated on [DATE] and revised on [DATE] and under interventions indicated, Provide safety. A review of Resident 2's physician progress notes [REDACTED]. The patient has been involved in several altercations before. Per DON other residents expressed their intention to beat up the patient because they were severely annoyed by the patient's behavior. A review of a 'Daily Nurses Note' dated [DATE], indicated Resident 2 had walked into Resident 1's room and accused him of 'killing babies' and had . suddenly punched the alleged victim (Resident 1) in the face. During an interview with Licensed Nurse (LN) 3 on [DATE], at 10:15 a.m., she stated Resident 2 wandered into other residents' rooms and used profanity words towards them. LN 3 stated Resident 2 was ambulatory, had behaviors of yelling and wandered in the hallways. An interview conducted with a Certified Nursing Assistant (CNA) 2 on [DATE], at 12:25 p.m., he stated Resident 2 was ambulatory and had behaviors of yelling and wandering into other residents' rooms and in the hallways. CNA 2 stated he witnessed Resident 2 entering Resident 1's room and punched him on his face on [DATE] in the morning. CNA 2 reported Resident 2 was in the hallway that morning because he had a verbal altercation earlier with his room-mate prior to punching Resident 1. CNA 2 stated he was re-directing another resident who was wandering into another resident's room when the altercation occurred. CNA 2 stated that staff were supposed to keep an eye on residents who had behaviors of wandering into other residents' rooms. During an interview with a Social Services Assistant (SSA) on [DATE], at 3:11 p.m., she stated Resident 2 had behaviors of wandering into other residents' rooms, yelling, combativeness and used profanity words towards others. The SSA stated the facility had planned to discharge him to another facility where they could provide adequate supervision but his family had declined. A policy on supervision of residents was requested on [DATE], [DATE] and [DATE] but it was not provided.</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.