

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Greenhaven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 455 Florin Road Sacramento, CA 95831	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17069</p> <p>Based on interview and record review, the facility failed for one of three sampled residents (Resident 1) to ensure Resident 1's physician was notified when Resident 1 's Blood Glucose (main sugar in the body that gives you energy) was below 70 mg (milligram-dosage)/dl (deciliter-unit of measurement)(normal blood glucose level is 70-100mg/dl), as ordered.</p> <p>This failure had the potential to delay medical care and treatment for Resident 1.</p> <p>Findings:</p> <p>Review of Resident 1's Admission Record, indicated she was admitted to the facility on [DATE] with diagnoses that included protein-calorie malnutrition (when a person does not eat sufficient calories and protein), muscle weakness, and diabetes (disease where blood sugar is too high).</p> <p>During a review of Resident 1's Admission Minimum Data Set (MDS-an assessment tool), dated 2/15/24, indicated Resident 1 as able to make herself understood and able to understand others. Resident 1's Brief Interview for Mental Status (BIMS- a brief screening that aids in detecting cognitive impairment) score was 15 which indicated she was cognitively intact. The MDS described Resident 1 as having no delirium or behavioral symptoms.</p> <p>During a review of Resident 1's physician orders, there was an order dated 2/10/24 for Finger Stick (test used to check blood glucose level) for Blood Glucose QAC (before each meal) and QHS (at bedtime). Notify MD if <70 mg/dl or >300 mg/dl.</p> <p>During a review of Resident 1's Medication Administration Record (MAR) for February 2024 indicated the following dates and times when Resident 1's Blood Glucose was below 70 mg/dl (low blood glucose levels can lead to blurred vision, difficulty concentrating, confused thinking, slurred speech, numbness and drowsiness and may cause siezures, coma, and rarely death):</p> <p>2/15/24 at 7 a.m. Blood Glucose-69 mg/dl</p> <p>2/21/24 at 11:30 a.m. Blood Glucose-66 mg/dl</p> <p>2/26/24 at 7 a.m. Blood Glucose-54 mg/dl</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/26/24 at 11:30 a.m. Blood Glucose-60 mg/dl</p> <p>2/27/24 at 9 p.m. Blood Glucose-46 mg/dl</p> <p>2/28/24 at 7 a.m. Blood Glucose-55 mg/dl</p> <p>During a review of Resident 1's medical record there was no documentation Resident 1's physician was notified that Resident 1's Blood Glucose was below 70 mg/dl, as ordered, on the above dates and times.</p> <p>During a telephone interview, on 6/24/24 at 10:58 a.m., with the Director of Nursing (DON), the DON confirmed Resident 1's physician was not notified when Resident 1' s Blood Glucose was below 70 mg/dl on the above dates and times.</p> <p>During a review of the facility ' s policy and procedure titled, Acute Condition Changes-Clinical Protocol, indicated, Before contacting a physician about someone with an acute change of condition, the nursing staff will collect pertinent details to report to the physician; for example, the history of present illness and previous and recent test results for comparison. Phone calls to attending or on-call physicians should be made by an adequately prepared nurse who has collected and organized pertinent information, including the resident/patient's current symptoms and status. The nursing staff will contact the physician based on the urgency of the situation. For emergencies, they will call or page the physician and request a prompt response (within approximately one-half hour or less).</p>		