

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 10/02/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45853</p> <p>Based on interview and record review, the facility failed to provide appropriate indwelling catheter (a tube placed in the body to drain and collect urine from the bladder) care and services for one of 4 sampled residents (Resident 1) when Resident 1 did not have physician order for indwelling catheter care nor a catheter change for several months after admission to the facility.</p> <p>This failure had the potential to contribute to Resident 1's development of a urinary tract infection (UTI, a clinically detectable condition associated with invasion by disease causing microorganisms of some part of the urinary tract).</p> <p>Findings:</p> <p>During a review of Resident 1's facesheet (a document that gives a resident's information at a quick glance) dated 10/2/24, the facesheet indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including benign prostatic hyperplasia (BPH, age-associated prostate gland enlargement that can cause urination difficulty) without lower urinary tract symptoms, stage 4 sacral pressure ulcer (deep wound that may impact muscle, tendons, ligaments, and bone), and a need for assistance with personal care.</p> <p>During a review of Resident 1's minimum data set (MDS, a clinical assessment tool) dated 3/13/24, indicated Resident 1 had an indwelling catheter and was dependent (helper does ALL of the effort. Resident does none of the effort to complete the activity) on staff for toileting hygiene.</p> <p>During a review of Resident 1's Lab Results Report CULTURE, URINE, dated 4/26/24, indicated Providencia stuartii [a bacteria which can cause UTI] > 100,000 cfu/ml [colony-forming unit per milliliter, a measurement of bacteria], which indicated Resident 1 had a UTI.</p> <p>During a review of Resident 1's physician order dated 4/27/24, indicated Resident 1 was on Cefepime HCL [an antibiotic to treat UTI] . intravenously [administered into a vein] every morning and at bedtime for UTI for 5 days.</p> <p>During a review of Resident 1's Lab Results Report CULTURE, URINE dated 6/21/24, the report indicated Proteus mirabilis [a bacteria can cause UTI] > 100,000 cfu/ml, which indicated Resident 1 had a UTI.</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
-----------------------------------------------------------------------	-------	-----------

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 10/02/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's physician order dated 6/22/24, indicated Resident 1 was on Gentamicin Sulfate Solution [an antibiotic to treat UTI] . intravenously every 8 hours for Proteus mirabilis UTI for 3 days.</p> <p>During a review of Resident 1's TREATMENT ADMINISTRATION RECORD (TAR) dated 6/2024, indicated, [Indwelling] Catheter Care QD [everyday] every shift start date 6/27/24.</p> <p>During a review of Resident 1's physician orders, dated 7/12/24, indicated, [Indwelling] catheter fr 16 [French size, size of the catheter]/30 cc [cubic centimeter, balloon capacity inside of the bladder to secure the catheter] attached to bedside drainage bag due to neuromuscular dysfunction of bladder [lack of bladder control caused by nervous system condition].</p> <p>During a concurrent interview and record review on 10/2/24 at 1:50 p.m. with Licensed Nurse (LN) 1, LN 1 stated, [Indwelling] catheter should be changed monthly, [urine collection] bag should be changed weekly and as needed. There should be orders in TAR. Every resident who has an [indwelling catheter] should have a set of orders. If [an indwelling catheter] left in too long, there is a risk for UTI. The LN 1 reviewed Resident 1's MAR (medication administration record) and TAR and confirmed there was no documented evidence Resident 1 received any indwelling catheter care between 3/7/24 and 6/26/24, and first documented indwelling catheter change since admission was on 7/8/24.</p> <p>During an interview on 10/2/24 at 2:04 p.m. with Treatment Nurse (TN) 2, TN 2 stated the TN was responsible to change all indwelling catheter bags and catheters, the catheter should be changed every month. The catheter care should include the use of soap and water to clean around the catheter insertion site. The TN 2 further stated if the resident was admitted with an indwelling catheter, there should be a set of indwelling catheter care orders upon admission.</p> <p>During an interview on 10/2/24 at 2:24 p.m. with the Director of Nursing (DON), the DON stated the set of indwelling catheter care orders includes the size of the catheter, cleaning, monitoring, and changing schedule, so nurses know when to change the catheter. The DON also stated the admission nurse was responsible to put in the orders, the IDT (interdisciplinary team, a group of people who have a role in the resident's care) should review the orders to make sure the admission orders were complete, but for Resident 1, those orders were missed. The DON further stated without the orders, there was no prompt for the nurses to check on the indwelling catheter which increased the risk for the development of a UTI without appropriate care.</p> <p>During an interview on 10/2/24 at 3:23 p.m. with the Infection Preventionist (IP), the IP stated nurses relied on physician orders to perform care. The IP also stated if there was no order, the care could get missed. The indwelling catheter should be changed once a month and as needed. The IP verified there was an increased risk for UTI if the catheter was not changed regularly, the resident could even end up with sepsis (a serious condition in which the body responds improperly to an infection).</p> <p>During a review of the facility's policy and procedure (P&P) titled Catheter Care, dated 3/1/23, the P&P indicated, 1. Catheter care will be performed every shift and as needed by nursing personnel.</p>		