

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Cedarwood Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1090 Rio Lane Sacramento, CA 95822	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48860</b></p> <p>Based on interview and record review, the facility failed to notify the Department, Long-Term Care Ombudsman Program (LTCOP), and Local Law Enforcement Agency, within 2 hours from the time of an alleged abuse incident involving Resident 1 and Resident 2.</p> <p>This failure resulted in a delay in investigation process and decreased the facility's potential to protect patients from physical and psychosocial harm.</p> <p>During review of Resident 1's Face Sheet (a document containing resident information), the Face Sheet indicated Resident 1 was his own responsible party and he was admitted to the facility in April of 2024 with multiple diagnoses including Chronic Lymphocytic Leukemia of B-Cell Type (a type of blood cancer) and Vesicointestinal Fistula (a form of tube between the bladder and the bowel).</p> <p>A review of Resident 1's Progress notes, Nurses Progress Note, dated 5/6/24, at 2:01 a.m., indicated, At 1:45 a.m. CNA (Certified Nursing Assistant) heard commotion in room [ROOM NUMBER] . Resident walked over to tell roommate to stop talking loudly and roommate grabbed resident's hand (roommate laying in bed at this time), and rt [resident] pulled own hand away accidentally touching roommate in the face.</p> <p>During review of Resident 2's Face Sheet (a document with information), the Face Sheet indicated Resident 2 was his own responsible party and he was admitted to the facility in January of 2024 with multiple diagnoses including Prepatellar Bursitis, Right Knee (condition that causes the front of the knee to swell) and Cellulitis of Left Lower Limb (a skin infection caused by bacteria).</p> <p>A review of Residents 2's Progress notes, Nurses Progress Note, dated 5/6/24 at 2:00 a.m., LATE ENTRY, Indicated, At 1:45 a.m. CNA heard commotion in room [ROOM NUMBER]. CNA and LN [Licensed Nurse] entered the room and saw resident standing over resident . Upon interview with resident, he stated he doesn't know what happened . Head to toe assessment faint discoloration noted to left eye 5x7 cm (centimeter, a unit of measure), along with below left eye laceration [Name of ambulance company] picked up resident at approx [approximately] 3 a.m. Vital signs remained stable. Cont [continue] to deny pain at this time.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/24, at 11:18 a.m., with Director of Nursing (DON), DON stated he was made aware of the incident by text message. He added that the Ombudsman, CDPH, and Police were notified. When asked what time the agencies were notified, DON said he needs to check with [Administrator's Name].</p> <p>During an interview on 5/9/24, at 12:03 p.m., with Licensed Nurse (LN)1, LN 1 stated she received abuse training and that it needed to be reported to the abuse coordinator within two hours. She added, Verbal, physical, psychological, and financial abuse needs to be reported to the state right away.</p> <p>During an interview on 5/9/24, at 12:08 p.m., with Social Services Director (SSD), SSD stated she received training for abuse and reporting and added that allegations of abuse must be reported within two hours.</p> <p>During an interview on 5/9/24, at 12:19 p.m., with Director of Staff Development (DSD), DSD stated, I expect staff to follow the policy and procedure, to notify the abuse coordinator immediately when they suspect or witnessed any type of abuse, and to follow the procedures to report abuse at the right time. She added that the incident between Resident 1 and Resident 2 should have been reported to the Department within two hours.</p> <p>During an interview on 5/9/24, at 12:42 p.m., with the Administrator (ADM), ADM stated that the DON notified him of the incident at 7:30 a.m. and confirmed that the SSA was not notified within 2 hours of the alleged abuse incident.</p> <p>A review of the facility's Abuse Investigation Report, [Resident 1's name vs. Resident 2's name], dated 5/6/24, indicated, On May 6, 2024 at approximately 1:50 a.m. at Cedarwood Post-Acute, [staff name] (CNA) made the nurse supervisor [staff name] aware of a res-res abuse after she heard elevated voices and entered room [ROOM NUMBER] .DON called [Administrator ' s name] (NFA) to report occurrence when DON was made aware of the situation .Nurse written up for not calling and waking up DON/NHA (ADM) to report abuse .CDPH was called at 9:16 about this and they informed me to fax it over.</p> <p>A review of the document Fax Transmission Result dated 5/6/24 at 8:23 p.m. PDT (Pacific Daylight Time), indicated the 24-hour SOC 341 (Report of Suspected Dependent Adult/Elder Abuse) [Resident 1's name].pdf (short for portable document format files) was successfully sent to the following phone numbers; (phone number) Monday, May 06, 2024 at 11:21 PM, (phone number) Monday, May 06, 2024 at 11:22 PM, and (phone number), May 06, 2024 at 11:23 p.m.</p> <p>A review of the document, Resident Abuse Investigation Report Form, indicated Date Incident Occurred: 4/6/24 Time: 1:45 a.m .Date Incident Reported: 4/6/24 informed at 7:30 a.m., contacted CDPH at 9:16 a.m.</p> <p>A review of the facility ' s policy titled, Reporting Allegations of Abuse/Neglect/Exploitation, dated 1/1/2024, indicated, 5. Alleged violation: A situation or occurrence that is observed or reported by staff, resident, relative, visitor or others . 8. Reporting/Response: The facility will report all alleged violations and all substantiated incidents to the state agency and to all other agencies as required . Procedure for Response and Reporting Allegations of Abuse/Neglect/Exploitation: . 1. The Facility will: . h. Notify the appropriate agencies immediately: as soon as practically possible, no later than two hours after observing, obtaining knowledge of, or suspecting the alleged abuse or neglect.</p> <p>(continued on next page)</p>		

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