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| 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 02/21/2025 |
| 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) |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49950</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1), received treatment and care in accordance with professional standards of practice when the comprehensive centered care plan was not followed.</p> <p>This failure had the potential to result in Resident 1 ' s gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) tube (G-tube) to be displaced during Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (a document containing patient information), the face sheet indicated, Resident 1 was admitted to the facility July 2023 with multiple diagnoses which included dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- an assessment tool), dated 1/8/25, the MDS indicated, Resident 1 was dependent with ADLs.</p> <p>During a review of Resident 1 ' s active orders in the Orders Summary Report, dated 7/6/23, the Orders Summary Report indicated, Resident 1 had a G-tube.</p> <p>During a review of Resident 1 ' s Change in Condition Evaluation, dated 1/27/25, the Change in Condition Evaluation indicated, .GT dislodged during ADL care .</p> <p>During a review of Resident 1 ' s Nurse ' s Note, dated 1/27/25, the Nurse ' s Noted indicated, .RP [Responsible Party] verbalized concern regarding resident ' s g-tub getting dislodged .explained to RP that licensed nurses will be instructed to be present at bedside during resident ADL care to monitor resident ' s g-tube and assist in preventing it from getting dislodged .</p> <p>During a review of Resident 1 ' s care plan, initiated 1/27/25, the care plan indicated, .[Resident 1] has a GT and is at risk for .complications .potential tubing displacement .interventions .Licensed Nurse to be present at bedside during reposition/ADL care .</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>During a review of Resident 1 ' s Nurse ' s Note, dated 2/16/25, the Nurse ' s Note indicated, .At 1225, CNA [Certified Nursing Assistant] informed this writer that g tube was accidentally pulled out. They were changing diapers at that time .</p> <p>During a review of Resident 1 ' s Change in Condition Evaluation, dated 2/16/25, the Change in Condition Evaluation indicated, .G tube accidentally dislodged .found .by CNA while changing diaper .transfer resident to hosp [hospital] .</p> <p>During an interview on 2/21/25 at 3:20 p.m. with Licensed Nurse 1 (LN 1) stated she was the nurse on duty when Resident 1 ' s G-tube was displaced on 2/16/25. LN 1 further stated she was on lunch break when the CNA notified her that Resident 1 ' s G-tube was found dislodged during ADL care.</p> <p>During a follow up interview on 2/21/25 at 4:42 p.m. with LN 1, LN 1 confirmed a licensed nurse was not supervising CNA ' s, providing ADL care, when G-tube was found dislodged on 2/16/25.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised December 2016, the P&P indicated, .comprehensive, person-centered care plan that includes measurable objectives .to [NAME] the resident ' s physical, psychosocial, and functional needs is developed and implemented for each resident .the Interdisciplinary Team (IDT) .implements a comprehensive, person-centered care plan .</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1), received treatment and care in accordance with professional standards of practice when the comprehensive centered care plan was not followed.</p> <p>This failure had the potential to result in Resident 1's gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) tube (G-tube) to be displaced during Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (a document containing patient information), the face sheet indicated, Resident 1 was admitted to the facility July 2023 with multiple diagnoses which included dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- an assessment tool), dated 1/8/25, the MDS indicated, Resident 1 was dependent with ADLs.</p> <p>During a review of Resident 1's active orders in the Orders Summary Report, dated 7/6/23, the Orders Summary Report indicated, Resident 1 had a G-tube.</p> <p>During a review of Resident 1's Change in Condition Evaluation, dated 1/27/25, the Change in Condition Evaluation indicated, .GT dislodged during ADL care .</p> <p>(continued on next page)</p> | | |

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