

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cedarwood Post Acute                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1090 Rio Lane<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                 |
| F 0637<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Assess the resident when there is a significant change in condition</p> <p>Based on interviews and record review, the facility failed to ensure a Minimum Data Set (MDS, a standardized assessment tool used in skilled nursing facilities) Significant Change in Status Assessment (SCSA, an MDS assessment done within 14 days after a resident has a significant change in their health status) was completed for one of six sampled residents (Resident 3) when Resident 3 developed a stage 3 pressure ulcer (tissue damage that results in full-thickness loss of skin and the layer of fat under the skin may be visible) and was not assessed. This failure had the potential to delay wound treatment, placing Resident 3 at risk for increased pain, infection, and a decline in functional status for the resident. Findings: Resident 3 was admitted to the facility in March of 2026 with diagnoses that included a femur fracture. A review of Resident 3's document titled admission Assessment: Nursing - V2, dated 3/14/26, indicated that Resident 3 did not have a pressure ulcer at the time of the assessment. A review of Resident 3's document titled Wound Assessment Report, dated 5/14/26, the document indicated, Location: Midline Sacrum Etiology: Pressure Injury Stage/Severity: Stage 3 pressure injury (fat-layer, granulation, slough [a layer of dead tissue and protein buildup that forms in a wound], eschar [a layer of dead, non-viable tissue that develops over a wound]) Acquired in House: Yes Date Wound Acquired: 04/30/2026. During Resident 3's record review, no MDS SCSA was found in the medical record. During a concurrent interview and record review on 6/8/26 at 3:16 p.m. with the MDS Licensed Nurse (MDS LN), Resident 3's medical record was reviewed. The MDS LN verbally confirmed that Resident 3 had developed a stage 3 pressure ulcer in the facility and did not have an MDS SCSA performed. During an interview on 6/8/26 at 3:31 p.m. with the Director of Nursing (DON), the DON indicated that, if a resident experienced significant changes to their health status, an MDS SCSA should have been done. During a review of the facility's policy and procedure (P&amp;P) titled, Change in a Resident's Condition or Status, revised 12/25, the P&amp;P indicated, If a significant change in the resident's physical or mental condition occurs, a comprehensive assessment of the resident's condition will be conducted as required by current OBRA [Omnibus Budget Reconciliation Act] regulations governing resident assessments and as outlined in the MDS RAI [Resident Assessment Instrument, a comprehensive system used to evaluate and manage a resident's care] User's instruction Manual.</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 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p>Based on interviews and record review, the facility failed to ensure that Minimum Data Set (MDS, a standardized assessment tool used in skilled nursing facilities) assessments accurately reflected residents' current clinical status for two of six sampled residents (Resident 1 and Resident 2), when Resident 1's chest incisions were not coded on the MDS admission assessment and Resident 2's ongoing dialysis (a treatment that filters waste and excess fluid from your blood when the kidneys are no longer functioning) treatment was not coded on a quarterly MDS assessment. These failures could have resulted in Resident 1 not receiving necessary wound care and Resident 2 missing or receiving poorly coordinated dialysis treatments. Findings: Resident 1 was admitted to the facility in May of 2025 with diagnoses that included atherosclerotic (buildup of fatty plaques made of cholesterol, fat, and other material inside the arteries) heart disease. During a review of Resident 1's admission MDS assessment section M (MDS section that assesses residents for skin conditions), dated 6/5/26, the MDS indicated that Resident 1 did not have a surgical wound on admission. During a review of Resident 1's document titled, SKIN &amp; BODY ASSESSMENT, dated 5/23/26, indicated that Resident 1 had three surgical wounds on his chest area on admission. During a review of Resident 1's Care Plan [CP], the CP did not mention any interventions for incision care and monitoring. Resident 2 was admitted to the facility in February of 2026 with diagnoses that included end stage renal (kidney) disease (the stage of renal disease that necessitates dialysis). During a review of Resident 2's quarterly MDS assessment section O (MDS section that assesses residents for special treatments, procedures, and programs received during specific time periods), dated 5/27/26, the MDS indicated that Resident 2 had not received dialysis during her stay at the facility from 5/1/26 to 5/14/26. During a review of Resident 2's documents titled Dialysis Communication Form, indicated Resident 2 had received dialysis on dates 5/2/26, 5/8/26, 5/9/26, and 5/12/26. During a concurrent observation and interview on 6/8/26 at 11:11 a.m. with Resident 1, Resident 1 had a large incision in the middle of his chest and two smaller incisions, one on his right chest and one on his upper abdomen area. Resident 1 indicated that staff had not closely monitored his incisions and that the only time he ever saw a nurse specifically for his incisions had been on 6/5/26. During a concurrent interview and record review on 6/8/26 at 3:16 p.m. with the MDS Licensed Nurse (MDS LN), Resident 1's admission MDS section M was reviewed. The MDS LN confirmed that Resident 1's incisions were not captured on the MDS. The MDS LN further indicated that it was important for MDS assessments to be accurate to give staff an accurate representation of the resident. During an interview on 6/8/26 at 3:31 p.m. with the Director of Nursing (DON), the DON indicated that MDS assessments should be accurate, and he expected his staff to have filled them out to accurately reflect the resident's health status. During a review of the facility's policy and procedure (P&amp;P) titled, Certifying Accuracy of the Resident Assessment, revised 11/19, the P&amp;P indicated, Any person completing a portion of the Minimum Data Set/MDS (Resident Assessment Instrument) must sign and certify the accuracy of that portion of the assessment. The information captured on the assessment reflects the status of the resident during the observation (look-back) period for that assessment.</p> |                                                                                    |                                                 |