

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 03/03/2025
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50750</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper infection control practice for two of seven sampled residents (Resident 1 and Resident 2), when Licensed Nurse 1 (LN 1) did not sanitize (to clean or disinfect) a shared glucometer (device used to measure blood sugar levels using a test strip and drop of blood) in between use.</p> <p>This failure had the potential to spread infection among residents.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 1 was admitted to the facility in February 2025 with a diagnosis of diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>A review of Resident 1 ' s Order Summary Report, dated 3/3/25, indicated to check Resident 1 ' s blood sugar (BS) as needed for DM management.</p> <p>A review of an admission record indicated Resident 2 was admitted to the facility in January 2024 with a diagnosis of DM.</p> <p>A review of Resident 2 ' s Order Summary Report, dated 3/3/25, indicated to check Resident 2 ' s BS as needed for DM management.</p> <p>During an observation on 3/3/25 at 1:43 p.m. in Resident 1 ' s room, LN 1 was carrying a small tray containing lancets (a sharp piercing device), alcohol wipes, test strips, and a shared glucometer, to check Resident 1 ' s BS. After LN 1 checked Resident 1 ' s BS, LN 1 exited Resident 1 ' s room, discarded the used lancet and test strip, wrote the BS ' s result on a piece of paper, and then entered Resident 2 ' s room carrying the same glucometer, small tray, and supplies.</p> <p>During an observation on 3/3/25 at 1:45 p.m. in Resident 2 ' s room, LN 1 used the same glucometer to check Resident 2 ' s BS. LN 1</p> <p>exited Resident 2 ' s room, discarded the used lancet and test strip, and wrote the BS ' s result on a piece of paper.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/3/25 at 1:48 p.m. with LN 1, LN 1 confirmed she did not disinfect the glucometer in between use and was unaware that it should have been disinfected.</p> <p>During an interview on 3/3/25 at 2:15 p.m. with the Director of Nursing (DON), DON stated she expected nurses to disinfect the glucometer with bleach in between use. DON further stated failing to disinfect the glucometer in between use had the potential for cross contamination (transfer of harmful bacteria from one person, object, or place to another).</p> <p>A review of the facility ' s policy and procedure, titled, Obtaining a Fingertstick Glucose Level, dated 2001, indicated, . Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses .</p>		