

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 03/28/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36681</p> <p>Based on observation, interview, and record review, the facility failed to ensure services were provided to meet professional standards of quality for one of three sampled residents (Resident 3) when Resident 3 had ongoing oxygen therapy without a physician's order.</p> <p>This failure had the potential to put Resident 1's health and safety at risk.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 3 was admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing).</p> <p>A review of Resident 3's Brief Interview for Mental Status (BIMS, an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) dated 1/16/25 indicated Resident 3 was cognitively intact with a score of 13 out of 15.</p> <p>A concurrent observation and interview was conducted on 3/28/25 at 10:40 a.m. inside Resident 3's room. Resident 3 was lying in bed with ongoing oxygen via nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) attached to a concentrator (a device that takes air from the surroundings, filters it and provides extra oxygen) at 2 liters per minute. Resident 3 was able to state her full name and spell out her last name. Resident stated she has the oxygen all the time.</p> <p>Further review of Resident 3's clinical records indicated the following:</p> <ul style="list-style-type: none"> -there was no physician order for the oxygen use; -the Weekly Summary Notes dated 3/11/25 indicated Resident 3's oxygen use was PRN or as needed; and, -the Weekly Summary Notes dated 3/21/25 indicated Resident 3 was on continuous oxygen. <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A concurrent observation and interview was conducted on 3/28/25 at 12:10 p.m. inside Resident 3's room with Licensed Nurse 1 (LN 1). The LN 1 stated LN 2 was responsible for Resident 3's care today. The LN 1 confirmed Resident 3 had ongoing oxygen via nasal cannula at 2 liters per minute. Resident 3 was asked how long she had the oxygen and Resident 3 stated she had the oxygen for weeks.</p> <p>A subsequent interview and record review was conducted on 3/28/25 at 12:12 p.m. with the LN 1 in the nurses' station. The LN 1 checked Resident 3's physician orders and LN 1 confirmed Resident 3 had no physician order for oxygen use. The LN 1 stated Resident 3 should have an order for oxygen.</p> <p>A concurrent interview and record review was conducted on 3/28/25 at 12:35 p.m. with the LN 2 in front of the nurses' station. The LN 2 stated Resident 3 was moved in the 500 hall 2 weeks ago. The LN 2 further stated when she came in this morning, Resident 3 had oxygen on and it was reported to her Resident 3 was stable. The LN 2 was unable to state who initiated the oxygen for Resident 3. The LN 2 explained the process of initiating oxygen and LN 2 stated there should be an order for oxygen. The LN 2 further explained if there was a change in condition, administration of oxygen can be a nursing measure and for them to notify the physician about the change. The LN 2 confirmed Resident 3's weekly summary dated 3/21/25 indicated Resident 3 was on continuous oxygen.</p> <p>A review of the facility's policy and procedure revised October 2010 and titled, Oxygen Administration indicated, The purpose of this procedure is to provide guidelines for safe oxygen administration .Verify that there is a physician's order for this procedure .After completing the oxygen setup .the following information should be recorded in the resident's medical record .The date and time that the procedure was performed . the name and title of the individual who performed the procedure .the rate of oxygen flow, route, and rationale .the reason for p.r.n. [as needed] administration.</p>		