

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 06/13/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>32096</p> <p>Based on interview and record review, the facility failed to coordinate with the PASRR (Preadmission Screening And Resident Review, for residents with a mental disorder) evaluation program for one of three sampled residents (Resident 1) when Resident 1 had positive results on Level I screening which required Level II screening to identify the specialized services required by the resident.</p> <p>This failure placed Resident 1 at risk for not receiving rehabilitative services that the resident needed.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record, Admission Record indicated the resident had diagnoses that included mental illness, mood disorder, unspecified dementia with behavioral disturbance, noncompliance with treatment and regimen, and history of frequent hospitalization s.</p> <p>Review of the Resident 1's clinical record, Nurses Progress Note, dated 6/6/24, indicated the resident sustained a 3 x 2 cm (centimeter) bump, a 0.5 cm laceration on left forehead and a 2 x 2 cm bump on the right cheek after a resident-to-resident altercation that occurred on 6/6/24. However, the resident refused to be assessed by nurses, staff assistant, or speak to staff. The resident was sent to the hospital for further evaluation.</p> <p>In an interview on 6/13/24 at 10:55 a.m., the Activity Director (AD), who witnessed the altercation on 6/6/24, stated Resident 1 started a conversation with another resident (Resident 2) who was on a smoke break in the patio and Resident 1 abruptly hit Resident 2 in the mouth with the back of his hand resulting in Resident 2's bleeding. Both residents lost balance while getting up from the chairs and Resident 1 hit his head against the iron fence and fell on his knees and hands on the ground.</p> <p>Review of Resident 1's clinical record, Census indicated the resident had multiple hospital transfers and the subsequent hospitalization s in 2024 as follows:</p> <p>2/1/24 Transfer out to the Hospital</p> <p>2/3/24 Back to facility (2 days hospitalization)</p> <p>2/18/24 Transfer out to the hospital</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/25/24 Back to facility (37 days hospitalization)</p> <p>5/23/24 Transfer out to the hospital</p> <p>5/23/24 Back to facility (same day return)</p> <p>6/6/24 Transfer out to the hospital</p> <p>6/13/24 Resident was not back to facility from the hospital</p> <p>Review of Resident 1's clinical records included the 3/26/24 Level I PASRR evaluation report. The report indicated that Resident 1 had a, Positive Level I Screening indicated a Level II Mental Health Evaluation is Required. The letter wrote, Level II Mental Health Evaluation Referral: Required.</p> <p>Review of the facility's 9/1/23 revised policy and procedure, Resident Assessment-Coordination with PASRR Program stipulated, This facility coordinates assessments with the preadmission screening and resident review (PASRR) program .to ensure that individuals with a mental disorder .receives care and services in the most integrated setting appropriate to their needs. The policy specified Level II evaluation as, a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility)</p> <p>Review of Resident 1's clinical record indicated there was no documented evidence that the facility was contacted by or referred to the appropriate state-authority for Level II PASRR evaluation for the resident as required; therefore, there was no determination made by the designated state-authority whether the facility was indeed the appropriate setting for the resident care or received any recommendations of specialized care and services and/or rehabilitative services the resident might have needed related to his mental illness while in the facility.</p> <p>In an interview on 6/13/24 at 12:10 p.m., the Director of Nursing (DON) verified the Level I screening results, dated on 3/26/24, and acknowledged Resident 2 had not been evaluated for Level II screening as required. The DON agreed that Resident 1's physical altercation on 6/6/24, his noncompliance with treatment and medications, and his frequent hospitalization s could have been caused by the unidentified needs and services related to his mental illness. The DON stated Resident 1's Level II PASRR process should have been completed to provide person-centered care.</p>