

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  12/06/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>48445</p> <p>Based on interview and record review, the facility failed to ensure residents were fully informed of the risks and benefits of medications for two of 33 sampled residents (Resident 147 and Resident 142) when:</p> <p>1. The informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for Clozapine (medication used to treat Schizophrenia - a mental illness that is characterized by disturbances in thought) did not indicate the correct indication and target behavior for Resident 147; and,</p> <p>2. There was no informed consent for the increase in the dose of Buspirone (medication used to treat anxiety) for Resident 142.</p> <p>These failures increased the potential for Resident 147 and Resident 142 to not be informed of the medications' risks and benefits and alternative options.</p> <p>Findings:</p> <p>1. During a review of Resident 147's admission records, the records indicated Resident 147 was admitted in October 2024 with diagnoses that included Schizophrenia. Resident 147's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 147 had moderate cognitive impairment.</p> <p>During a review of Resident 147's physician order, dated 10/7/24, indicated cloZAPine Oral Tablet 25 MG [milligrams, a unit of measurement] .Give 2 tablet by mouth at bedtime for Schizophrenia m/b [manifested by] auditory [hearing] hallucinations [the experience of hearing, seeing, or smelling things that are not there] .</p> <p>During a review of Resident 147's document titled INFORMED CONSENT - Psychoactive Medication [substances that affect the brain], dated 10/7/24, the document indicated, 1. Consent Type: 1. Initial Consent . A. Psychoactive Medication . 1. Anti-anxiety .2. Name of the Anti-anxiety medication(s): Clozapine .2d. Indication(s) for Use: Anxiety .2e. Anti-anxiety target behavior of the medication(s): m/b restlessness.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 12/5/24 at 5:08 p.m. with the Pharmacy Consultant (PC), the PC stated, Clozapine is not given for anxiety, it is given for schizophrenia . When asked regarding the indication and target behavior indicated on the informed consent, the PC stated, That shouldn't be right .That's definitely not for Clozapine .I think they made a mistake on that one .It looked like a possible mismatch, confusion with clozapine and clonazepam [medication used for anxiety].</p> <p>During a concurrent interview and record review on 12/6/24 at 10:26 a.m. with the Director of Nursing (DON), the DON confirmed Resident 147 was receiving Clozapine for schizophrenia m/b auditory hallucinations. The DON verified the indication for Clozapine in the consent indicated anxiety manifested by restlessness. The DON stated, It didn't match. We have the consent for a different category of the medication instead of antipsychotic .We are giving the [resident and] family the wrong information on the medication when we secured the consent.</p> <p>36681</p> <p>2. A review of the clinical record indicated Resident 142's was admitted with diagnoses including anxiety disorder (a condition that causes excessive worry and fear that interferes with daily life).</p> <p>Further review of Resident 142's clinical records indicated the following:</p> <ul style="list-style-type: none"> <li>- A physician's order dated 5/3/24 indicated, Resident has capacity to make her decisions .;</li> <li>- An informed consent dated 5/3/24 indicated, Buspirone (Buspar, used to treat anxiety disorder) 10 mg twice a day for anxiety. The document was signed by the resident; and,</li> <li>- A physician's order dated 7/23/24 indicated, Buspirone 10 mg 1 tablet three times a day for anxiety m/b (manifested by) verbalized nervousness.</li> </ul> <p>A review of Resident 142's 'Nurse's Note' dated 7/19/24 indicated, resident alert and oriented x3[sic] . Observed resident has constant episodes of inability to relax despite of BusPIRon [sic]10mg administered as order taken i [sic] tab po twice a day .observed kept throwing her belongings to the ground &amp; verbalizing with foul words. Calmed resident down but, the behaviors keep increasing each day. MD [Medical Doctor] please advise and evaluate psychotropic medication .</p> <p>A review of Resident 142's 'Nurse's Note' dated 7/23/24 indicated, Received new order to discontinue Buspar 10mg BID [twice a day] and changes [sic] to Buspar TID [three times a day] for Anxiety order carried out and noted.</p> <p>There was no documented evidence an informed consent from the physician was obtained for a dose increase in Buspirone on 7/23/24.</p> <p>In a concurrent interview and record review on 12/6/24 at 12:30 p.m., the DON confirmed the physician changed Resident 142's Buspirone order from 10 mg twice a day to three times a day on 7/23/24. The DON stated she cannot find an informed consent for the increase in the dose. The DON stated her expectation was for licensed staff to verify if the physician obtained an informed consent for the increase in the dose of Buspirone.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled Psychotropic Medication Use, dated 3/2018, the P&amp;P indicated, Psychotropic drugs may be used if the medication is necessary to treat a specific condition, diagnosed and documented in the medical record .7. Prior to administration of a Psychotropic medication, the prescribing clinician will obtain informed consent from the resident (or as appropriate, the resident representative), and document the consent in the medical record .a. The informed consent obtained by the prescribing clinician is verified by the facility, with verification documented in the medical record.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>36681</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment for two of 33 sampled residents (Resident 142 and Resident 109) when:</p> <ol style="list-style-type: none"> <li>1. Resident 142's bathroom was in disrepair; and</li> <li>2. Resident 109's bedside table was chipped and peeled on the sides.</li> </ol> <p>These failures increased the potential to negatively impact Resident 142 and Resident 109's psychosocial well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of the clinical record indicated Resident 142 was admitted with diagnoses including depression (condition that causes constant feeling of sadness and loss of interest) and anxiety disorder (a condition that causes excessive worry and fear that interferes with daily life).</li> </ol> <p>A concurrent observation and interview was conducted on 12/3/24 at 12:50 p.m. inside Resident 142's room. Resident 142 stated there was mold in the bathroom and the bathroom had been like that since she had been there. Inside the bathroom, the baseboard was coming off/torn (near the toilet bowl) with blackish discoloration on the bottom of the baseboard. There was brownish to blackish discoloration on the bathroom wall below the toilet bowl and a brownish discoloration on the bathroom floor.</p> <p>In a concurrent observation and interview on 12/3/24 at 4:56 p.m., the Maintenance Supervisor (MS) confirmed the findings. The MS further confirmed the baseboard inside the bathroom below the toilet bowl was coming off. The MS denied mold in the bathroom. The MS stated the baseboard was torn and needed to be replaced.</p> <p>A concurrent interview and record review was conducted with the MS on 12/3/24 at 5 p.m. The MS reviewed the Maintenance log and there was no report received regarding the issue with Resident 142's bathroom.</p> <ol style="list-style-type: none"> <li>2. A review of the clinical record indicated Resident 109 was admitted with diagnoses including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke- disrupted blood flow to the brain causing brain tissue death) affecting right dominant side.</li> </ol> <p>In a concurrent observation and interview on 12/3/24 at 9:26 a.m., inside Resident 109's room, one side of the bedside table was chipped and the border on all four sides were peeled off. Resident 109 stated he had been in the facility for 2 months and he had the bedside table since.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A concurrent observation and interview on 12/4/24 at 9:59 a.m. inside Resident 109's room, with Certified Nursing Assistant 1 (CNA 1). The CNA 1 stated Resident 109's bedside table had missing border on four sides and one side was cracked. The CNA 1 further stated the bedside table was used to set up tray for meals and drinks. The CNA 1 added the bedside table needed to be checked and reported to maintenance.</p> <p>In a follow up interview on 12/4/24 at 10:05 a.m., the CNA 1 stated she checked the maintenance log and there was no reported issue regarding the bedside table for Resident 109. The CNA 1 further stated any issues such as the bedside table should be written in the maintenance log.</p> <p>In an interview on 12/5/24 at 10:48 a.m., the MS stated he checks the maintenance log every morning and his expectation was for staff to report any maintenance issue to him or to be written in the maintenance log.</p> <p>On 12/6/24 starting at 11:55 a.m., with the Director of Nursing (DON), the pictures taken in Resident 142's bathroom and Resident 109's bedside table were shown to the DON. The DON confirmed the findings and stated this was not acceptable. The DON further stated her expectation was for staff to report anything broken and anything in disrepair to the MS. The DON agreed it was not a homelike environment.</p> <p>A review of the facility's policy revised February 2021 and titled, Homelike Environment indicated, Residents are provided with a safe, clean, comfortable and homelike environment .The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect .homelike setting. These characteristics include .clean, sanitary and orderly environment .</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48445</p> <p>Based on interview and record review, the facility failed to develop person-centered care plans timely, specific to medical, nursing, physical, mental, and psychosocial needs for two of 33 sampled residents (Resident 147 and Resident 361) when:</p> <ol style="list-style-type: none"> <li>Care plan for Resident 147's use of antipsychotic (medication used to treat psychosis - a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) was not developed timely upon starting Clozapine (medication used to treat Schizophrenia - a mental illness that is characterized by disturbances in thought); and,</li> <li>There was no care plan developed for Resident 361's hard of hearing and use of hearing aid (a device worn in or behind ear designed to amplify sound for individuals who have difficulty hearing).</li> </ol> <p>These failures had the potential to result in Resident 147 and Resident 361 not maintaining the highest practicable well-being and preventing avoidable decline.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>During a review of Resident 147's admission records, the records indicated Resident 147 was admitted in October 2024 with diagnoses that included Schizophrenia. Resident 147's Minimum Data Set (MDS, an assessment tool) indicated Resident 147 had moderate cognitive impairment.</li> </ol> <p>During a review of Resident 147's physician order, dated 10/7/24, the order indicated cloZAPine Oral Tablet 25 MG [milligrams, a unit of measurement] .Give 2 tablet by mouth at bedtime for Schizophrenia m/b [manifested by] auditory hallucinations (the experience of hearing things that are not there) .</p> <p>During a review of Resident 147's care plan, initiated 12/3/24, the care plan indicated, Medication-Antipsychotic: [Resident 147] requires antipsychotic medication related to Schizophrenia as evidenced by Auditory hallucinations. Resident on Clozapine.</p> <p>During an interview on 12/6/24 at 10:26 a.m. with the Director of Nursing (DON), the DON stated, If the resident is receiving antipsychotics, it needs to be care planned as soon as we have the consent and the order. The DON verified the care plan for the use of Clozapine was developed on 12/3/24 and stated, We didn't have the care plan as soon as we started the medication .[It is important because] We need to make sure that we are monitoring everything, and all the interventions needed are being met.</p> <ol style="list-style-type: none"> <li>During a review of Resident 361's admission records, the records indicated Resident 361 was admitted in November 2024 with diagnoses that included depression and muscle weakness. Resident 361's MDS indicated Resident 361 had moderate cognitive impairment.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 361's Admission/Readmission Summary Note, dated 11/9/24, the note indicated, [Resident 361] awake alert and oriented x2 [knows who and where but not what time it is or what is happening] w/ [with] hard of hearing with hearing aid.</p> <p>During an observation on 12/03/24 at 11:15 a.m. in Resident 361's room, Resident 361 was observed alert, hard of hearing, and hearing aid not in use. Signage on the wall was observed and indicated to place hearing aid in the morning.</p> <p>During a concurrent observation and interview on 12/5/24 at 8:57 a.m. with Resident 361 in his room, Resident 361 was observed alert and not wearing the hearing aid. Voice volume was increased and questions were repeated twice during the interview and Resident 361 stated, I can hear clearly with hearing aid. Resident touched his left ear and searched for hearing aid.</p> <p>During a concurrent interview and record review on 12/4/24 at 10:17 a.m. with Licensed Nurse 1 (LN 1), LN 1 stated, [Resident 361] is hard of hearing, he has a hearing aid .I have to increase my volume and get face to face, he doesn't talk much, we have to explain what we are doing. LN 1 verified Resident 361 had no care plan developed for hearing and the use of hearing aid.</p> <p>During a review of Resident 361's care plan, initiated on 12/4/24, the care plan indicated, Hearing: [Resident 361] has a hearing impairment as evidenced by decreased hearing acuity both ears. The care plan did not indicate Resident 361's use of hearing aid.</p> <p>During an interview on 12/6/24 at 10:26 a.m. with the DON, the DON stated, Hearing aids need to be care planned as well .Expectation is a care plan was developed upon admission if the resident came with it .the use of hearing aid should be included in the care plan so we will know that he has impaired hearing. The DON verified the care plan for hearing loss was developed in 12/4/24, 16 days after resident was admitted in 11/9/24 and stated, It should be developed upon admission, there's one, but not when he was admitted , so the nurses will be aware that he needs the hearing aid, so we can monitor the interventions.</p> <p>During a review of the facility's policy and procedure (P&amp;P), revised 12/2016, the P&amp;P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .8. The comprehensive, person-centered care plan will: .g. incorporate identified problem areas .m. Aid in preventing or reducing decline in the resident's functional status and/or functional levels .12. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS).</p>		

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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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50351</p> <p>Based on observation, interview, and record review, the facility failed to ensure services were provided to meet professional standards of quality for two residents (Resident 28 and Resident 116), for a census of 154, when:</p> <ol style="list-style-type: none"> <li>1. Resident 28's insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) order was marked as given prior to administration;</li> <li>2. The licensed staff did not dispose used lancets (small sharp objects used to take blood samples for blood sugar) in biohazard sharps containers; and</li> <li>3. Resident 116's medication was left at bedside.</li> </ol> <p>These failures had the potential to put residents' health and safety at risk.</p> <p>Findings:</p> <p>1. During observation on 12/4/24 at 6:48 a.m., Licensed Nurse 14 (LN 14) was observed taking a blood glucose level for Resident 28. The blood sugar level was observed at 221.</p> <p>During a medication administration observation on 12/4/24 starting at 7:15 a.m. with LN 14. LN 14 was observed administering 2 units of insulin to (Resident 28).</p> <p>During a subsequent medication observation on 12/4/24 at 7:27 a.m., LN 14 was observed signing a standing order of Humalog [short-acting Insulin] 2 units as given for Resident 28.</p> <p>During an interview on 12/4/24 at 7:36 a.m., LN 14 stated, he administered the 2 units of Humalog sliding scale for Resident 28. LN 14 further stated he gave all the morning medications due at 8:00 a.m. for Resident 28.</p> <p>During a review of Resident 28's Physician Orders, Resident 28's current physician orders, indicated, Humalog injection solution 100 u/ml [insulin lispro]</p> <p>[units/milliliter, unit of measure] Inject 2 units for DM subcutaneously [under the skin] 3 times a day for Diabetic Mellitus Management [Diabetes Mellitus, a condition where the body does not metabolize sugar] in addition to sliding scale.</p> <p>During a review of Resident 28's Physician Order, Resident 28's current physician orders indicated, Humalog injection solution 100 u/ml [insulin lispro] Inject per sliding scale: if 70-140= 0 Fingerstick BG, 70 call MD. 141-180= 1 unit, 181-240= 2 units</p> <p>(continued on next page)</p>		

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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>In a follow-up interview and record review on 12/4/24 at 8:02 a.m., LN 14 confirmed he administered 2 units of Humalog insulin per sliding scale instead of the 4 units as ordered to Resident 28. The LN 14 further confirmed he signed for both insulin orders and only gave 2 units. The LN 14 stated the best practice for administering Insulin is to check the order, prepare the insulin, then sign the medication record after administration.</p> <p>During interview on 12/5/24 at 5:41 p.m. with Director of Nursing (DON), DON stated Licensed staff should be checking medication orders and insulin orders prior to administration and sign the medication administration record after administration of medication.</p> <p>During review of P&amp;P titled Insulin Administration, dated September 2014, the P&amp;P indicated, .13. Insert the syringe into the vial and pull back on the plunger until the ordered amount of insulin is in the syringe .15. Re-check that the amount of insulin drawn into the syringe matches the amount of insulin ordered.</p> <p>2. During an observation on 12/4/24 at 6:48 a.m. in Resident 28's room, LN 14 was observed rolling 2 used glucose strips and 2 used lancets into used gloves and then discarded into a regular bin.</p> <p>During an interview on 12/4/24 at 2:12 p.m. with LN 14, the LN 14 confirmed he put the used glucose strips and used lancets inside his gloves and into the trash bin. The LN 14 stated the best practice was to put the used glucose strips and used lancets in a sharps container.</p> <p>During an interview on 12/05/24 at 5:41 p.m. with DON, DON stated Licensed staff should be disposing of used lancets and glucometer strips in the sharp containers.</p> <p>A review of P&amp;P titled Sharps Disposal, dated 2001, indicated 1. Whoever uses contaminated sharps will discard them immediately or as soon as feasible into designated containers.</p> <p>36681</p> <p>3. A review of the clinical record indicated Resident 116 was admitted with diagnoses including protein-calorie malnutrition (occurs when the body does not get enough protein and/or energy) and generalized muscle weakness. A 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 9/19/24 indicated Resident 116 had moderate cognitive impairment.</p> <p>A review of Resident 116's physician order dated 1/16/23 indicated, Ferrous sulfate (iron) 325 milligram (mg, unit of measurement) 1 tablet by mouth in the morning for anemia (a condition where the body does not have enough healthy red blood cells).</p> <p>A concurrent observation and interview was conducted on 12/4/24 at 9:24 a.m., inside Resident 116's room. There was a white round pill on the upper left side of her bed. Resident 116 stated she did not recognize the pill. Resident 116 further stated she dropped her iron pill early this morning and it's somewhere.</p> <p>In a concurrent observation and interview on 12/4/24 at 9:29 a.m., Licensed Nurse 14 (LN 14) confirmed there was a loose white pill at Resident 116's bedside. Resident 116 informed LN 14 she dropped the red pill. Resident 116 could not recall if LN 14 was inside her room when she dropped the pill.</p> <p>(continued on next page)</p>		

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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>In a follow-up interview on 12/4/24 at 9:31 a.m., LN 14 stated the white pill was acetaminophen (pain medication) and he did not give said pill this morning. The LN 14 further stated he left the iron pill or red pill at Resident 116's bedside. The LN 14 added, they are not allowed to leave medications at bedside.</p> <p>A review of P&amp;P titled Administering Medication, dated 2001, indicated .22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones .23. As required or indicated for a medication, the individual administering the medication records in the resident's medical record: a. the date and time the medication was administered; b. the dosage; c. the route of administration; d. the injection site (if applicable); e. any complaints or symptoms for which the drug was administered; f. any results achieved and when those results were observed; and g. the signature and title of the person administering the drug .25. Staff follows established facility infection control procedures (e.g. handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medication .</p>		

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NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	
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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>36681</p> <p>Based on interview and record review, the facility failed to ensure one of 33 sampled residents (Resident 107) received vision services as ordered in a timely manner.</p> <p>This failure increased the potential for Resident 107 to experience further loss of vision.</p> <p>Findings:</p> <p>A review of the clinical record indicated Resident 107 was admitted with diagnoses including type 2 diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing). A Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 11/10/24 indicated Resident 107 had vision impairment and he was cognitively intact.</p> <p>Further review of Resident 107's clinical records indicated the following physician orders:</p> <ul style="list-style-type: none"> <li>- an order dated 3/12/24 for Latanoprost ophthalmic solution 0.005% to instill 1 drop to left eye once a day for glaucoma (a condition where fluid builds up inside the eye causing increased pressure);</li> <li>- an order dated 5/20/24 for Brimonidine tartrate ophthalmic solution 0.2% to instill 1 drop to left eye three times a day for glaucoma;</li> <li>- an order dated 6/3/24 for Pilocarpine HCl ophthalmic solution 1% to instill 1 drop to left eye two times a day for glaucoma; and,</li> <li>- an order dated 5/21/24 for Refer to Optometry [examination of the eye for defects or referring for treatment] Consult.</li> </ul> <p>A review of Resident 107's care plan dated 8/13/24 indicated, Resident 107 had impaired visual function related to glaucoma. The interventions included, Arrange consultation with eye care practitioner as required . Monitor/document/report to MD [Medical Doctor] the following .blurred or hazy vision.</p> <p>A review of Resident 107's 'Nurse Practitioner Note' dated 11/27/24 indicated, .Vision loss: optometry evaluation pending .continue Pilocarpine, latanoprost .brimonidine .for glaucoma .</p> <p>A review of Resident 107's 'Social Service Note' dated 4/30/24 indicated, .Eye Care Visit: 4/26/24 .Resident seen by Optometrist for eye health consult .Referral to Ophthalmology [deals with the structure, functions, and diseases of the eye].</p> <p>In an interview on 12/3/24 at 10:36 a.m., Resident 107 stated he had been blind on his left eye and his right eye was starting to get bad, blurry. Resident 107 further stated he was diabetic and he informed the staff a couple of days ago regarding his right eye.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a concurrent interview and record review on 12/5/24 at 9:53 a.m., the Licensed Nurse 6 (LN 6) stated Resident 107 had an ophthalmology order for May and eye drops to the left eye for glaucoma.</p> <p>In a concurrent interview and record review on 12/6/24 starting at 9:58 a.m., the Social Services Assistant (SSA) stated Resident 107 was cognitively intact and had impaired vision. The SSA confirmed Resident 107 was seen by Optometrist on 4/26/24 and the recommendation was referral to Ophthalmology. The SSA stated there was no follow up made since the referral was sent. The SSA further stated she was not informed by nursing staff regarding Resident 107's change with his vision.</p> <p>In a concurrent interview and record review on 12/6/24 at 12:42 p.m., the Director of Nursing (DON) stated Resident 107 was alert and oriented. The DON further stated her expectation was for staff to notify the physician if resident had any changes or complaints, and need to address the problem. The DON added whatever the physician has ordered we have to follow it and, If there's a referral like this, make sure they have to do everything for the resident to be seen.</p> <p>In an interview on 12/6/24 at 2:26 p.m., the Medical Records Director (MRD) stated she could not find a nursing progress notes regarding Resident 107's vision from October to November.</p> <p>A review of an undated facility's policy titled, Hearing and Vision Services indicated, It is the policy of this facility to ensure that all residents have access to .vision services .Employees should refer any identified need for .vision services .to the social worker/social service designee .The social worker/social service designee is responsible for assisting residents .in locating and utilizing any available resources .for the provision of the vision .services the resident needs.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>43247</p> <p>Based on observation, interview, and record review, the facility failed to provide care for pressure injuries (injury to skin and underlying tissue resulting from prolonged pressure on the skin) consistent with facility policy and professional standards for two of thirty-three sampled residents (Resident 311 and Resident 318), when:</p> <ol style="list-style-type: none"> <li>1. Resident 311 developed pressure injury to sacrum (base of the spine) after admission to the facility; and</li> <li>2. Resident 318 did not have an accurate skin assessment upon admission to the facility.</li> </ol> <p>These failures placed Resident 311 and 318 at increased risk for infection and health status decline.</p> <p>Findings:</p> <p>1. A review of Resident 311's Admission Record indicated Resident 311 was admitted to the facility in November 2024 with multiple diagnoses including malignant neoplasm of prostate (prostate cancer), malignant neoplasm of the bone (cancer in the bone), seizures, diabetes (too much sugar in the blood), and cord compression (compression of the spinal cord causing neurological symptoms).</p> <p>A review of Resident 311's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 12/2/24, indicated Resident 311 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 13 out of 15 that indicated Resident 311 was cognitively intact. A review of Resident 311's MDS, Skin Conditions, dated 12/2/24, indicated Resident 311 was at risk of developing pressure injuries but did not have any pressure injuries.</p> <p>A review of Resident 311's Admission/Readmission Evaluation/Assessment, signed 11/26/24 for admission on 11/25/24, indicated .Skin Evaluation .General Appearance .Intact .Comments scrape to R [right] upper chest .dark scar to L [left] lower leg .Resident has wounds or skin integrity concerns present on admission . No .</p> <p>A review of Resident 311's Braden Scale [a tool that scores level of risk for developing pressure ulcers] for Predicting Pressure Sore Risk, dated 11/25/24, indicated Resident 311 was at risk for developing pressure injuries.</p> <p>A review of Resident 311's Care Plan, dated 11/26/24, Skin: Resident has impaired skin integrity present on admission as evidenced by scrape to R upper chest .Interventions/Tasks .Check skin daily during daily care provisions .</p> <p>A review of Resident 311's Progress Note, dated 11/28/24, indicated .Resident has 4 small 1/2 dime-size open areas to coccyx area. Stage 2 [pressure injury with partial thickness skin loss, appearing as open shallow sores] .</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 311's Order Summary indicated order dated, 11/29/24, encourage reposition every two hours per family request .</p> <p>A review of Resident 311's Order Summary indicated order dated, 11/29/24, .LAL [low air loss- pressure relief mattress] in place and set according to patient weight, every shift .</p> <p>A review of Resident 311's Progress Note, dated 11/29/24, indicated . Found MASD [moisture-associated skin damage] to Sacrococcygeal [the base of the spine and the tailbone] that measures 10.0 cm [centimeters] x 12.0 cm x 0, wound bed was 90% necrotic epithelial [dead skin cells] and 10% granulation [new tissue that forms during wound healing], no drainage from site, no s/s [signs/symptoms] of infection. Received new order .</p> <p>A review of Resident 311's Care Plan, dated 12/3/24, Skin: Resident has denuded/moist/moisture associated skin damage MASD to Bilateral buttocks . indicated .Goal .Will resolve without complications . Interventions/Tasks .Administer treatment as ordered .</p> <p>A review of Resident 311's Order Summary indicated order dated 12/4/24, DTI [Deep Tissue Injury-pressure injury that develops when soft tissue below skin is damaged by pressure] to Sacrum: Cleanse with NS [Normal Saline], pat dry, apply Triad [wound dressing paste] to open area, apply Betadine [antiseptic containing iodine] to DTI area, cover with foam dressing, every day shift .</p> <p>A review of Resident 311's Skin &amp; Wound Evaluation, signed 12/5/24, indicated Type . Pressure . Stage . Deep Tissue Injury Persistent non-blanchable deep red, maroon or purple discoloration .Location . Sacrococcygeal . In-House Acquired . Notes . [Wound Physician] was in to assess patient's wound on 12/4/24. Noted DTI to Sacrum that measures 10.0 cm x 12.0 cm x UTD [unable to determine depth], wound bed was 10% necrotic and 90% dermis [middle layer of skin] . Wound debridement performed .</p> <p>A review of Resident 311's Care Plan, dated 11/26/24, Skin: Resident has impaired skin integrity present on admission as evidenced by scrape to R upper chest .Interventions/Tasks .Check skin daily during daily care provisions .</p> <p>During an interview on 12/4/25 at 8:54 a.m. with Resident 311, Resident 311 stated he had new wound on lower back and pictures were taken four or five days ago. Resident 311 stated he did not have this wound when he was admitted to the facility. Resident 311 stated he was supposed to be turned every two hours, but sometimes was only turned every six hours. Observed Resident 311 on LAL mattress.</p> <p>During a concurrent interview and record review on 12/5/24 at 11:21 a.m. with Treatment Nurse (TN), the TN confirmed that Resident 311's admission documentation indicated that his skin was intact upon admission and he was admitted without any pressure injuries. The TN stated that she was not aware of sacrum wound until 11/29/24, picture was taken, and she documented it as MASD. The TN stated Resident 311's wound was acquired while in the facility. The TN stated the wound physician saw Resident 311's wound on 12/4/24 and classified it as DTI. When asked how she knows when to see residents for new wounds, the TN stated that she tries to check new admissions every morning.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review with the Director of Nursing (DON), the DON acknowledged that it was not documented that Resident 311 had any pressure injury upon admission, 11/25/24. The DON acknowledged that Resident 311's sacrum pressure injury was first documented on 12/2/24. The DON confirmed that Resident 311's pressure injury was facility-acquired. Reviewed with the DON that Resident 311's Braden Scale score on 11/25/24 indicated he was at risk for pressure injuries but did not have order for LAL mattress until 11/29/24. When asked if the delay in the order for the LAL mattress from 11/25/24 to 11/29/24 may have contributed to Resident 311 developing pressure injury, the DON acknowledged that the LAL mattress not ordered upon admission may have contributed to development of pressure injury.</p> <p>2. A review of Resident 318's Admission Record indicated Resident 318 was admitted to the facility in November 2024 with multiple diagnoses including paraphimosis (a condition of the foreskin where it becomes trapped in a retracted position), supraventricular tachycardia (fast or erratic heartbeat), and gastroenteritis and colitis (inflammation of stomach and colon).</p> <p>A review of Resident 318's MDS, Cognitive Patterns, dated 11/21/24, indicated Resident 318 had a BIMS score of 12 that indicated Resident 318 was moderately cognitively impaired. A review of Resident 318's MDS, Skin Conditions, dated 11/21/24, indicated Resident 318 had two DTI present on admission to the facility.</p> <p>A review of Resident 318's Order Summary indicated order dated 11/15/24, Monitor B [bilateral] heels pressure injury for any changes .every shift .</p> <p>A review of Resident 318's Skin Observation diagram, dated 11/14/24, indicated swollen penis, pressure sore to coccyx area, and bilateral heels pressure skin intact, scar/excoriation to left lower leg and scars to right mid back. The form did not indicate any measurements of the areas identified.</p> <p>A review of Resident 318's Nursing-Comprehensive Skin Evaluation/Assessment, signed 11/15/24, indicated .open wound to coccyx, pressure to B heels, swollen penis, scar/excoriation to L [left] lower leg . No measurements were documented.</p> <p>A review of Resident 318's Skin &amp; Wound Evaluation, dated 12/4/24, indicated .Type .Pressure .Stage .Deep Tissue Injury: Persistent non-blanchable deep red, maroon or purple discoloration .Present on Admission . No measurements were documented.</p> <p>A review of Resident 318's Progress Note, Type: Admission/Re-admission Summary Note, dated 11/14/24, indicated .patient admitted .arrived at 1732 [5:32 p.m.] with primary DX [diagnosis] of wound infection .with chronic foley . No skin assessment documented.</p> <p>A review of Resident 318's Progress Note, Type: Skin/Wound Note, dated 11/22/24, indicated . [Wound physician] was in to assess patient's wound on 11/20/24. Noted: DTI to R heel that measures 3.5 cm x 7.0 cm x UTD .</p> <p>A review of Resident 318's Progress Note, Type: Skin/Wound Note, dated 11/28/24. Indicated . [Wound physician] was in to see patient's wound on 11/27/24. Noted: DTI to R heel that measures 5.2 cm x 7.2 cm x UTD . DTI to Sacrococcyx that measures 7.5 cm x 5.3 cm x 0.2 cm .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 318's Progress Note, Type: Skin/Wound Note, dated 12/4/24, indicated . [Wound physician] was in to see patient's wound on 12/4/24. Noted: ST2 [stage 2 -partial thickness skin loss] (previous DTI) to R Heel that measures 4.2 cm X 7.7 cm x UTD .ST2 (previous DTI) to Sacrococcyx that measures 8.0 cm x 5.0 cm x 0.1 cm .</p> <p>A review of Resident 318's Care Plan, dated 11/15/24, Skin: Resident has impaired skin integrity present on admission as evidenced by wound at Coccyx, pressure to right heel and scar to left lower leg .Goal .Will prevent or delay deterioration to skin integrity to the extent possible .Interventions/Tasks .Check skin daily during daily care provisions .</p> <p>During an interview on 12/3/24 at 2:15 p.m. with Resident 318, Resident 318 stated he had a sore on his penis and heel.</p> <p>During a concurrent interview and record review on 12/5/24 at 10:17 a.m. with LN 7, LN 7 acknowledged that Resident 318's admission skin assessment does not indicate any wound measurements taken. LN 7 stated skin assessment should be done on the day of admission and wound measurements should be taken upon admission. LN 7 stated the wound treatment nurse then follows up the next day.</p> <p>During an interview on 12/5/24 at 10:29 a.m. with LN 8, LN 8 stated the Assistant Director of Nursing (ADON) completes the admission assessment for residents admitted during day shift and the nursing supervisors complete admission assessments on the PM (evening shift). LN 8 stated that skin assessments should be done at time of admission.</p> <p>During a concurrent interview and record review on 12/5/24 at 11:09 a.m. with the TN, the TN acknowledged that Resident 318's skin assessment was done but wound measurements were not taken. The TN stated, Skin measurements should be taken upon admission. Should do measurements.</p> <p>During a concurrent interview and record review with the DON, the DON acknowledged that no wound measurements were taken on day of admission, 11/14/24, for Resident 318. The DON acknowledged Resident 318's clinical record did not indicate any wound measurements until 11/22/24. The DON stated that skin assessment including wound measurements should be done on day of admission. The DON stated the TN should see new admissions the next day as a second look and is expected to check wound measurements. The DON stated Resident 318 should have been seen the next day after admission by the TN. The DON stated, Not sure what happened. When asked what the harm to the resident if wound missed or wound measurements not done, the DON stated, Don't know if it got bigger. Not able to catch it. The DON confirmed the facility admission policy indicates skin assessment to be done upon admission which includes taking wound measurements.</p> <p>A review of the facility's Policy and Procedure (P&amp;P) titled Pressure Ulcers/Skin Breakdown- Clinical Protocol, revised 3/14, indicated .The nursing staff and Attending Physician will assess and document an individual's significant risk factors for developing pressure sores .the nurse shall describe and document/report the following .Full assessment of pressure sore including location, stage, length, width and depth .Current treatments, including support surfaces .The staff will examine the skin of a new admission for ulcerations or alterations to the skin .The physician will help identify medical interventions related to wound management .</p> <p>(continued on next page)</p>		

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<p>F 0686</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 P&amp;P titled Admission Assessment and Follow Up: Role of the Nurse, revised 9/12, indicated .The purpose of this procedure is to gather information about the resident's physical condition .for the purposes of managing the resident, initiating the care plan, and completing required assessment instructions .Conduct an admission assessment .Conduct a physical assessment, including the following systems .Skin .Conduct supplemental assessments .including .Skin assessment .The following information should be recorded in the resident's medical record .All relevant assessment data obtained during the procedure .Report other information in accordance with facility policy and professional standards of practice .</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>36681</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 33 sampled residents (Resident 27) received services to maintain mobility of fingers and prevent further contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion).</p> <p>This failure increased the potential for Resident 27 to experience total loss of mobility on fingers and to negatively impact psychosocial well-being.</p> <p>Findings:</p> <p>A review of the clinical record indicated Resident 27 was admitted with diagnoses including unspecified osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage). A Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 10/29/24 indicated Resident 27 had moderate cognitive impairment and had functional limitation in range of motion (ROM) on her upper extremity.</p> <p>A review of Resident 27's care plan revised 8/5/24 indicated, Resident 27 had self-care performance deficit related to left side weakness, cognitive and physical function deficits, contractures to right hand, need extensive to total assistance in self-care. The goal was for Resident 27 to maintain current level of function. The intervention included to encourage resident to participate to the fullest extent possible with each interaction.</p> <p>In a concurrent observation and interview on 12/3/24 at 11:18 a.m., Resident 27 was lying in bed. Resident stated she had been in the facility for many years. Resident was unable to open her hands and her fingers were contracted.</p> <p>In a concurrent interview and record review on 12/5/24 at 11:55 a.m., the Occupational Therapist (OT) stated Resident 27 had OT evaluation on 3/3/23.</p> <p>A review of Resident 27's OT evaluation notes dated 3/3/23 indicated, Resident 27 had bilateral upper extremity (BUE) contractures. The OT 'Assessment Summary' indicated, '[Resident 27] warrants further OT services but currently does not have authorization as per insurance.</p> <p>In a concurrent observation and interview on 12/5/24 at 2:39 p.m., Resident 27 was lying in bed. Resident 27 stated she really wants to have therapy and her fingers are getting worse. Resident 27 was able to move her right thumb and right pointer finger. Resident 27 was not able to move her fingers on the left.</p> <p>In a concurrent interview and record review on 12/6/24 at 12:40 p.m., the Director of Nursing (DON) stated Resident 27 had contractures and resident should have at least an RNA (Restorative Nurse Aide - a certified nursing assistant with specialized training in rehabilitation skills) order. The DON was unable to locate an order for RNA.</p> <p>(continued on next page)</p>		

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<p>F 0688</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 revised July 2017 and titled, Resident Mobility and Range of Motion indicated, .Residents with limited range of motion will receive treatments and services to increase and/or prevent a further decrease in ROM [range of motion].</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36681</p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident(Resident 8) was provided with adequate supervision and safe environment, for a census of 154.</p> <p>This failure resulted in Resident 8's fall and transfer to the acute care hospital due to a bump and cut to the right forehead.</p> <p>Findings:</p> <p>A review of the clinical record indicated Resident 8 was admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing) and epileptic seizures (sudden, temporary disruption in brain activity that causes involuntary movements, sensations, or changes in awareness). The Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/4/24 indicated Resident 8 was cognitively intact, required setup to wheel 50 feet with two turns and required setup to wheel 150 feet in a corridor or similar space with the use of a motorized scooter.</p> <p>Further review of Resident 8's clinical records indicated the following:</p> <ul style="list-style-type: none"> <li>- Fall Risk assessment dated [DATE], indicated Resident 8 was high risk for falls with a score of 18;</li> <li>- Care Plan, dated 2/9/24, indicated Resident 8 was at risk for falls related to decreased muscular coordination, history of falls, visual impairment, uses scooter as primary mode of locomotion and poor safety awareness. The interventions included to keep within supervised view as much as possible and on 4/19/24, resident was assessed for powerchair use for safety and provided with regular wheelchair at this time; and,</li> <li>- Nurse's Note dated 4/19/24 at 15:34 (3:34 p.m.) indicated, Placed call and spoke to resident's RP [Responsible Party] regarding resident's unwitnessed fall on 4/18/24 from his power chair and report of resident leaving the facility to go out for a smoke in an undesignated area to smoke. Care conference held on 4/16/24 with RP via [sic] phone with recommendation to remove resident's power chair as part of resident's safety intervention after resident's unwitnessed fall outside the parking lot. Explained to RP that resident will be provided with [sic] regular wheelchair for mobility and will reassess resident for the use of power chair. RP agreed. Resident aware that he will be provided with regular wheelchair [sic] at this time for safety and agreed. This note was written by the Director of Nursing (DON).</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 8's 'Nurse's Note' dated 12/4/24 at 14:03 [2:03 p.m.] indicated, Writer returned from lunch and is notified by MDS coordinator that [Resident 8] fell @ 1205. Writer went to assess resident. Resident found on front entrance of building accompanied by DON and ADON [Assistant Director of Nursing]. Writer assessed resident and noted a bump to R [right] lateral forehead with [sic] appears to be laceration in mid section. Resident is alert, but with baseline confusion. Resident c/o [complained of] hitting his head .Notified [name] NP [Nurse Practitioner] .received from NP to send resident to ER [emergency room ] for eval [evaluation] and tx [treatment]. MDS coordinator called 911 [phone number to contact emergency services] @ 1210 and 911 arrived @ 1216 .</p> <p>A review of Resident 8's 'Nurse's Note' dated 12/4/24 at 15:18 [3:18 p.m.] indicated, This writer heard a loud noise like something had fallen outside the building. This writer looked outside the window and saw resident lying on his right side on the ground next to his powerchair which is standing upright. Resident assessed with no c/o pain and assisted back to his powerchair. Resident noted with bump and cut to his RT [right] forehead with bleeding. Resident alert, oriented and verbally responsive. Resident stated that he was returning to the facility and noted with a plastic bag on his powerchair .911 was called and arrived to pick up resident . This note was written by the DON.</p> <p>A review of Resident 8's 'Nurse's Note' dated 12/5/24 at 02:52 indicated, Received resident back from the ER [sic]. Received report from ER nurse .labs and ct scan [computed tomography, a medical imaging procedure showing detailed images of a body part] negative for injuries.Upon arrival [sic] resident had dry blood from right side of the forehead .</p> <p>A review of Resident 8's 'REHAB - STATUS POST-FALL SCREEN' dated 12/5/24 indicated, .Comments . transferred to acute, power scooter removed and resident issued manual wheelchair .</p> <p>An observation of Resident 8 was conducted on 12/6/24 at 12:55 p.m. Resident 8 was up in his wheelchair, sleeping, in front of the smoking patio door. The surveyor alerted staff of resident sleeping upright in his wheelchair. The staff confirmed resident was sitting in the doorway and staff did not approach resident.</p> <p>In an interview on 12/6/24 at 12:57 p.m., Licensed Nurse 1 (LN 1) stated they were monitoring Resident 8 for his laceration from the fall. The LN further stated the hospital had no new orders post discharge.</p> <p>A concurrent observation and interview was conducted on 12/6/24 at 12:58 p.m. with the DON in the facility's driveway where Resident 8 had a fall on 12/4/24. There was a sewer cap in the driveway which was lower than the surrounding concrete surface. The DON stated she heard a bang like something fell , she and the MDS Coordinator looked at the window and when they went outside Resident 8 was lying on his right side. The DON further stated Resident 8 had bleeding on his right forehead and resident was facing towards the building. The DON stated she was able to talk to resident and resident told DON he was coming back from the convenience store. The DON further stated Resident 8 goes outside the building without supervision and resident should be signing himself out everytime he goes out since he's alert and oriented.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A concurrent observation and interview was conducted on 12/6/24 at 2:31 p.m. with the Maintenance Supervisor (MS) in front of the facility's driveway. The MS stated the clean up sewer cover was part of the city. The MS further stated they [residents] are not allowed to go outside, if they go out it's dangerous. We should probably call them [city] to fix it. The MS confirmed the area was unsafe for everybody and the MS was aware of the fall that happened. The MS stated, We have to fix this, it cant be like this. It has to be done to fix the uneven area.</p> <p>A review of the facility's policy revised July 2017, and titled, Safety and Supervision of Residents indicated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities . Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment. The type and frequency of resident supervision may vary among residents and over time for the same resident .</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50351</p> <p>Based on observation, interview, and record review the facility did not maintain pharmacy services for a census of 154 when:</p> <ol style="list-style-type: none"> <li>1. Expired glucagon [define] Emergency Medication [define] found in emergency supply kit (e-kit);</li> <li>2. Twelve boxes of expired ear wax drops and 28 boxes of expired covid [define] test kits;</li> <li>3. The medications for Random Resident (RR) was not discarded after discharge from the facility; and,</li> <li>4. Narcotic medication [define] reconciliation did not match the electronic Medication Administration Record (eMAR) for Resident 81.</li> </ol> <p>This failure had the potential to cause inaccurate accountability of controlled medications and the potential to result in diversion of the residents' medication.</p> <p>1. During medication storage observation and interview on 12/4/24 at 3:18 p.m. with Licensed Nurse 9 (LN 9) in Central Station Medication room, the LN 9 confirmed 1 Glucagon emergency kit with an expiration date of 4/30/2024. When LN 9 opened the e-kit, there were 3 glucagon 1 mg (milligrams, a unit of measurement) emergency medications with expired dates of 6/2024, 9/2024, and 11/2024. The LN 9 stated, the best practice was for all nurses to check the expiration dates on the emergency medication kits before administering medications and to order a new one immediately once the e-kit was opened.</p> <p>During an Interview on 12/6/24 at 8:15 a.m. the Director of Nursing (DON), stated both the Assistant Director of Nursing (ADON) and the Director of Staff Development (DSD) should be checking and monitoring the medication rooms for expired medications. The ADON should be performing daily checks. The DON confirmed that one expired Glucagon e-kit was found in the medication room. The DON confirmed expectation is for all nurses to check medications before giving medications. The DON stated, staff administering medications are to check expiration dates before giving the medication. The DON stated, if expired glucagon was administered, it could be harmful to residents.</p> <p>During an interview on 12/6/24 at 08:27 a.m., with the DSD, stated the DSD does not check the medication storage rooms, the DON and ADON monitor the medication rooms.</p> <p>During an Interview on 12/6/24 at 8:45 a.m., the ADON confirmed her responsibility was to check all the medication rooms, and further stated the medication storage rooms were supposed to be checked by the DON and all the nursing staff. ADON confirmed ADON and night shift nurses do the weekly monitoring in medication storage rooms for emergency medication kits and expired medications. ADON confirmed removal of the expired glucagon emergency kit from the medication room.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During review of P&amp;P, titled Emergency Pharmacy Service and Emergency Kits, dated 3/2018, the P&amp;P indicated, .The kits are inventoried for completeness and expiration dating of the contents by the provider pharmacy when re-stocked. The date of the earliest expiring medication in the kit is noted on the outside of the kit .Facility should have system in place to maintain accountability for the contents of the emergency supply.</p> <p>2. During medication storage observation on 12/4/24 at 3:42 p.m., LN 9 confirmed 12 boxes of expired ear wax drops with expiration dates of 04/2024 were found in central station medication room. LN 9 further confirmed there were 28 expired covid test kits found in Central station medication room with expiration dates of 11/30/2024.</p> <p>During an interview on 12/6/24 at 8:45 a.m., the ADON confirmed there were expired ear wax drop boxes and covid kits found in the central station medication room.</p> <p>During review of P&amp;P titled Medication Labeling and Storage, dated 3/2018 indicated .2. The nursing staff is responsible for maintaining storage and preparation areas .3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</p> <p>3. During subsequent observation and review of medication storage on 12/4/24 at 3:52 p.m., diclofenac sodium (used to relieve joint pain) 1% gel for RR was found inside the central station medication room. LN 9 stated RR was discharged over a month ago. LN 9 further stated, if a resident was discharged or medication had been discontinued, staff were to put the discontinued medication in the medication room for the supervisor to destroy during medication room checks.</p> <p>A review of the clinical record indicated RR was admitted October of 2023 with diagnoses including acquired absence of right leg above knee (a surgical removal of the portion of the leg above the knee joint) and discharged first week of September 2024.</p> <p>During an interview on 12/5/2024 at 5:04 p.m., with the DON, the DON confirmed RR's medications were found in medication room. The DON stated her expectation was for licensed nurses to put RR's discharge medications in the destruction bin inside the medication room. The DON stated the DON and the ADON were to monitor the cabinets and everything in the medication room.</p> <p>During an interview on 12/6/24 at 8:45 a.m., the ADON stated, discontinued medication or discharge resident medications are to be put in the red destruction bin and are picked up monthly or as needed.</p> <p>During a review of the P&amp;P titled Medication Labeling and Storage, dated 3/2018, the P&amp;P indicated .2. The nursing staff is responsible. For maintaining storage and preparation areas .3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</p> <p>4. During a review of the narcotic administration record logs for three random residents, 1 tablet of oxycodone-acetaminophen (controlled pain medication) for Resident 81 was not documented as administered in the eMAR.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 12/5/24 at 5:04 p.m. with the DON, the DON confirmed there was a discrepancy in Resident 81's narcotic administration record. The DON stated her expectation was for licensed nurses to document on both the narcotic log and the eMAR when narcotics were administered.</p> <p>During a review of P&amp;P titled Section II: Medication Administration dated 3/2018, the P&amp;P indicated, .D. When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR) .</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48445</b></p> <p>Based on interview, and record review, the facility failed to ensure two of 33 sampled residents (Resident 147 and Resident 30) was free from unnecessary psychotropic medications (drugs that affect brain activities associated with mental processes and behaviors) when:</p> <ol style="list-style-type: none"> <li>1. Resident 147's Clozapine (medication used to treat Schizophrenia - a mental illness that is characterized by disturbances in thought) was given without appropriate target behavior and side effects monitoring; and,</li> <li>2. Resident 30 did not have adequate indication for the use of antipsychotic medication.</li> </ol> <p>These failures decreased the facility's potential to monitor Resident 147 for appropriate target behaviors and had the potential to result in increased risk and exposure to side effects associated with psychotropic medications for Resident 147 and Resident 30.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 147's admission records, the records indicated Resident 147 was admitted in October 2024 with diagnosis that included Schizophrenia. Resident 147's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 147 had moderate cognitive impairment and did not exhibit hallucinations (the experience of hearing, seeing, or smelling things that are not there), and did not exhibit physical or verbal behaviors towards self or others.</li> </ol> <p>During a review of Resident 147's physician order, dated 10/7/24, the order indicated cloZAPine Oral Tablet 25 MG [milligrams, a unit of measurement] .Give 2 tablet by mouth at bedtime for Schizophrenia m/b [manifested by] auditory [hearing] hallucinations .</p> <p>During a review of Resident 147's physician order, dated 10/8/24, the order indicated, Monitor S/E [side effects] Anti-Anxiety Drug: CLOZAPINE .every shift for ANXIETY - CLOZAPINE M/B Restlessness.</p> <p>During a review of Resident 147's physician order, dated 10/25/24, the order indicated, Monitor episodes auditory hallucinations AEB [as exhibited by] CLOZAPINE, every shift for ANXIETY - CLOZAPINE.</p> <p>During a concurrent telephone interview and record review on 12/5/24 at 5:08 p.m. with the Pharmacy Consultant (PC), the PC confirmed the orders for target behavior and side effects monitoring were for antianxiety and stated, I think the target behavior should be for schizophrenia manifested by auditory hallucinations .I think they need to be monitoring for the antipsychotic side effect and not for antianxiety .we need to correct it .If it went too long, he could have it longer than he really needs it .It looked like a possible mismatch, confusion with clozapine and clonazepam [medication used to treat anxiety].</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/6/24 at 10:26 a.m. with the Director of Nursing (DON), the DON confirmed Resident 147 was receiving clozapine for schizophrenia m/b auditory hallucinations. The DON verified the target behavior monitoring was done every shift for anxiety and stated, It is not accurate . We are not monitoring the right behavior for the medication. The DON further confirmed there were no monitoring of behaviors when the medication was started on 10/7/24 since the monitoring was started on 10/25/24. The DON verified the side effect monitoring for clozapine was for antianxiety and stated, They are not monitoring the correct side effect because it's for antianxiety. We are not looking on the correct side effect of the medication.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Psychotropic Medication Use, dated 3/2018, the P&amp;P indicated, Psychotropic drugs may be used if the medication is necessary to treat a specific condition, diagnosed and documented in the medical record .8. Psychotropic medication management for the resident will involve the facility interdisciplinary team consideration of the following: indication and clinical need for medication, dose, duration, and adequate monitoring for efficacy and adverse consequences. Management will also include preventing (where possible), identifying, and responding to adverse consequences .to meet the individual needs of the resident, and minimize or discontinue the use of Psychotropic medication .12. Monitoring of a resident receiving Psychotropic medication will include evaluation of the effectiveness of the medication, as well as an assessment for possible adverse consequences. Behavioral symptoms are reevaluated periodically to determine the potential for reducing or discontinuing the drug based on therapeutic goals, and any adverse effects or possible functional impairment.</p> <p>36681</p> <p>2. A review of the Admission Record indicated Resident 30 was admitted with diagnoses including dementia (a progressive state of decline in mental abilities) with other behavioral disturbance.</p> <p>A review of Resident 30's MDS assessments dated 5/7/24, 7/9/24, and 10/7/24 indicated, Resident 30 had severe cognitive impairment, had no verbal or physical behaviors directed toward others, and had no behaviors of rejection of care.</p> <p>A review of Resident 30's physician orders indicated the following:</p> <ul style="list-style-type: none"> <li>- on 7/7/24, a physician order indicated, Quetiapine (Seroquel, antipsychotic) 25 mg (milligram, unit of measurement) 2 tablets (50 mg) by mouth two times a day for BPSD (Behavioral and psychological symptoms of dementia) m/b (manifested by) physical aggression; and,</li> <li>- on 11/11/24, a physician order indicated, Refer for Psychiatry evaluation and treatment.</li> </ul> <p>A review of Resident 30's care plan initiated 7/8/24 indicated, Resident 30 uses psychotropic medication Seroquel r/t (related to) behavior management for diagnosis of BPSD m/b extreme terrifying dreams. The interventions included, IDT to review medication use per facility protocol, attempt for GDR (gradual dose reduction) as indicated/condition improves, or as ordered .Discuss with MD [Medical Doctor], family re [sic] ongoing need for use of medication. Review behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 30's Medication Administration Record (MAR) for May 2024 indicated 12 episodes of aggression and refusal of care from 5/1 to 5/10. The behavior monitoring for the use of Seroquel was changed to verbalization of having extremely terrifying dreams on 5/10 and there were 2 behaviors noted from 5/10 to 5/31/24.</p> <p>Resident 30's physician order for Seroquel was not clarified to reflect the change in the behavior being monitored from physical aggression to verbalization of having extremely terrifying dreams on 5/10/24.</p> <p>A review of Resident 30's MAR for June 2024 indicated 4 episodes of verbalization of having extremely terrifying dreams.</p> <p>A review of the Initial psychiatric visit dated 8/6/24 indicated, .MEDICAL DECISION-MAKING .To re-evaluate Seroquel which she has been taking for a long time for possible GDR to DC [discontinue]. Plan of treatment to GDR Seroquel to DC in compliance with CMS requirements for use of antipsychotics in the elderly .as it is not approved for dementia related psychosis due to increase in mortality risk in the elderly .</p> <p>A review of Resident 30's MAR for July, August, September, October, November, and December 2024 indicated no episodes of verbalization of having extremely terrifying dreams.</p> <p>A review of Resident 30's Psychotropic IDT meeting dated 10/8/24 indicated, IDT recommend GDR of Quetiapine 25 mg BID (twice a day).</p> <p>There was no documented evidence in Resident 30's clinical record a GDR for Seroquel was implemented.</p> <p>A review of Resident 30's Psychotropic IDT meeting dated 11/5/24 indicated, IDT recommend Need psych referral/visit.</p> <p>There was no documented evidence in the clinical records of a psychiatric evaluation conducted for Resident 30 after 11/5/24.</p> <p>In an observation on 12/3/24 at 9:59 a.m., Resident 30 was lying in bed, eyes were closed.</p> <p>In an observation on 12/3/24 at 10:05 a.m., Resident 30 was lying in bed, eyes were closed.</p> <p>In a concurrent interview and record review on 12/5/24 at 10:10 a.m., Licensed Nurse 6 (LN 6) stated she had Resident 30 for a few months. The LN 6 further stated Resident 30 was initially admitted end of April 2024 and she was readmitted [DATE]. The LN 6 described Resident 30 as alert, oriented x 1 and confused. The LN 6 stated Resident 30 had episodes of yelling not screaming and she had no episodes of physical aggression. The LN 6 further stated Resident 30 was on Quetiapine for BPSD and not bipolar disorder (sometimes called manic-depressive disorder, mood swings that range from the lows of depression to elevated periods of emotional highs).</p> <p>In an interview on 12/5/24 at 10:18 a.m., Certified Nursing Assistant 2 (CNA 2) stated Resident 30 was nice, quiet, and sweet woman. The CNA 2 further stated Resident 30 would try to be independent and she would try to stand up by herself and CNA 2 would provide assistance to Resident 30.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 12/5/24 at 10:35 a.m., Resident 30 was lying in bed, eyes were closed and her mouth was open.</p> <p>In a concurrent observation and interview on 12/5/24 at 2:32 p.m., Resident 30 was awake, sitting in the middle of her bed. Resident 30 stated better when she was asked how she was.</p> <p>In a concurrent telephone interview and record review on 12/5/24 at 4:43 p.m., the Pharmacy Consultant (PC) confirmed Resident 30 was on Quetiapine 25 mg 2 tablets (50 mg) twice a day for BPSD. The PC stated Resident 30's Quetiapine was ordered in the hospital and she was admitted with the medication. The PC further stated Resident 30 was monitored for terrifying dreams and this causes physical aggression. The PC added Resident 30 had no behaviors in September, October, and November. The PC stated he made a recommendation on 11/11/24 to clarify the behaviors being monitored to combine the 2 behaviors for terrifying dreams and physical aggression. The PC further stated if resident was physically dangerous to self and others then an antipsychotic medication for a resident with dementia was at least acceptable at the moment and targeted for a GDR. The PC confirmed there was no dose reduction of Quetiapine for Resident 30 since admission. The PC stated based on his academic reference and his experience, residents with dementia can use antipsychotic medication.</p> <p>In a concurrent interview and record review on 12/6/24 starting at 12:03 p.m., the Director of Nursing (DON) stated an antipsychotic medication can be used for a resident with dementia if there was a proper diagnosis and if they continue to monitor. The DON further stated Resident 30's behavior monitoring was changed from physical aggression to extreme terrifying dreams. The DON verified the behavior monitoring for Resident 30 from May to November 2024. The DON confirmed the IDT (Interdisciplinary team) meeting for Resident 30 on 10/8/24 indicated IDT recommended GDR to Quetiapine 25 mg BID. The DON further confirmed there was no GDR for said medication. The DON stated she gave the Psychotropic IDT review task to the Assistant Director of Nursing. The DON further stated they rely on psych recommendation and the DON did not see the psych note for August 2024.</p> <p>A review of the facility's policy revised August 2022 and titled, Antipsychotic Medication Use indicated, Residents will not receive medications that are not clinically indicated to treat a specific condition. Antipsychotic medications will be prescribed at the lowest possible dose for the shortest period of time and are subject to gradual dose reduction. Residents who are admitted or transferred from the hospital who are already receiving antipsychotic medications will be evaluated for the appropriateness and indications for use. The interdisciplinary team will re-evaluate at the time of admission and/or within two weeks to consider whether or not the medication can be reduced, tapered, or discontinued.</p> <p>A review of DailyMed (a nationally recognized drug reference), indicated Seroquel is used for the treatment of Schizophrenia, Bipolar disorder. The boxed warning (signifies the drug carries a significant risk of serious or even life-threatening adverse effects) indicated, Seroquel is not approved for the treatment of patients with dementia-related psychosis.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>50351</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication administration error rate was less than five percent (%) when five medication errors occurred out of 31 opportunities during medication administration for two residents (Resident 3 and Resident 28) of six selected residents during medication pass, when:</p> <ol style="list-style-type: none"> <li>1. Resident 28 did not receive insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) per physician orders;</li> <li>2. Resident 28 did not receive the correct bowel care medication and dose per physician's order;</li> <li>3. Resident 28 did not receive respiratory medication per physician order; and,</li> <li>4. Resident 3 did not receive Vitamin D supplement as ordered.</li> </ol> <p>These failures resulted in medications not being given in accordance with the physician's orders and had the potential to affect the residents' clinical conditions.</p> <p>Findings:</p> <p>1. During an observation on 12/4/24 at 6:48 a.m., Licensed Nurse 14 (LN 14) was observed taking a blood glucose level for Resident 28. The blood sugar level was observed at 221.</p> <p>During a medication administration observation on 12/4/24 starting at 7:15 a.m. with LN 14, the LN 14 was observed administering 2 units of Humalog insulin (short-acting insulin).</p> <p>During a subsequent medication observation on 12/4/24 at 7:27 a.m., the LN 14 was observed signing a standing order of Humalog 2 units as given for Resident 28.</p> <p>During an interview on 12/4/24 at 7:36 a.m., the LN 14 stated he administered the 2 units of Humalog insulin per sliding scale Humalog order for Resident 28. The LN 14 further stated he gave all the morning medications due at 8:00 a.m. for Resident 28.</p> <p>During a review of Resident 28's Physician Orders, Resident 28's current physician orders, indicated, Humalog injection solution 100 u/ml [insulin lispro]</p> <p>[units/milliliter, unit of measure] Inject 2 units for DM subcutaneously [under the skin] 3 times a day for Diabetic Mellitus Management [Diabetes Mellitus, a condition where the body does not metabolize sugar] in addition to sliding scale.</p> <p>During a review of Resident 28's Physician Order, Resident 28's current physician orders indicated, Humalog injection solution 100 u/ml [insulin lispro] Inject per sliding scale: if 70-140= 0 Fingerstick BG, 70 call MD. 141-180= 1 unit, 181-240= 2 units</p> <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a follow up interview and record review on 12/4/24 at 8:02 a.m., the LN 14 confirmed he administered 2 units of Humalog insulin instead of the 4 units as ordered to Resident 28. The LN 14 further confirmed he signed for both insulin orders and only gave 2 units. The LN 14 stated the best practice for administering Insulin is to check the order, prepare the insulin, then sign the medication record after administration.</p> <p>During review of policy and procedure (P&amp;P) titled insulin administration dated September 2014, the P&amp;P indicated .13. Insert the syringe into the vial and pull back on the plunger until the ordered amount of insulin is in the syringe .15. Re-check that the amount of insulin drawn into the syringe matches the amount of insulin ordered.</p> <p>2. During a medication administration observation on 12/4/24 starting at 7:15 a.m. with LN 14, the LN 14 was observed administering and one Senna plus tablet to Resident 28.</p> <p>During a review of Resident 28's physician's order, the current physician orders indicated, Senna 8.6 mg 2 tablets by mouth two times a day for bowel regularity.</p> <p>During a concurrent interview and record review on 12/4/24 at 7:33 a.m., the LN 14 confirmed administered one Senna plus tablet instead of 2 Senna tablets. The LN 14 confirmed Senna Plus has Senna 8.6mg with 50 mg of docusate sodium.</p> <p>3. During a medication administration observation on 12/4/24 starting at 7:15 a.m. with LN 14, the LN 14 was observed administering medications for Resident 28. The LN 14 stated Advair [define] was not available for administration.</p> <p>During a review of Resident 28's Physician Orders, Resident 28's current physician orders, indicated, Advair Diskus Aerosol Powder Breath Activated 250/50 MCG/DOSE (Fluticasone-Salmeterol)[a medication to help with breathing] 1 inhalation inhale orally two times a day for COPD Rinse mouth w/ water after used.</p> <p>4. During a medication observation on 12/5/24 8:43 a.m. at Central cart, with LN 3, LN administered Vitamin D 25mcg 1000IU (International units, a unit of measurement) 1 tablet to Resident 3.</p> <p>During an interview and record review on 12/5/24 at 1:23 p.m., the LN 3 confirmed one 1 tablet of Vitamin D was given to Resident 3 instead of 2 tablets as ordered.</p> <p>During an interview on 12/5/24 at 5:41 p.m., the Director of Nursing (DON), stated the expectation is for licensed nurses to check medication orders and insulin orders prior to administration, and sign the medication administration record after administration of medication.</p> <p>During a subsequent interview on 12/6/24 at 8:15 a.m., the DON confirmed expectation for licensed nurses was to document medication in the electronic medication administration record after medication administration. The DON further stated, giving medication outside provider orders can be harmful to residents.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During review of P&amp;P titled Administering Medications, dated 2001, the P&amp;P indicated, .10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and method (route) of administration before giving the medication.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>50351</p> <p>Based on observation, interview, and record review, the facility failed to ensure two residents (Resident 28 and Resident 56) were free of significant medication errors for a census of 154, when:</p> <ol style="list-style-type: none"> <li>1. Insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) was not administered as ordered for Resident 28; and,</li> <li>2. Resident 56 received five duplicate doses of Baclofen (a medication used to treat muscles spasms, cramping, and tightness in people with spinal cord injuries).</li> </ol> <p>These failures had the potential to compromise the health and safety of Resident 28 and Resident 56.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During an observation on 12/4/24 at 6:48 a.m., Licensed Nurse 14 (LN 14) was observed taking a blood glucose level for Resident 28. The blood sugar level was observed at 221.</li> </ol> <p>During a medication administration observation on 12/4/24 starting at 7:15 a.m. with LN 14, the LN 14 was observed administering 2 units of Humalog insulin (short-acting insulin).</p> <p>During a subsequent medication observation on 12/4/24 at 7:27 a.m., the LN 14 was observed signing a standing order of Humalog 2 units as given for Resident 28.</p> <p>During an interview on 12/4/24 at 7:36 a.m., the LN 14 stated he administered the 2 units of Humalog insulin per sliding scale Humalog order for Resident 28. The LN 14 further stated he gave all the morning medications due at 8:00 a.m. for Resident 28.</p> <p>During a review of Resident 28's Physician Orders, Resident 28's current physician orders, indicated, Humalog injection solution 100 u/ml [insulin lispro]</p> <p>[units/milliliter, unit of measure] Inject 2 units for DM subcutaneously [under the skin] 3 times a day for Diabetic Mellitus Management [Diabetes Mellitus, a condition where the body does not metabolize sugar] in addition to sliding scale.</p> <p>During a review of Resident 28's Physician Order, Resident 28's current physician orders indicated, Humalog injection solution 100 u/ml [insulin lispro] Inject per sliding scale: if 70-140= 0 Fingerstick BG,70 call MD. 141-180= 1 unit, 181-240= 2 units</p> <p>In a follow-up interview and record review on 12/4/24 at 8:02 a.m., the LN 14 confirmed he administered 2 units of Humalog insulin instead of the 4 units as ordered to Resident 28. The LN 14 further confirmed he signed for both insulin orders and only gave 2 units. The LN 14 stated the best practice for administering Insulin is to check the order, prepare the insulin, then sign the medication record after administration.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/5/24 at 5:41 p.m., the Director of Nursing (DON), stated the expectation is for licensed nurses to check medication orders and insulin orders prior to administration, and sign the medication administration record after administration of medication.</p> <p>During a subsequent interview on 12/6/24 at 8:15 a.m., the DON confirmed expectation for licensed nurses was to document medication in the electronic medication administration record after medication administration. The DON further stated, giving medication outside provider orders can be harmful to residents.</p> <p>During review of policy and procedure (P&amp;P) titled Administering Medication dated 2001, the P&amp;P indicated, . 10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and method (route) of administration before giving the medication . 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones .</p> <p>During review of P&amp;P titled Insulin Administration, dated September 2014, the P&amp;P indicated .13. Insert the syringe into the vial and pull back on the plunger until the ordered amount of insulin is in the syringe .15. Re-check that the amount of insulin drawn into the syringe matches the amount of insulin ordered.</p> <p>38834</p> <p>2. Review of the admission record indicated the facility admitted Resident 56 in 2023 with multiple diagnoses, which included quadriplegia (paralysis of arms and legs caused by spinal cord injury).</p> <p>A review of Resident 56's clinical record contained a physician order dated 11/10/23 which indicated to administer Baclofen 10 milligram (mg, unit of measurement) by mouth two times a day for muscle spasm. Resident 56's clinical record contained another order dated 11/16/24 to administer Baclofen 10 mg two times a day for muscle spasm.</p> <p>A review of the Medication Administration Record (MAR) for November 2024 indicated Resident 56 received Baclofen 20 mg instead of the physician's ordered dose of 10 mg on 11/16/24 at 5 p.m., 11/17/24 at 8 a.m., 11/19/24 at 8 a.m., and 11/20/24, at 5 p.m. Resident 56's MAR indicated that on 11/18/24 the resident received Baclofen 20 mg at 8 a.m., and 20 mg at 5 p.m., a total dose of 40 mg instead of physician's ordered 20 mg.</p> <p>A review of the nursing progress notes dated 11/17/24, at 4:02 p.m., indicated, Baclofen Oral Tablet 10 mg . duplicate order, need clarification.</p> <p>A review of the nursing progress notes dated 11/19/24, at 4:38 p.m., indicated, Baclofen Oral Tablet 10 mg . duplicate order, holding .until clarified.</p> <p>A review of the nursing progress notes dated 11/20/24, at 9:18 a.m., indicated, Baclofen Oral Tablet 10 mg . Double order.</p> <p>A review of the nursing progress notes dated 11/21/24, at 8:12 a.m., indicated, Baclofen Oral Tablet 10 mg . duplicate order.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 56's clinical records contained no documented evidence that the facility reported to the physician that the resident had a duplicate order for Baclofen. There was no documented evidence that the order for Baclofen was clarified for 5 days, from 11/17/24 when the nurse noticed duplicate order until 11/21/24, 8:11 a.m., when the duplicate order for Baclofen 10 mg was discontinued. Resident 56's clinical records did not contain any documented evidence that the facility informed the resident's physician about medication error that Resident 56 received five extra doses of Baclofen.</p> <p>During an interview with LN 7 on 12/5/24, at 8:45 a.m., LN 7 stated if the resident had a duplicate order for the same medication, the physician needed to be contacted and the order clarified as soon as possible. LN 7 added that she would hold the dose until the order was clarified.</p> <p>During an interview and a concurrent record review on 12/5/24, at 2:40 p.m., the DON stated that the check marks and initials on the MAR indicated the dose was administered and validated that Resident 56 received five extra doses of Baclofen. The DON stated the nursing staff were expected to hold the medication and contact physician immediately to clarify the dose of Baclofen.</p> <p>A review of the facility's policy titled Administering Medications, dated 2001, indicated, Medications are administered in a safe .manner .If a dosage is believed to be inappropriate or excessive for a resident .the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns .Medications errors are documented, reported .</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>40830</p> <p>Based on observation, interview, and record review, the facility failed to ensure food service personnel had skill sets to safely and effectively carry out the functions of the food and nutrition services when Dietary Aide (DA) 2 was unable to verbalize or demonstrate the procedure for cleaning and sanitizing food contact surfaces and was unable to verify the sanitizer concentration to ensure effective sanitation (cross refer to F812, #9).</p> <p>These failures had the potential to result in ineffective sanitation with potential to cause food borne illness in a high-risk population of 153 residents who consumed food from the facility kitchen. The census was 154.</p> <p>Findings:</p> <p>During an initial kitchen tour observation and concurrent interview on 12/3/24, at 9:23 a.m., DA 2 was observed using a rag from a red bucket (used as a standard of practice to contain sanitizer solution) to wipe a heavily soiled countertop with liquid and food particles on it. DA 2 verbalized the procedure for cleaning and sanitizing food contact surfaces, and DA 2 pointed to the red bucket and stated he used the rag from the red bucket to clean the surfaces.</p> <p>DA 2 was unable to verbalize the correct concentration of the sanitizer solution when asked to demonstrate checking the concentration of the sanitizer in the red bucket. DA 2 also stated the sanitizer solution in the red buckets should be changed three times during an eight-hour shift.</p> <p>During an interview on 12/3/24 at 9:28 a.m., Dietary Manager (DM) verified and stated DA 2 should use the soapy water in the green bucket, then would use the sanitizer solution in the red bucket to sanitize the countertop. DM also stated the sanitizer solution buckets should be changed every 2 hours, or once the sanitizer becomes cloudy.</p> <p>During an interview on 12/4/24, at 3:56 p.m., with DM, DM stated she did not have an in-service for the staff regarding the procedure of cleaning and sanitizing the food contact surface areas yet. She agreed DA 2 did not clean and sanitize correctly.</p> <p>During an interview on 12/5/24 at 8:55 a.m. with RD, RD stated, To clean a dirty food contact surface, need [to clean with] a clean washcloth. Spray chemical that is food grade. Last step, [use] sanitizing red bucket . [We] Need to improve our way of educating .It's our responsibility .to train [DA 2] better.</p> <p>RD also stated, the sanitizing red bucket .needs to be 200 [ppm] (part per million, a measure unit for chemical concentration), at least .[and to] change as needed.</p> <p>During a review of employee files of DA 2 on 12/5/24, at 11:47 a.m., it indicated DA 2 was hired on 12/12/23 and state food handler certificate with expiration of date of 6/13/27.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A concurrent interview and review of DA 2's competency on 12/5/24 at 12:07 p.m., with DM was conducted. A review of DA 2's job competency was completed on 12/12/23 by Dietary Supervisor Assistant (DSA), it indicated DA 2 was competent on How to clean and sanitize equipment, counter tops and Sanitizing solution; preparation, test concentration and record result; when to replace solution. A review of DA's employee orientation checklist was completed on 12/12/23 by DSA, it indicated DA 2 completed the training of Use of equipment and cleaning-sanitizing equipment.</p> <p>DM stated the job competency for DA 2 was to check DA 2's knowledge as new hire and stated DA 2 was competent on how to clean and sanitize equipment and counter tops, and the concentration of sanitizer solution. DM also stated the orientation checklist showed DA 2 had been orientated and trained on the topic of use of equipment and cleaning-sanitizing equipment upon new hired.</p> <p>A review of a departmental document titled, Shelves, Counters, and other Surfaces Including Sinks (Handwashing, Food Preparation, etc.), dated 2023, showed, .Remove large debris and wash surface with warm detergent solution .2. Rinse with clear water using a clean sponge or cloth. Wipe dry with a clean cloth. 3. Spray with sanitizer .</p> <p>A review of a departmental document titled, Quaternary Ammonium Log Policy, dated 2023, showed, .the [sanitizer] solution will be tested at least every shift or when the solution is cloudy. The solution will be replaced when below 200 ppm .</p> <p>A review of a departmental document titled, Sanitation, dated 2023, showed, .The Food and Nutrition Services (FNS) Director is responsible for instructing employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques . and .Each employee shall know how to . clean all equipment in his specific work area .</p> <p>A review of facility document titled, Job Description: Dietary Aide, dated 2/2024, indicated dietary aide had essential duties of Clean work surfaces and participate on-going training.</p> <p>A review of facility document titled, Job Description: Dietary Manager, dated 2/2024, showed, Essential Duties .trains .dietary employees .ensure equipment and work areas are clean, safe .ensure infection control . sanitation practices and procedures are followed .</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>40830</p> <p>Based on observation, interview and record review, the facility failed to ensure the menu was followed for the therapeutic diet during lunch on 12/3/24 and 12/4/24 when:</p> <p>A. During a dining observation on 12/3/24:</p> <ol style="list-style-type: none"> <li>Five residents (Resident 3, 13, 42, 114, and 126) with CCHO (consistent or controlled carbohydrate) diets (a diet for people who need to control their blood sugar or to manage diabetes) received one slice of bread instead of a 1/2 slice of bread.</li> <li>Resident (RES) 42 with CCHO and Renal diet (diet to manage chronic kidney disease) received white rice instead of brown rice.</li> </ol> <p>B. During a meal service distribution on 12/4/24:</p> <ol style="list-style-type: none"> <li>Four residents (Resident 82, 105, 129, and 142) with fortified diets (added calories and/or protein) did not get the fortified foods with their meals.</li> <li>21 residents (Resident 3, 13, 28, 29, 39, 49, 58, 67, 70, 87, 96, 103, 114, 115, 125, 126, 136, 150, 155, 311, and 360) with CCHO diets received one serving of dessert instead of a 1/2 serving of dessert.</li> <li>Six residents (Resident 6, 37, 61, 67, 156, and 317) with mechanical soft texture diets (a diet that consists of soft, moist foods for people who have chewing and/or swallowing difficulties) received regular texture dessert instead of mechanical soft texture dessert.</li> <li>19 residents (Resident 7, 11, 19, 27, 35, 38, 50, 52, 55, 56, 60, 62, 76, 104, 107, 110, 112, 116, and 145) with Regular diet received mechanical soft dessert instead of regular texture dessert.</li> </ol> <p>These failures had the potential to result in compromising the medical and nutritional status of 50 out of 153 residents who received meals from the facility kitchen.</p> <p>Findings:</p> <p>A. During a dining observation for lunch meal on 12/3/24, beginning at 12:17 p.m., it was noted as follows:</p> <ol style="list-style-type: none"> <li>Five residents (Resident 3, 13, 42, 114, and 126) with CCHO diets received one slice of bread instead of a half slice of bread. A concurrent review of the facility spreadsheet (a menu excel sheet that indicated what items and portions to be served for each prescribed diet) titled, Winter menus, week 1 Tuesday, indicated that CCHO diet should receive a half slice of garlic bread.</li> </ol> <p>During a concurrent interview and spreadsheet review on 12/3/24 at 12:24 p.m. with RD, RD stated CCHO diets should receive 1/2 slice of bread.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident 42 with CCHO and Renal diet received white rice instead of brown rice. A concurrent review of facility spreadsheet titled, Winter Menus, Week 1 Tuesday, indicated CCHO and Renal diets should receive brown rice.</p> <p>During a concurrent observation and interview on 12/3/24 at 12:32 p.m., Resident 42 was observed eating in the room with her meal plate having a scoop of white rice on it. Resident 42 stated that if the kitchen had given her brown rice instead, she would have eaten the brown rice.</p> <p>B. During the lunch meal distribution on 12/4/24 beginning at 11:45 a.m., it was noted as follows:</p> <p>1. Four residents (Resident 82, 105, 129, and 142) with fortified diets did not get extra butter added to the creamy risotto style rice or cheese added to the Broccoli. During a concurrent review of facility document titled, Fortified Diet, the document indicated to include extra margarine to rice and add cheese to vegetables.</p> <p>2. Twenty one residents (Resident 3, 13, 28, 29, 39, 49, 58, 67, 70, 87, 96, 103, 114, 115, 125, 126, 136, 150, 155, 311, and 360) with CCHO diets received a whole serving of cherry n cream square (measurement: 2x2 1/2) dessert instead of half serving of dessert. A concurrent review of the facility spreadsheet titled, Winter Menus Week 1 Wednesday, indicated that CCHO diets should receive a half serving of dessert.</p> <p>A confirmation interview with Dietary Aide (DA) 2 during meal distribution at 12:20 p.m., DA 2 stated he was the one to prepare the dessert and he only prepared regular (whole serving) dessert for regular, CCHO, and renal diets.</p> <p>3. Six residents (Resident 6, 37, 61, 67, 156, and 317) with mechanical soft texture diets received regular texture dessert cherry n cream square (had cherry pieces on top) instead of mechanical soft texture (puree filling without cherry pieces on top) dessert.</p> <p>4. Nineteen residents (Resident 7, 11, 19, 27, 35, 38, 50, 52, 55, 56, 60, 62, 76, 104, 107, 110, 112, 116, and 145) with regular diet received mechanical soft texture (puree filling without cherry pieces on top) dessert instead of regular texture cherry n cream square (had cherry pieces on top) dessert.</p> <p>During an interview on 12/3/24 at 2:10 p.m. with DM, DM acknowledged that regular diet residents received mechanical soft (puree filling without cherry pieces on top) desserts and they should receive regular dessert (had cherry pieces on top) as indicated on the spreadsheet. DM further stated residents with mechanical soft diets received regular (had cherry pieces on top) dessert should have had received mechanical soft (puree filling without cherry pieces on top) dessert as indicated on the spreadsheet. DM also confirmed that residents with CCHO diets should receive 1/2 serving of dessert instead of a whole serving and that some residents with fortified diets did not receive cheese added on broccoli and margarine added on rice.</p> <p>During an interview on 12/5/24 at 2:30 p.m. with RD, RD stated the staff needed to follow the recipe and menu/spreadsheet and they would need in-services regarding following the recipe and menu/spreadsheet.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility document titled, Job Description: Dietary Manager, dated 2/2024, indicated, .essential duties .direct and participate in food preparation and service of food .to meet each resident's needs in accordance with the physician's orders .</p> <p>A review of the facility document titled, Job Description: Registered Dietician, dated 9/2017, indicated, . essential duties .monitor food services operations to ensure conformance to nutritional .quality standards . inspect diet trays for conformance to physician's diet orders prior to delivery .</p> <p>A review of the facility document titled, Menu Planning, dated 2023, indicated .The facility's diet manual and the diets ordered by the physician should mirror the nutritional care provided by the facility .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40830</p> <p>Based on observation, interview, and record review, the facility failed to prepare, store, serve, and distribute food in accordance with professional standards of food service safety when:</p> <ol style="list-style-type: none"> <li>1. The ice machine was not clean;</li> <li>2. Several various kitchenware in the clean and ready-to-use storage areas:             <ol style="list-style-type: none"> <li>a. Were stacked and stored wet</li> <li>b. Had food debris;</li> </ol> </li> <li>3. Various size of cooking pans, readily available for use, had dry and heavy black substance buildup and deep scratches on the cooking surfaces;</li> <li>4. Improper dating for the opened packages of food items in dry storage, walk-in refrigerator, and walk-in freezer;</li> <li>5. Improper storage and handling for the opened package food items in the walk-in refrigerator and walk-in freezer;</li> <li>6. Produce that were not fresh and not discarded found in walk-in refrigerator;</li> <li>7. Issues found in resident's food refrigeration unit located in east station:             <ol style="list-style-type: none"> <li>1. Improper and inconsistent labeling and dating of food items</li> <li>2. Partially eaten food items stored in the refrigerator</li> <li>3. Food items were expired and not discarded</li> <li>4. Frozen foods stored in refrigerator</li> <li>5. The interior of the refrigerator was not clean with foul odor;</li> </ol> </li> <li>8. One dietary aide was unable to verbalize the correct process of manual dishwashing with a 2-compartment sink; and</li> <li>9. One dietary aide improperly cleaned and sanitized the food contact work area and was unable to verbalize the correct concentration of sanitizer solution for the red bucket (used as a standard of practice to contain sanitizer solution for the dietary staff to perform sanitize procedure).</li> </ol> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>These failures had the potential to cause food contamination which could cause illness in the 153 out of 153 medically vulnerable residents who consumed food from the kitchen and resident refrigerator in the facility.</p> <p>Findings:</p> <p>1. During an interview with Dietary Manager (DM) on [DATE] at 10:15 a.m., DM stated Maintenance Supervisor (MS) cleans the ice machine monthly, and the outside vendor was responsible to do the deep clean (clean and sanitize the top machinery part and the ice storage bin and run the cleaning and sanitizing cycles with cleaner and sanitizer respectively) it every three months. DM further stated the last vendor service was on [DATE].</p> <p>During a concurrent observation and interview on [DATE] at 10:16 a.m. with MS and DM, MS stated he was responsible for cleaning and sanitizing the outside of the ice machine and ice storage bin every month and the water filter changed every three months. MS further stated the facility had an outside vendor for deep cleaning the ice machine every three months. MS opened the top (machinery) part of the ice machine panel. Upon the water curtain (a plastic cover rests on the ice making panel to redirect the ice to the ice storage bin during ice making) disassembled, inside on the water curtain observed with white and slimy substance and was rough and grainy to touch when wiped with paper towel. The top rim of the ice making panel (a metal panel where the ice making on the evaporator unit) had a white and brown substance that was grainy and slimy when wiped with a paper towel. Pink and white buildup was found inside the water trough (a plastic tray under the evaporator unit) and was rough to touch and hard to remove with paper towel. A significant black and brown substance was observed at the bottom of the evaporator unit and was rough to touch. MS and DM confirmed the findings. MS stated they would call the vendor to come for cleaning and stop using ice from ice machine. DM stated they would get the ice from outside facility until ice machine was clean.</p> <p>During a phone interview on [DATE] at 2:40 p.m. with outside vendor technician (OVT), OVT stated he arrived at the facility late in the afternoon on [DATE] to perform the cleaning and sanitizing service for the ice machine. OVT confirmed the ice machine was dirty. He stated upon disassembling the top machinery of the ice machine, he confirmed and agreed the bottom of evaporator unit was dirty with black, yellow and slimy substances. He stated he used the cleaner to run the cleaning cycle and then he took the component apart to clean and using the water pressure to wash the areas and scrubbed the dirty and heavily stuck-on deposit areas. Then he sanitized the parts, air dried, then put the parts together. Then he used the sanitizer to run the sanitizing cycle. He then ran the water cycles to rinse off the sanitizer and discarded a few batches of ice. Then ice machine was ready to use.</p> <p>During an interview on [DATE] at 2:30 p.m. with Registered Dietitian (RD), RD stated the ice machine should be clean with no calcium buildup, that buildup would affect the production of ice, and the calcium deposit could get into the ice. She stated that they may need to increase the frequency of cleaning of the ice machine, and she would talk to administrator about increasing the cleaning frequency.</p> <p>A review of facility document titled, [Vendor company name], Service Order #5857, serviced completed on [DATE], the invoice indicated that preventative maintenance, cleaning, and sanitation was done. An additional note on the invoice stated that, due to hard city water, some mineral buildups are still on the machine which is not coming off.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the kitchen ice machine manual titled, [Ice machine manufacturer] Ice Machines Service Manual, dated ,d+[DATE], the manual indicated, .Clean and sanitize ice machine every six months .if the ice machine requires more frequent cleaning and sanitizing, consult a qualified service company .an extremely dirty ice machine must be taken apart for cleaning and sanitizing .ice machine cleaner is used to remove lime scale or other mineral deposits .use sanitizer to remove algae or slime .</p> <p>A review of the facility policy and procedure (P&amp;P) titled, Ice Machine Cleaning Procedures, dated 2023, indicated, .The ice machine needs to be cleaned and sanitized monthly. The internal components [of the ice machine] cleaned monthly or per manufacturer's recommendations .</p> <p>A review of a facility P&amp;P titled, Sanitation, dated 2023, indicated, .Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner .</p> <p>According to 2022 FDA (Food and Drug Administration) Food Code, on section ,d+[DATE].11 Equipment Food-Contact Surface and Utensils, it stated equipment like ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms (a living thing that is so small it must be viewed with a microscope, such as bacteria or algae).</p> <p>In addition, on Section ,d+[DATE].11 Food-Contact Surfaces, it stated, .The purpose of the requirements for multiuse food-contact surfaces is to ensure that such surfaces are capable of being easily cleaned and accessible for cleaning. Food-contact surfaces that do not meet these requirements provide a potential harbor for foodborne pathogenic organisms. Surfaces which have imperfections such as cracks, chips, or pits allow microorganisms to attach and form biofilms. Once established, these biofilms can release pathogens to food. Biofilms are highly resistant to cleaning and sanitizing efforts . and .Multiuse Food-Contact Surfaces shall be: 1. Smooth; 2. Free of breaks, open seams, cracks, chips, inclusions, pits .</p> <p>2. During a concurrent observation and interview on [DATE] at 9:06 AM with DM, DM confirmed several and various types of kitchenware were stored away at the clean and ready-to-use storage areas wet and with food debris as follows:</p> <ul style="list-style-type: none"> <li>a. 7 metal mixing bowls (wet)</li> <li>b. one drawer for the storage of clean and ready-to-use kitchenware (wet)</li> <li>c. 7 full sheet metal pans (wet)</li> <li>d. 15 plastic pitchers (wet)</li> <li>e. 10 (9 ounces (oz.)) plastic serving bowls (with food debris)</li> <li>f. 59 (9 oz.) plastic serving bowls (wet)</li> <li>g. 15 meal insulated covers (wet)</li> <li>h. 28 meal insulated bases (wet)</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>i. 20 (4 oz.) plastic serving bowls (wet)</p> <p>During a follow up interview on [DATE] at 9:06 a.m. with DM, DM stated the dishes, pots and pans should be completely air-dried before being stored away and the staff who put away the dishes was responsible to check them before storing them in the ready-to-use area.</p> <p>During an interview on [DATE] at 2:30 p.m. with RD, RD stated the dishes, pans, and kitchenware should be completely air-dried, and the dishes should be clean before stored away. RD also stated the dishwasher, or the dietary aide (DA) should check the dishes before storing the dishes in the ready-to-use areas.</p> <p>A review of a facility P&amp;P titled, Sanitation, dated 2023, indicated, .All utensils, counters, shelves, and equipment shall be kept clean and in good repair .</p> <p>A review of a facility P&amp;P titled, Storage of Food and Supplies, indicated, .All food and food containers are to be stored .on clean surfaces in a manner that protects it from contamination .</p> <p>A review of an undated P&amp;P titled, Dishwashing, stated, .Gross food particles shall be removed by careful scraping and pre-rinsing in running water .Dishes are to be air dried in racks before stacking and storing .</p> <p>According to 2022 FDA (Food and Drug Administration) Food Code, on section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, the document indicated, (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch .(C) Non-food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris .</p> <p>3. A concurrent observation and interview on [DATE] at 9:03 a.m. with DM were conducted. There were three cooking pans with black and dry buildups on the cooking surfaces and one Teflon cooking pan had deep scratches on the cooking surface found. DM confirmed the issues found and stated the pans should not be in use and needed to be replaced with the new ones.</p> <p>During an interview with RD on [DATE] at 2:47 p.m., RD stated, Cooking pans should not be black or have buildup or scratches.</p> <p>A review of a facility P&amp;P titled, Sanitation, dated 2023, indicated, .All utensils, counters, shelves, and equipment shall be kept clean, maintained, and in good repair .</p> <p>According to 2022 FDA (Food and Drug Administration) Food Code, on section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, the document indicated (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>4. During a concurrent observation and interview on [DATE] at 9:38 a.m. with DM, noted there was a half-full bag of dry cereal with no open or use by date found in the dry storage. DM confirmed and stated that it should have an open and used by date on it.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent observation and interview on [DATE] at 9:50 a.m. with DM, noted there was an opened bag of pepperoni in the walk-in freezer with no opened or used by dates. DM confirmed and stated it should have opened and used by dates, and she further stated she would discard it.</p> <p>During a concurrent observation and interview on [DATE] at 9:53 a.m. with DM, noted there were an opened bag of shredded cabbage, one opened bag of salad mix with no opened and used by dates, and one opened bag of heads of lettuce with no opened and used by dates found in the walk-in refrigerator. DM confirmed the findings and stated the opened packages of food items should have open and used-by dates.</p> <p>During an interview on [DATE] at 8:55 a.m. with RD, RD stated, the opened package of food items should be .labeled with the open date .</p> <p>A review of the facility P&amp;P titled, Storage of Food and Supplies, dated 2023, stated, .Food .will be stored properly and in a safe manner .All foods will be dated - month, day, year .Dry food items which have been opened, such as .dry cereal ., will be tightly closed, labeled, and dated .</p> <p>A review of the facility P&amp;P titled, Labeling and Dating of Foods, dated 2023, indicated, .All food items in the storeroom, refrigerator, and freezer need to be labeled and dated .Newly opened food items will need to be closed and labeled with an open date and used by date .</p> <p>A review of the facility P&amp;P titled, Procedure for Refrigerated Storage, dated 2023, indicated, .Individual packages of refrigerated or frozen food taken from the original packing box need to be labeled and dated .</p> <p>A review of the facility P&amp;P titled, Food Receiving and Storage, dated 2001, indicated, .All foods stored in the refrigerator or freezer are .labeled and dated (use by date) .Refrigerated foods are labeled, dated and monitored so that they are used by their use-by date, frozen, or discarded .</p> <p>A review of the facility P&amp;P titled, Refrigerators and Freezers, dated 2001, indicated, .All food is appropriately dated .and use-by dates are indicated once food is opened .</p> <p>5. During a concurrent observation and interview on [DATE] at 9:50 a.m. with DM, noted there was a bag of hot dog buns with rip across top of the bag with a clear frost buildup on the buns. DM confirmed and stated the buns had freezer burn and she threw away the open package of buns.</p> <p>During a concurrent observation and interview on [DATE] at 9:53 a.m. with the DM, noted there was an opened bag of heads of lettuces that was widely opened stored in the walk-in refrigerator. DM confirmed and stated the opened package of food should be resealed tightly to prevent contamination.</p> <p>During an interview on [DATE] at 8:55 a.m. with RD, RD stated, the opened package of food items should be . resealed tightly.</p> <p>A review of the facility P&amp;P titled, Food Receiving and Storage, dated 2001, indicated, .All foods stored in the refrigerator or freezer are covered .</p> <p>A review of the facility P&amp;P titled, Procedure for Refrigerated Storage, dated 2023, indicated, .Food should be covered .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the facility P&amp;P titled, Procedure for Refrigerated Storage, dated 2023, indicated, .Food that has been freezer burned must be discarded.</p> <p>A review of the facility P&amp;P titled, Labeling and Dating of Foods, dated 2023, indicated, .Newly opened food items will need to be closed .</p> <p>6. During an observation of the walk-in refrigerator and concurrent interview with DM on [DATE] at 9:53 a.m., noted there were five out of 42 tomatoes in a box had black and mushy spots and within two of the five mushy tomatoes leaking juice. There were two out 20 red bell peppers in a container also noted having black and white and fuzzy spots stored on the shelves. DM confirmed and stated the tomatoes were not fresh and needed to be discarded and the red bell pepper were spoiled and needed to be discarded.</p> <p>A review of a facility P&amp;P titled, Storing Produce, dated 2023, indicated, .Check boxes of fruit and vegetables for rotten, spoiled items. One rotten tomato .in a box can cause the rest of the produce to spoil faster. Throw away all spoiled items .</p> <p>A review of the facility P&amp;P titled, Procedure for Refrigerated Storage, dated 2023, indicated, .Produce will be delivered frequently and rotated in the order it is delivered to assure that a fresh product is used, free of any wilting or spoilage .</p> <p>7. An observation of resident's food refrigeration unit (freezer on top and refrigerator at the bottom) located at the east nurse's station and a concurrent interview on [DATE] at 10:37 a.m. with DM was conducted. There was a post noted posted on the refrigerator door stated, Food Storage for Patient Use Only: Please label food with patient name and date (Discard after 72 hours/3 days). There were following findings noted:</p> <p>A. Resident's Food Freezer:</p> <p>a. One opened package of sausages with resident's room number but no open date, not resealed, and with expiration date of [DATE].</p> <p>A concurrent interview with DM and she stated the package should be dated, closed tightly, and thrown out due to being expired.</p> <p>b. A plastic cup of milkshake with opened straw in it and with no name, room number and date.</p> <p>A concurrent interview with DM and she stated the milkshake without any date and needed to be thrown away.</p> <p>B. Resident's Food Refrigerator:</p> <p>a. A bag of apples that were soft to touch with wrinkled skins, and one apple with white fuzzy spots.</p> <p>A concurrent interview with DM, and she stated, The apples were bad and needed to be discarded.</p> <p>b. A half-eaten apple pie with resident's room number but no date or resident's name.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A concurrent interview with DM, and she stated that the apple pie was not labeled correctly and no date, and it needed to be thrown away.</p> <p>c. A bag of seven individually wrapped steak and cheddar burritos were soft to touch. The packages stated, need to keep frozen with resident's room number.</p> <p>A concurrent interview with DM, and she stated frozen foods should not be kept in the refrigerator and could cause food-borne illness if not stored properly.</p> <p>d. A bag with resident's name and room number that included:</p> <p>i. A burrito with packaging stating keep frozen.</p> <p>ii. An opened frozen meal covered with foil (no original box, no date).</p> <p>A concurrent interview with DM, and she stated that the meal looked like frozen meal not served by the kitchen and should be discarded.</p> <p>iii. A bowl of coleslaw with the cabbage that was brown and wilted with black dots on the top.</p> <p>A concurrent interview with DM, and she stated the coleslaw was old and it was from the kitchen.</p> <p>iv. Four cartons of health shake with no thaw or discard date. The carton stated the healthshake (a nutritional supplement drink and they usually delivered in frozen state, and they need to thaw before use) can be kept in the refrigerator for 14 days after it is thawed.</p> <p>A concurrent interview with DM, and she stated she was not sure how long the healthshakes were kept in the refrigerator after thawed and that they needed to be discarded.</p> <p>v. Five dishes of desserts from the kitchen (3 apple pies, 1 pudding, 1 coffee cake).</p> <p>A concurrent interview with DM, and she stated the desserts were from kitchen.</p> <p>e. Five packages of frozen meals with resident's room number stored in the refrigerator. One out of five packages defrosted and observed water and sauce dripping from package leaked out onto the refrigerator shelf.</p> <p>A concurrent interview with DM, and she stated, Frozen foods should be kept in freezer and if [kept] in the refrigerator, may put the residents at risk for food borne illness.</p> <p>f. A bag with resident's room number contained two noodle bowls (room temperature storage) and frozen meal.</p> <p>g. An unopened bag of potato chips with expiration date of [DATE].</p> <p>A concurrent interview with DM, and she stated the chips were expired and needed to be discarded.</p> <p>h. An opened container of cheese dip with expiration date of [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A concurrent interview with DM, and she stated that the cheese dip was expired and needed to be discarded.</p> <p>i. An opened box of butter with expiration date of [DATE].</p> <p>A concurrent interview with DM, and she stated the butter was expired and needed to be discarded.</p> <p>j. The refrigerator observed with food debris, liquid spills, and foul odor when the door opened.</p> <p>During a follow up interview with DM, DM stated the Dietary Supervisor Assistant (DSA) was assigned to check the resident refrigerator food daily and would discard the food after three days. She further stated the frozen foods found in the refrigerator which they had no control because the nurses received the food, and they should be aware. She stated housekeeping department was responsible for cleaning resident's food refrigerator but not sure how often.</p> <p>During an interview on [DATE] at 4:14 p.m. with Housekeeping Supervisor (HS), HS stated housekeeping was responsible for cleaning and sanitizing the refrigeration unit for the resident's food from outside at least twice per week (usually AM shift), and the housekeeping staff usually checked if any food that was expired or spoiled, and they would discard them during cleaning.</p> <p>During an interview on [DATE] at 4:18 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated she would put the resident's name, room number, date, time, and put the food in the refrigerator. CNA 1 further stated the food can be kept in refrigerator for ,d+[DATE] hours and the nurses were responsible to check the food.</p> <p>During an interview on [DATE] at 4:20 p.m. with LN 1, LN 1 stated the food could be kept in the resident refrigerator for one day and then be discarded. He stated nurses were responsible to check the food when it arrived, and put resident's name, room number, and date received for the food brought in. LN 1 stated the nurses were responsible to oversee the CNAs if they were the one who put the food in the refrigerator. He stated the frozen food should not be stored in the refrigerator and should be stored in the freezer.</p> <p>During an interview on [DATE] at 4:36 p.m. with LN 2, LN 2 stated she would let the family know to bring enough for the resident for one setting. She stated the food should be labeled and dated with time, and food could stay in the refrigerator for 24 hours. She stated she did not have any training or in-services regarding safe food handling or P&amp;P for the resident's food from outside. She stated the frozen meals should not be kept in the refrigerator and should be stored in the freezer.</p> <p>During an interview on [DATE] at 4:55 p.m. with CNA 2, CNA 2 stated, When family brings from home, put name, time, date, and put in freezer .It is not ok to put freezer food in fridge. Can stay ,d+[DATE] hours in fridge and then expires .</p> <p>During an interview on [DATE] at 2:30 p.m. with RD, RD stated she usually did not check the resident's food refrigerator but might check once a while. She stated the DSA was assigned to monitor the temperature and checked the food from the resident's food refrigerator. DM further stated, The food should be checked and discarded if expired.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of a facility P&amp;P titled, Foods Brought by Family/Visitors, dated 2001, stated, .Perishable foods, labeled with date, resident's name, and room number may be refrigerated for up to 3 days, then will be discarded by staff after .</p> <p>A review of a facility P&amp;P titled, Storing produce, indicated, .Check .fruit and vegetables for rotten, spoiled items. One rotten .apple .can cause the rest of the produce to spoil faster. Throw away all soiled items . Remove all wilted or spoiled portions of lettuce, celery, and other fresh vegetables in the refrigerator often so they don't cause the rest of the vegetables to spoil .</p> <p>A review of the facility P&amp;P titled, Food Receiving and Storage, dated 2001, indicated, .Refrigerated foods are labeled, dated, and monitored so they are used by their use-by date .or discarded .Frozen foods are maintained at a temperature to keep the food frozen solid .All food items to be kept at or below 41 degrees F (Fahrenheit) are placed in the refrigerator located at the nurse's station and labeled with a use by date .All foods belonging to residents are labeled with the resident's name, the item, and the use by date .Beverages are dated when opened and discarded after twenty-four hours .Other open containers are dated and sealed or covered during storage .Partially eaten food is not kept in the refrigerator .</p> <p>A review of the facility P&amp;P titled, Procedure for Refrigerated Storage, dated 2023, indicated, .Refrigeration equipment should be routinely cleaned .Food should be covered .Leftovers should be covered, labeled, and dated .Individual packages of refrigerated or frozen food taken from the original packing box need to be labeled and dated. Freezer burn may occur before that and reduce the maximum shelf life. Food that has been freezer burned must be discarded .Supplemental shakes which are taken from a frozen state and thawed in the refrigerator must be dated as soon as they are placed in the refrigerator .produce will be .free of wilting or spoilage .</p> <p>A review of the facility document titled, Refrigerator and Freezer, dated 2023, the document indicated, 1. Refrigerator and freezer should be on a weekly cleaning schedule. 2. Wipe up spills immediately. 3. Check all foods at least weekly, being mindful of expiration and use by dates .6. Remove all items and clean shelves. Wipe with sanitizer .</p> <p>8. During an initial kitchen tour, an interview with DA 1 regarding manual dishwashing process on [DATE] at 8:55 a.m., DA 1 verbalized the process of wash and rinse procedure. When it came to the sanitizing procedure, he stated the dishes would immerse into the sanitizer solution for 20 seconds, and then air-dried.</p> <p>During an interview and procedure review on [DATE] at 8:55 a.m., with DM, DM stated that the sanitizer immersion time should be one minute, not 20 seconds. She pointed to and reviewed the compartment sink procedures poster which stated, Immerse in sanitizing rise for at least one minute .</p> <p>During an interview on [DATE] at 2:14 p.m., with RD, RD stated that the Sanitation [training is done] upon hire [and staff] should already have knowledge and training .[The] dietary aides and dishwashers should know [the] process of manual sink [dishwashing] in case washer [machine] goes down or [there is] a disaster.</p> <p>A review of a departmental P&amp;P titled, 3-Compartment Procedure for Manual Dishwashing, dated 2023, showed to immerse all washed items for one minute in the sanitizer compartment sink.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>9. During an initial kitchen tour observation and concurrent interview on 12/ ,d+[DATE], at 9:23 a.m., DA 2 was observed using a rag from a red bucket to wipe a heavily soiled countertop with liquid and food particles on it. DA 2 verbalized the procedure for cleaning and sanitizing food contact surfaces, and DA 2 pointed to the red bucket and stated he used the rag from the red bucket to clean the surfaces. DA 2 was unable to verbalize the correct concentration of the sanitizer solution when asked to demonstrate to check the concentration of the sanitizer in the red bucket. DA 2 also stated the sanitizer solution in the red buckets should be changed three times during an eight-hour shift.</p> <p>During an interview on [DATE] at 9:28 a.m., with DM, DM verified and stated DA 2 should use the soapy water in the green bucket, then would use the sanitizer solution in the red bucket to sanitize the countertop. DM also stated the sanitizer solution buckets should be changed every 2 hours, or once the sanitizer becomes cloudy.</p> <p>During a follow up interview on [DATE], at 3:56 p.m., with DM, DM agreed DA 2 did not clean and sanitize correctly.</p> <p>During an interview on [DATE] at 8:55 a.m. with RD, RD stated, To clean a dirty food contact surface, need [to clean with] a clean washcloth. Spray chemical that is food grade. Last step, [use] sanitizing red bucket . [We] Need to improve our way of educating .It's our responsibility .to train [DA 2] better. RD also stated, the sanitizing red bucket .needs to be 200 [ppm] (part per million, a measure unit for chemical concentration), at least .[and to] change as needed.</p> <p>A review of a facility P&amp;P titled, Shelves, Counters, and other Surfaces Including Sinks (Handwashing, Food Preparation, etc.), dated 2023, showed .Remove large debris and wash surface with warm detergent solution .2. Rinse with clear water using a clean sponge or cloth. Wipe dry with a clean cloth. 3. Spray with sanitizer .</p> <p>A review of a facility P&amp;P titled, Quaternary Ammonium Log Policy, dated 2023, showed, .the [sanitizer] solution will be tested at least every shift or when the solution is cloudy. The solution will be replaced when below 200 ppm .</p> <p>A review of a facility P&amp;P titled, Sanitation, dated 2023, showed, .The Food and Nutrition Services (FNS) Director [DM] is responsible for instructing employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques . and .Each employee shall know how to .clean all equipment in his specific work area .</p>		

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>48445</p> <p>Based on observation, interview and record review, the facility failed to ensure services furnished by outside resources had written agreements when two out of 33 sampled residents' (Resident 41 and Resident 50) dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed) services were provided without existing agreements with dialysis clinics.</p> <p>This failure had the potential to result in the lack of responsibility and accountability in the dialysis services received by Resident 41 and 50.</p> <p>Findings:</p> <p>1a. During a review of Resident 41's admission records, the records indicated Resident 41 was admitted in May 2024 and readmitted in October 2024 with diagnoses that included chronic kidney disease and dependence on dialysis. Resident 41's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 41 had intact cognition.</p> <p>During a review of Resident 41's MDS Section O, dated 11/17/24, the MDS indicated Resident 41 was receiving dialysis while a resident in the facility.</p> <p>During a review of Resident 41's physician order, dated 10/24/24, the order indicated, DIALYSIS [Name of dialysis clinic] SEAT DAYS: T/TH/SAT [Tuesday, Thursday, Saturday] SEAT TIME: 9:00AM - 1230PM .one time a day every Tue, Thu, Sat until 1/24/25 .</p> <p>36681</p> <p>1b. A review of the clinical record indicated Resident 50 was admitted with diagnoses including end stage renal disease (irreversible kidney failure) and dependence on renal dialysis.</p> <p>A review of Resident 50's physician order dated 7/25/24 indicated, DIALYSIS: [name of dialysis center and location] .one time a day every Mon, Wed, and Fri .</p> <p>The facility was unable to provide an agreement specific to the dialysis location where Resident 50 received dialysis treatment.</p> <p>During an interview on 12/3/24 at 9:05 a.m. during the entrance conference with the Administrator (ADM), documents were requested including agreements with dialysis clinics.</p> <p>During an interview on 12/5/24 at 11:23 p.m. with the ADM, the ADM stated each dialysis clinic should have a separate contract.</p> <p>(continued on next page)</p>		

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/5/24 at 2:43 p.m. with the ADM, when copies of dialysis contracts for Resident 41's and Resident 50's dialysis clinics were requested, the ADM stated, I will be honest with you, I don't have it here. I called the two clinics and asked for the contracts, but their administrators were not there. But I don't have it here.</p> <p>During an interview on 12/6/24 at 9:02 a.m. with the ADM, the ADM stated he still do not have the contracts for the two dialysis clinics. The ADM stated he contacted both clinics, but their administrators were not around and the people he spoke with did not know where to find it. The ADM stated he will personally drive to the two dialysis locations and request for a copy of the agreements.</p> <p>During an interview on 12/6/24 at 1:44 p.m. with the ADM, the ADM stated, I've been emailing the contacts for the clinics, I've been forwarded to the agreements department. I still don't have it. It's important to have the agreements to make sure that if there are any emergencies, we make sure that they receive the dialysis per the agreement.</p> <p>During an interview on 12/6/24 at 4:04 p.m. with the ADM, the ADM stated People are unsuccessful on giving me that [contracts]. [Dialysis company] sent me a contract that has no signature for me to sign for both [dialysis clinics]. They've been extremely unhelpful on getting the contract. I should have a copy of the agreement.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Referral Agreements, revised 10/2008, the P&amp;P indicated, The facility shall maintain written agreements with agencies providing services to our residents . 1. To facilitate referrals, the facility has entered into referral agreements with agencies that will provide services to residents. The scope of agencies and the agreements are consistent with the needs of the facility's resident population. When appropriate, the agreements will be reviewed and approved by other disciplines (e.g. the medical director should review agreements to provide medical, dental, podiatry, or other consultations, as well as specialized services such as dialysis or psychiatric services).</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43247</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure proper infection control was provided for eight residents (Resident 129, Resident 13, Resident 361, Resident 14, Resident 41, Resident 96, Resident 28, and Resident 16) for a census of 154 when:</p> <ol style="list-style-type: none"> <li>1. Resident 129's nebulizer (a machine that delivers droplet medication into the lungs) mask and tubing were on the floor and the tubing was not labeled or dated;</li> <li>2. Resident 13's nasal cannula (a medical device with two prongs that is connected to an oxygen source used to deliver supplemental oxygen directly into the nostrils) was undated and not properly stored when not in use;</li> <li>3. Resident 361's BIPAP (bilevel positive airway pressure, a type of device that helps with breathing) machine was observed on the floor and BIPAP mask was not properly stored when not in use;</li> <li>4. Resident 14's oxygen mask was undated and hanging on oxygen concentrator, and oxygen humidifier (a device that adds moisture to oxygen) was dated 6 months ago;</li> <li>5. Resident 41's nebulizer mask and tubing was observed undated and was observed on the floor when not in use;</li> <li>6. Resident 96's nasal cannula was found on the floor and not properly stored when not in use;</li> <li>7. Licensed staff did not sanitize equipment and perform hand hygiene when entering and exiting Resident 28's room;</li> <li>8. The licensed staff did not dispose used lancets (small sharp objects used to take blood samples for blood sugar) and blood glucose strips (strips used in checking blood sugar) in biohazard (a biological substance that is dangerous to people or the environment) sharps containers; and,</li> <li>9. A visitor did not wear proper personal protective equipment (PPE, clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) when entering and exiting Resident 16's room with isolation precaution.</li> </ol> <p>These failures had the potential to result in infections in vulnerable residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 129's Admission Record indicated Resident 129 was admitted to the facility in [DATE] with multiple diagnoses including encephalopathy (a disturbance of brain function), chronic obstructive pulmonary disease (COPD, lung disease that blocks airflow and makes it difficult to breathe), and dementia (a condition that causes loss of memory and thinking abilities).</li> </ol> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 129's Minimum Data Set (MDS - a federally mandated assessment tool), Cognitive Patterns, dated [DATE], indicated Resident 129 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 11 out of 15 that indicated Resident 129 had moderate cognitive impairment.</p> <p>A review of Resident 129's Order Summary Report, indicated an order with start date [DATE], Albuterol Sulfate HFA Inhalation Aerosol Solution [a medication that treats breathing difficulties caused by lung diseases] .2 puff inhale orally every 4 hours as needed for SOB [shortness of breath]/wheezing .</p> <p>During an observation on [DATE] at 8:54 a.m., observed Resident 129's nebulizer machine on night stand next to bed. Observed nebulizer mask and tubing on floor and tubing was not labeled with date changed.</p> <p>During a concurrent observation and interview on [DATE] at 10 a.m. with Licensed Nurse (LN) 12, LN 12 confirmed Resident 129's nebulizer mask and tubing were on the floor and the tubing was not labeled with date changed. LN 12 stated the nebulizer mask and tubing should not be on the floor and should be stored in black mesh bag labeled with date. LN 12 stated the nebulizer tubing is changed once a week.</p> <p>During an interview on [DATE] at 8:32 a.m. with the Assistant Director of Nursing (ADON), the ADON stated the expectation is that the nebulizer tubing should be changed once a week and labeled with the date changed. The ADON stated, The mask shouldn't be on the floor. Should be stored in protective bag.</p> <p>During an interview on [DATE] at 10:19 a.m. with LN 7, LN 7 stated if nebulizer mask is found on the floor, may cause infection to the resident.</p> <p>During an interview on [DATE] at 1:44 p.m. with the Director of Nursing (DON), the DON stated the nebulizer mask and tubing should be stored in a labeled bag when not in use and the tubing should be dated when last changed. When asked what harm to resident if nebulizer mask is on the floor and the tubing is not dated or labeled, the DON stated, It is contaminated. Risk of infection.</p> <p>A review of the facility's P&amp;P titled Cleaning and Disinfecting Non-Critical Resident-Care Items, dated , d+[DATE], indicated .Semi-critical items consist of items that may come in contact with mucous membranes or non-intact skin (eg., respiratory therapy equipment). Such devices should be free from all microorganisms .</p> <p>48445</p> <p>2. During a review of Resident 13's admission record, the record indicated Resident 13 was admitted in [DATE] with diagnoses that included COPD and asthma (a lung disease that makes it harder to move air in and out of the lungs). Resident 13's MDS, the MDS indicated Resident 13 had intact cognition and used oxygen while in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 13's care plan, initiated on [DATE] and revised on [DATE], the care plan indicated, [Resident 13] has potential risk of respiratory issues such as SOB [shortness of breath], respiratory distress r/t [related to] DX [diagnosis]: COPD, Asthma .Administer O2 [oxygen] @ [at] 4L/min [liters per minute, a unit of measurement] via NC [nasal cannula] .Change NC Qnight [every night] on Sunday and PRN [as needed] .</p> <p>During a review of Resident 13's physician order, dated [DATE], the order indicated, Oxygen - @ 4 Liters/min Via Nasal Cannula Continuous .every shift.</p> <p>During an observation on [DATE] at 9:41 a.m. in Resident 13's room, an undated nasal cannula was observed connected to an oxygen tank and hanging on an electric wheelchair while not in use.</p> <p>During an observation on [DATE] at 9:19 a.m. in Resident 13's room, an undated nasal cannula was still observed connected to an oxygen tank and hanging on an electric wheelchair while not in use.</p> <p>During an observation on [DATE] at 3:27 p.m. outside Resident 13's room, Resident 13 was observed on an electric wheelchair, with oxygen via the undated nasal cannula.</p> <p>3. During a review of Resident 361's admission records, the records indicated Resident 361 was admitted in [DATE] with diagnoses that included heart failure and anemia (a condition where the body does not have enough healthy red blood cells). Resident 361's MDS indicated Resident 361 had moderate cognitive impairment.</p> <p>During a review of Resident 361's physician order, dated [DATE], the order indicated, BIPAP Order: BIPAP Settings: SAME Setting FROM HOME via Face mask .On: NOC [evening] Off: AM [morning] .every day shift for BIPAP.</p> <p>During a review of Resident 361's physician order, dated [DATE], the order indicated, BIPAP/CPAP [continuous positive airway pressure-a breathing machine designed to increase air pressure, keeping the airway open when the person breathes in] Order: Wash Tubing &amp; Headgear in Warm Soapy Water, Rinse &amp; Air Dry .</p> <p>During an observation on [DATE] at 11:15 a.m. in Resident 361's room, BIPAP machine was observed on the floor and BIPAP mask was observed hanging and held by nightstand drawer.</p> <p>During an observation on [DATE] at 9:30 a.m. in Resident 361's room, BIPAP machine was still observed on the floor and BIPAP mask was still observed hanging on the drawer.</p> <p>During a concurrent observation and interview on [DATE] at 9:39 a.m. with LN 2, LN 2 stated, BIPAP/CPAP mask are stored in a black bag dated to make sure that they remain clear and doesn't become very gemy. LN 2 confirmed the observation and stated, His mask is in the drawer, it should be in the black bag.</p> <p>During an interview on [DATE] at 10:17 a.m. with LN 1, LN 1 stated, [Resident 361] uses BIPAP during night shift, sometimes he is restless and takes it off and we find it in the floor .We put it [mask] in a bag when not in use .I just went in the room, I found the mask in the drawer and the BIPAP on the floor, the bag is inside the drawer, one of the nurses told me and I cleaned it and put it in a bag .It's important to keep it clean, it should be inside the bag.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 4:01 p.m. with the ADON, the ADON stated, Infection control, it's going to their nose, we don't want it collecting dirt .BIPAP/CPAP mask should have a bag for the same reason . Machine should be on the bedside table, not on the floor, germs, and infection control .Mask is not supposed to be hanging on the drawer.</p> <p>During an interview on [DATE] at 10:26 a.m. with the DON, the DON stated, For tubing, masks, BIPAP/CPAP, we have the infection control bags .They need to put it in there when not in use to prevent infection and contamination. It should not be on the floor, I don't know why they didn't put it on the nightstand, mask should be bagged.</p> <p>4. During a review of Resident 14's admission records, the records indicated Resident 14 was admitted in [DATE] with diagnoses that included COPD. Resident 14's MDS indicated Resident 14 had moderate cognitive impairment.</p> <p>During a review of Resident 14's physician order, dated [DATE], the order indicated, Oxygen-@,d+[DATE]L Liters/Min Via Nasal Cannula PRN .</p> <p>During a review of Resident 14's care plan, initiated [DATE] and revised on [DATE], the care plan indicated, Oxygen: [Resident 14] requires the use of oxygen intermittent related to Chronic Obstructive Pulmonary Disease (COPD) .Administer oxygen at 2L via NC .Change humidification and O2 tubing as indicated .</p> <p>During a concurrent observation and interview on [DATE] at 10:21 a.m. with Resident 14 in her room, oxygen mask was observed undated, disconnected, and hanging on the oxygen concentrator, and the humidifier connected to the oxygen concentrator was observed dated [DATE]. Resident 14 stated, I don't use oxygen, I haven't use oxygen for a long time.</p> <p>During an observation on [DATE] at 3:30 p.m. in Resident 14's room, the undated oxygen mask was observed connected to humidifier and humidifier was still dated [DATE].</p> <p>During an observation on [DATE] at 9:11 a.m. in Resident 14's room, the oxygen mask was observed stored in a black bag dated [DATE], and humidifier was connected to oxygen concentrator and dated [DATE].</p> <p>During a concurrent observation on [DATE] at 9:20 a.m. with LN 3, LN 3 stated, [Resident 14] doesn't use oxygen, some of the things she was ordered for that she didn't want to use .We change the humidifier when its finished .And the cannula we change every week. LN 3 confirmed the humidifier was dated [DATE] and stated, Even though she doesn't use it, but we need to change it .Infection control issue, it can be expired .If we have an emergency, anyone will just connect it to the expired humidifier .somebody might just connect it when she needs it.</p> <p>During an interview on [DATE] at 4:01 p.m. with the ADON, the ADON stated, Humidifiers, they run out too fast, but I don't remember them having an expiration date, should be dated when opened .If resident is not using it, staff are not supposed to keep it.</p> <p>During an interview on [DATE] at 10:26 a.m. with the DON, the DON stated, Humidifier is good for 7 days, it's the same time as the tubing. Humidifier should be removed from the room if the resident is not using it.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During a review of Resident 41's admission records, the records indicated Resident 41 was admitted in [DATE] and readmitted in [DATE] with diagnoses that included COPD. Resident 41's MDS indicated Resident 41 had intact cognition.</p> <p>During a review of Resident 41's care plan, initiated on [DATE], the care plan indicated, [Resident 41] has potential for respiratory issues such as SOB, respiratory distress .Administer .Nebulization Solution .inhale orally via nebulizer two times a day for COPD .Give aerosol or bronchodilators [medications that open up the airways in the lungs] as ordered .</p> <p>During a review of Resident 41's physician order, dated [DATE], the order indicated, Arformoterol Tartrate [bronchodilator] Inhalation Nebulization Solution 15 mcg [micrograms, a unit of measurement]/2 ml [milliliters, a unit of measurement] .2 ml inhale orally via nebulizer two times a day for COPD.</p> <p>During an observation on [DATE] at 10:36 a.m. in Resident 41's room, Resident was not in bed, roommate stated he went to dialysis. Nebulizer kit was observed on the floor, undated, and connected to nebulizer.</p> <p>During a concurrent observation and interview on [DATE] at 4:30 p.m. with Resident 14 in his room, the nebulization kit still observed on the floor and Resident 14 stated, I do nebulizer once a day.</p> <p>During a review of the facility's P&amp;P titled Administering Medications through a Small Volume (Handheld) Nebulizer, revised ,d+[DATE], the P&amp;P indicated, The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the resident's airway .29. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it.</p> <p>6. During a review of Resident 96's admission records, the records indicated Resident 96 was admitted in [DATE] with diagnoses that included COPD. Resident 96's MDS indicated Resident 96 had moderate cognitive impairment.</p> <p>During a concurrent observation and interview on [DATE] at 12:42 p.m. with Resident 96 in his room, oxygen concentrator was observed turned on and nasal cannula was observed on the floor. Resident 96 stated, I just use it at night to sleep.</p> <p>During an observation on [DATE] at 9:25 a.m. in Resident 96's room, the oxygen concentrator was still turned on and the nasal cannula was still observed on the floor.</p> <p>During a concurrent observation and interview on [DATE] at 9:35 a.m. with LN 4, LN 4 stated, [Resident 96] not usually uses oxygen .I don't know why it's on. LN 4 saw the nasal cannula and stated, It's on the floor, I'll change it .Infection control, it could cause infection to the resident.</p> <p>During an interview on [DATE] at 9:32 a.m. with LN 3, LN 3 stated, For nasal cannula and oxygen tubing, we have bags to put them in there, because of infection control.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 4:01 p.m. with the ADON, the ADON stated, [For] Nasal cannula, expectation is [should be] in the bags labeled, changed weekly for tubing, storage in the bag when not in use .Infection control, it's going to their nose, we don't want it collecting dirt .We label the tubing with pink tag, we put the date it was changed, it should be weekly .If there's no tag, just get a new one because you don't know how long it's been there.</p> <p>During an interview on [DATE] at 10:26 a.m. with the DON, the DON stated, For tubing, masks, BIPAP/CPAP, we have the infection control bags. They need to put it in there when not in use to prevent infection and contamination.</p> <p>50351</p> <p>7. During observation on [DATE] at 6:42 a.m., the LN 14 placed a glucometer that was not sanitized, Glucose strip container, and 4 lancets on a pink medication tray. The LN 14 entered room of (Resident 28). Neutropenic precautions signage posted outside the room. The LN 14 did not perform hand hygiene on entrance and exit of resident room after PPE was used. LN 4 was observed bringing back the glucometer, 2 unused lancets, and a glucometer strips container and a pink medication tray to the medication cart. The glucometer was not sanitized prior to placing it in the medication cart. The unused lancets and the glucometer strip from Resident 28's room were placed back into the cart. The LN 14 did not perform hand hygiene after returning the items to the medications cart.</p> <p>During an observation on [DATE] at 6:52 a.m., the LN 14 gathered equipment (a temperature scanner, blood pressure cuff, and a brown clipboard). The LN 14 did not sanitize equipment before and after use in Resident 28's room. LN 14 was observed entering and exiting Resident 28's room without performing hand hygiene.</p> <p>During an observation on [DATE] at 7:05 a.m., the LN 14 did not perform hand hygiene before administering medication to Resident 28. LN 14 did not sanitize the pink medication tray before and after entering Resident 28's room.</p> <p>During an interview on [DATE] at 7:27 a.m., the LN 14 stated, he forgot to sanitize the blood pressure cuff, the pink medication tray, and the glucometer. The LN 14 stated the best practice is for the clipboard, glucometer, blood pressure cuff, pink medication tray, and all materials to be sanitized before and after taking to resident rooms. The LN 14 confirmed he did not perform hand hygiene consistently throughout the medication pass. The LN 14 stated the best practice was performing hand hygiene before and after PPE use, and before entering and after exiting resident rooms.</p> <p>During an interview on [DATE] at 5:41 p.m., the DON stated the expectations were for all staff to perform hand hygiene before and after going in resident rooms and in between patient care. The DON further stated, the expectations were for hand hygiene to be performed when removing PPE, all staff are to sanitize equipment and disinfect equipment between residents.</p> <p>During a review of P&amp;P titled, Cleaning and Disinfection of Resident-Care Items and Equipment. dated [DATE], the P&amp;P indicated .5. Reusable items are cleaned and disinfected or sterilized between residents.</p> <p>8. During an observation on [DATE] at 6:48 a.m., the LN 14 was observed rolling two used glucose strips and two used lancets into used gloves and then discarded into a regular bin.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 2:12 p.m., the LN 14 confirmed he put the used glucose strips and used lancets inside his gloves and into the trash bin. The LN 14 further stated the best practice was to put the used needles and used lancets in a sharps container.</p> <p>During an interview on [DATE] at 5:41 p.m., the DON stated, the expectation is licensed staff should dispose of used lancets and glucometer strips in the sharp containers.</p> <p>During review of P&amp;P titled Sharps Disposal, dated 2001, the P&amp;P indicated, 1. Whoever uses contaminated sharps will discard them immediately or as soon as feasible into designated containers.</p> <p>9. During a review of Resident 16's admission records, the records indicated Resident 16 was admitted in [DATE] with diagnoses that included Moderate protein calorie malnutrition, Chronic pain syndrome, and Essential primary hypertension . Resident 16's MDS indicated Resident 14 had a BIMS score of 15 .</p> <p>During an observation on [DATE] starting at 11:46 a.m., a red stop sign was observed outside of Resident 16's room door. PPE was observed outside of Resident 16's room. A visitor was observed entering and exiting Resident 16's room without a personal protective gown and with a yellow mask below his nose. The visitor was observed touching Resident 16's wheelchair with gloves on and no gown and placed a grey rectangular battery on a wheelchair outside resident 16's room. The visitor entered and exited the room four times and did not perform hand hygiene.</p> <p>During an interview on [DATE] at 4:25 p.m. with Resident 16, Resident 16 stated the visitor that came today, came to fix his electric wheelchair battery, confirmed that the visitor wore gloves no gown.</p> <p>During an interview on [DATE] 12:53 a.m. with LN 13, LN 13 stated the individual that visited (Resident 16) was a visitor that came to fix resident 16's electric wheelchair. LN 13 confirmed the visitor did not use full PPE.</p> <p>During an interview on [DATE] at 08:15 a.m., the DON stated, the expectation for visitors were that they are aware of the infection the resident has and they are using appropriate PPE and performing hand hygiene. The DON further stated, inappropriate use of PPE can lead to an outcome of infections spreading through the facility to different residents. The expectation is that licensed nurses provide education by telling visitors to wear appropriate PPE. The DON further stated the expectations for certified nursing assistants [CNAs] is to report to the nurse when visitors are not using appropriate PPE.</p> <p>During an interview on [DATE] at 8:27 a.m. with the Director of Staff Development (DSD), the DSD stated, . Does education for PPE in the welcome packet. Visitors are only notified by the nurses of any PPE necessary .</p> <p>During an interview on [DATE] at 8:45 a.m., the ADON stated, the expectation is for the nurse to educate visitors and keep reminding them to use PPE. ADON further stated, the expectation for the CNAs or any staff is to stop any visitor from entering the resident rooms without using PPE, and to notify the assigned nurse. The ADON further stated, the potential harm with misuse of PPE is transferring infections throughout the facility. The expectation is for everyone to use PPE properly and following appropriate hand hygiene measures.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&amp;P titled Handwashing/Hand Hygiene, dated 2001, the P&amp;P indicated, 1. All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections .</p> <p>During a review of the facility's P&amp;P titled, Personal Protective Equipment, dated 2001, indicated, .q. Personnel who perform tasks that may involve exposure to blood/bloody fluids are provided appropriate personal protect equipment (PPE) .2. Personal protective equipment provided to our personnel includes but is not necessarily limited to: a. gowns/aprons/labcoats (disposable, cloth, and/or Plastic); b. gloves (sterile, heavy-duty and/or puncture resistant); c. Masks; and d. eye wear (goggles and/or face shields) .PPE required for Transmission-based precautions is maintained outside and inside the resident's room .7. Visitors and residents who are asked to comply with transmission-based precautions are educated on the proper use of PPE .</p> <p>A review of the facility's P&amp;P titled Infection Prevention and Control Program, dated ,d+[DATE], indicated .An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections .Prevention of infection .Important facets of infection prevention include .instituting measures to avoid complications or dissemination .educating staff and ensuring that they adhere to proper techniques and procedures .</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43247</p> <p>Based on observation, interview, and record review, the facility failed to ensure that 45 resident rooms (104 to 109, 111, 203 to 210, 212, 214, 300 to 309, 400 to 409, 500, 503, 505, 507, 509, 511, 515, 517) met the required 80 square feet (sq ft) per resident.</p> <p>This failure had the potential to result in inadequate space for provision of care and a decrease in the quality of life for residents residing in these rooms.</p> <p>Findings:</p> <p>A review of the facility's Client Accommodation Analysis, dated 12/6/24 indicated:</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>(continued on next page)</p>

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>room [ROOM NUMBER] at 74.3 sq ft per resident</p> <p>Multiple observations were conducted throughout the facility of resident care in rooms with less than 80 sq ft during the survey.</p> <p>During the initial tour on 12/3/24, residents in rooms 210, 212, 214, and 300 to 309 did not complain about not having enough space in their rooms.</p> <p>During the initial tour on 12/3/24, residents in rooms 104, 106, 108, 203 to 209, and 211 did not complain about not having enough space in their rooms.</p> <p>During an interview on 12/5/24 at 8:47 a.m. with Resident 6, Resident 6 stated she had no issues with the space.</p> <p>During an interview on 12/5/24 at 8:49 a.m. with Resident 360, Resident 360 stated, I have space to move around and for my things.</p> <p>During an interview on 12/5/24 at 9:08 a.m. with Certified Nursing Assistant 6 (CNA 6), CNA 6 stated has not received any complaints from residents about space and wheelchairs can fit in the rooms.</p> <p>During an interview on 12/5/24 at 9:12 a.m. with Resident 14, Resident 14 stated she had no issues with the space in her room.</p> <p>During an interview on 12/5/24 at 9:13 a.m. with Resident 47, Resident 47 stated the space is okay and had no concerns.</p> <p>During an interview on 12/6/24 at 8:20 a.m. with the Administrator (ADM), reviewed the Client Accommodation Analysis form. The ADM added rooms 100, 101, 102, and 103 and indicated there are 3 beds in rooms [ROOM NUMBER]. The form indicated these rooms measured 209 sq ft each. The ADM acknowledged these rooms were not included in the approved waiver. The ADM stated it has been like that since he came in but was not added to the waiver.</p> <p>During an interview on 12/6/25 at 10:22 a.m. with Licensed Nurse (LN) 3, LN 3 stated CNAs may struggle in room [ROOM NUMBER] with residents who need a mechanical lift to transfer. LN 3 stated she sometimes had to squeeze in when administering breathing treatments.</p> <p>During an interview on 12/6/24 at 12:05 p.m. with Resident 143, Resident 143 stated he had no problems with the room. Resident 143 stated he did not have problem getting into his wheelchair or moving around in his room.</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  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Arden Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alta Arden Expressway Sacramento, CA 95825	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/6/24 at 12:10 p.m. with Resident 78, Resident 78 stated staff move her bed when assisting her into the wheelchair. Resident 78 stated she would like to be moved to another bed next to the door in order to see out of the room.</p> <p>During an interview on 12/6/24 at 12:13 p.m. with LN 1, LN 1 stated she did not have any issues with room sizes.</p> <p>During an interview on 12/6/24 at 12:18 p.m. with CNA 4, CNA 4 stated there is a reasonable amount of room on each side of the beds to provide care.</p> <p>The Department recommends continuation of the waiver for the 45 resident rooms (104 to 109, 111, 203 to 210, 212, 214, 300 to 309, 400 to 409, 500, 503, 505, 507, 509, 511, 515, 517) that did not meet the required 80 square feet (sq ft) per resident.</p> <p>36681</p> <p>48445</p> <p>50351</p>