

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055855	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43247</p> <p>Based on observation, interview, and record review, the facility failed to provide accurate documentation of Activities of Daily Living (ADL) services provided for one of three sampled residents (Resident 1), when Resident 1's clinical record did not reflect Resident 1 was offered bathing services according to facility's protocol.</p> <p>This failure had the potential for Resident 1 to not receive bathing services per facility protocol resulting in missed skin change evaluations and loss of dignity.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated she was admitted to the facility in January 2022 with multiple diagnoses including diabetes (too much sugar in the blood), post traumatic stress disorder (mental health condition triggered by a traumatic event), and schizoaffective disorder, bipolar type (mental health condition combining symptoms of schizophrenia and mood disorder).</p> <p>A review of Resident 1's Minimum Data Set (MDS- an assessment tool), Section C, dated 3/29/24, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 12 out of 15 that indicated Resident 1 was moderately cognitively impaired. Further review of Resident 1's MDS, Section GG, dated 3/29/24, indicated Resident 1 was dependent for showering or bathing.</p> <p>A review of Resident 1's Shower/Skin Assessments (shower sheet), provided from 3/5/24 to 4/13/24, indicated Shower/Skin Assessments were missing from 3/16/24 to 3/26/24, from 3/31/24 to 4/5/24, and from 4/7/24 to 4/12/24 reflecting that Resident 1 was not offered bathing services twice a week during those time periods.</p> <p>A review of Resident 1's Shower Task Reports, for months 3/24 and 4/24, did not correlate with the Shower/Skin Assessments provided for 3/5/24 to 4/13 /24.</p> <p>A review of Resident 1's Shower Task Report, for 5/1/24 to 5/8/24, indicated bed bath given on 5/1/24 and response of Not Applicable for 5/2/24 to 5/8/24, indicating bathing services had not been done or offered during that time period.</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:  055855	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Care Plan, revised on 4/9/24 .[Resident 1] is at risk for skin breakdown and possible development of pressure ulcers and other skin issues as a result from refusing ADL care .Goal .Resident will allow staff to provide and render care daily to minimize skin issues .Interventions . Explain risk of developing skin breakdown and other skin issues from refusing care .</p> <p>During a concurrent observation and interview on 5/8/24 at 12:01 p.m. with Resident 1, observed Resident 1's hair appeared oily and was uncombed. Observed many long hairs from Resident 1's chin and the lower part of her face. Resident 1 stated she had not had a shower in eight weeks. Resident 1 stated her head felt itchy. Resident stated she did not know what days her shower days were and further stated, Don't offer bed baths. No one will do it.</p> <p>During an interview on 5/8/24 at 12:36 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 frequently refused showers. CNA 1 stated she documents refusals on the shower sheet.</p> <p>During a concurrent interview and record review on 5/8/24 at 12:44 p.m. with Licensed Nurse (LN) 1, reviewed Resident 1's bathing documentation in task section. LN 1 acknowledged Resident 1 refused shower on 4/28/24 and 4/30/24 and had partial bed bath on 5/1/24, but after 5/1/24, documentation did not indicate Resident 1 received bathing services or refused. LN 1 stated CNAs document on the shower sheets.</p> <p>During an interview on 5/8/24 at 12:52 p.m. with LN 2, LN 2 stated showers are given two times a week and documented on the shower sheets by the CNA. The nurse signs it and it goes to the Director of Staff Development (DSD)'s office. LN 2 stated if a resident refuses a shower it is documented on the shower sheet.</p> <p>During a concurrent interview and record review on 5/8/24 at 1:43 p.m. with the DSD, reviewed Resident 1's shower sheets provided for 3/5/24 to 4/13/24 and Resident 1's bathing task documentation in the electronic record. The DSD stated shower sheets are done by the CNA and skin changes are noted on the shower sheet. The treatment nurse is notified of any skin changes. If a resident refuses bathing, the CNA notifies the charge nurse and the nurse offers a shower to the resident three times. If the resident continues to refuse, the shower sheet is marked as refused and signed by the nurse. The DSD stated the expectation is that CNAs submit shower sheets daily. The CNAs are to mark off daily in the residents' bathing task in the clinical record. The DSD stated she was unable to locate Resident 1's shower sheets after 4/13/24. The DSD stated, Inconsistent shower sheets. Not everyone is doing it correctly. Now I have to be on it.</p> <p>During a joint interview with the Nurse Consultant (NC) and the Administrator (ADM), reviewed Resident 1's bathing task for 5/1/24 to 5/8/24. The record indicated that from 5/2/24 to 5/8/24 the bathing task was marked Not Applicable. The NC acknowledged no shower was given, and it did not indicate if Resident 1 refused. The NC stated it was not clear what Not Applicable indicated. The NC stated Resident 1's shower sheets are not available after 4/13/24. The NC acknowledged that CNAs are inconsistent when charting in the task section of the clinical record and no shower sheets were available to indicate if showers were given or refused.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055855	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Policy and Procedure (P&amp;P) titled Activities of Daily Living (ADL), Supporting, dated 2001, indicated Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with consent of the resident .including appropriate support and assistance with .hygiene (bathing .) .The resident's response to interventions will be monitored, evaluated and revised as appropriate .</p>		