

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 11/13/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47465</p> <p>Based on interview and record review, the facility failed to provide dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) services, consistent with professional standards of practice, to meet the needs of one of three sampled residents (Resident 1), when:</p> <ol style="list-style-type: none"> 1. Resident 1 missed scheduled dialysis appointments due to transportation issues, and 2. Resident 1's responsible party (RP) and physician were not informed about missed dialysis appointments. <p>These failures increased Resident 1's risk of developing medical complications, including hospitalization and death.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including end stage renal disease (ESRD-irreversible kidney failure) and dependence on renal dialysis. Resident 1 was discharged on [DATE] due to death.</p> <p>A review of Resident 1's Minimum Data Set (MDS; an assessment tool), dated 6/30/24, indicated Brief Interview of Mental Status (BIMS) score was four of 15 with severe memory loss.</p> <p>A review of Resident 1's physician orders, dated 6/25/24, indicated Resident 1's dialysis was scheduled every Tuesday, Thursday, and Saturday with transportation.</p> <p>A review of Resident 1's lab result, dated 6/26/24, indicated Resident 1's estimated glomerular filtration rate (eGFR - a blood test that measures how well your kidneys are filtering waste and toxins from your blood) measured six (less than 15 indicates kidney failure).</p> <p>A review of Resident 1's care plan, initiated on 6/26/24, indicated Resident 1 required dialysis and was at risk for bleeding at access site, chest pain, deficient/excess fluid volume, edema (swelling caused by too much fluid trapped in the body's tissues.), hypertension (high blood pressure), hypotension (low blood pressure), infection, nausea/vomiting, shortness of breath, weakness, and weight fluctuations.</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 11/13/2024
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 0698</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 progress notes indicated:</p> <ol style="list-style-type: none"> 1. Saturday 6/29/24, transportation did not arrive to transport to dialysis, 2. Tuesday 7/2/24, transportation did not arrive to transport to dialysis, 3. Thursday 7/4/24, driver did not take Resident 1 because he was in a wheelchair, not a gurney, and 4. Friday 7/5/24, driver refused to take Resident 1 because he was in a wheelchair, not a gurney. <p>A further review of the progress notes did not indicate that the physician or RP were notified of these missed appointments.</p> <p>During a concurrent interview and record review on 11/13/24 at 12:44 p.m., with the unit clerk (UC), Resident 1's transportation request forms for 7/24 were reviewed. UC stated she was responsible for scheduling transportation and if she was not informed that a resident needed an alternate form of transportation, then it would not be scheduled. UC could not find any record or request for gurney transportation for Resident 1 and stated her expectation was that the nursing staff should have communicated to her or to social services if Resident 1 needed changes to the mode of transportation.</p> <p>During a concurrent interview and record review on 11/13/24 at 1:13p.m., with Licensed Nurse 1 (LN 1), Resident 1's progress notes were reviewed. LN 1 confirmed that she did not see any physician or RP notification of missed dialysis appointments and stated the physician and the RP needed to be notified of missed appointments. LN 1 further stated if the resident missed multiple dialysis treatments, then they needed to be sent to the emergency room (ER) for treatment because they can become really ill or even die if dialysis treatments were not received.</p> <p>During a concurrent interview and record review on 11/13/24 at 1:49 p.m., with the Nurse Practitioner (NP), Resident 1's progress notes were reviewed including NP's note, dated 7/5/24. NP stated she was not made aware that Resident 1 missed multiple dialysis appointments and had a report of altered mental status. NP added she was only made aware of the missed appointment on 7/5/24 and her expectation was for the nursing staff to inform her or the physician when the resident missed multiple treatments, because the resident would have been sent to the ER immediately for care. NP further stated . renal failure residents are at higher risk for cardiac arrest due to their medical condition.</p> <p>During a concurrent interview and record review on 11/13/24 at 3:15 p.m. with the Director of Nursing (DON), DON confirmed that she did not see a physician or RP notification about the missed dialysis appointments and stated her expectations were that the nursing staff should have notified the physician, NP, and the RP about any missed dialysis appointments. DON further stated . in this case the resident would have been sent to the ER for treatment.</p> <p>A review of the facility's policy titled, Change in a Resident's Condition or Status, dated February 2021, indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of and changes in the resident's medical/mental condition and/or status. The policy further indicated, a nurse will notify the resident's representative when there is a significant change in the resident's physical, mental, or psychosocial status.</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 11/13/2024
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 0698</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 titled, Care of a Resident with End-Stage Renal Disease, revised September 2010, indicated, Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. The policy further indicated, The resident's comprehensive care plan will reflect the resident's needs related to ESRD/dialysis care.</p>