

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 11/21/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50351</p> <p>Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan on wound care interventions for 2 of 6 sample residents (Resident 2 and Resident 4).</p> <p>This failure to develop and implement a comprehensive person centered care plan on specific wound care needs had the potential for Resident 2 and Resident 4 to receive inaccurate and inadequate care.</p> <p>Findings:</p> <p>During record review of Minimum Data Set (MDS, an assessment tool) for Resident 2 dated 10/1/2024, indicated, Resident 2 had diabetic foot ulcer under (MDS) section M.</p> <p>During interview with Resident 2 on 11/20/2022 at 3:25 p.m., stated, had . wound to right foot, wound dressings changed every other day .</p> <p>A record review of Resident 2's clinical record indicated treatment order dated 11/19/2024 for Right Plantar Foot, Diabetic .</p> <p>During record review of Resident 2's electronic health record, there was no care plan for Resident 2 ' s diabetic foot ulcer and wound order treatment.</p> <p>During record review of Resident 4's clinical record, indicated a primary diagnosis of Infection following a Procedure, organ, and space surgical site. Resident 4's MDS section M, indicated resident had a surgical wound.</p> <p>During record review of Resident 4's order dated 9/17/24, indicated NPWT (Negative Pressure Wound Therapy, a type of wound care therapy) dressing change three times a week and as needed. Cleanse wound bed with Normal Saline, pat dry, apply skin sealant to surrounding tissue (skin prep) . Cut sponge to wound size and place in wound. Cover with Transparent Dressing .</p> <p>During record review of the electronic health record, there was no care plan for Resident 4's NPWT placement for wound care management.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/21/2024 at 9 a.m., with Licensed Nurse (LN 3) , upon review of Resident 2's clinical record, LN 3 confirmed there was wound care plan. Upon review of Resident 4's clinical record, LN 3 stated no wound therapy care plan was present in resident ' s record.</p> <p>During interview with Director of Nursing (DON) on 11/21/24 at 9:07 a.m., the DON reviewed Resident 2's care plan and confirmed there was no specific interventions or care plan present for the diabetic wound. The DON reviewed Resident 4's care plans and stated there were no wound care plans in place. The DON further stated residents (Resident 2 and Resident 4) must have a care plan related to wound treatment and nurses should have initiated the care plans.</p> <p>Review of facility document Comprehensive care plans dated 3/1/23 indicated: .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident's rights that include measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment .3. The comprehensive care plan will describe at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>A review of facility document titled ' Pressure Injury Prevention and Management ' dated 3/3/2023 indicated, 4. Interventions for Prevention and to promote Healing .a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions . f. Interventions will be documented in the care plan and communicated to all relevant staff . b. Interventions on a resident ' s plan of care will be modified as needed.</p>		