

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 12/26/2024
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36681</p> <p>Based on interview and record review, the facility failed to ensure the resident representative for one of 3 sampled residents</p> <p>(Resident 1) was informed of resident's rights when the admission agreement (a legally binding contract between the facility and a new resident or their representative which outlines the terms and conditions of their stay including the services provided, costs, and the rights and responsibilities of both parties involved) was not signed.</p> <p>This failure had the potential for Resident 1's representative not to receive information in order to make informed decisions for resident 's care and treatment.</p> <p>Findings:</p> <p>A review of the clinical record indicated Resident 1 was admitted first week of December 2024 with diagnoses including fusion of spine, lumbar region (surgery to connect two or more bones in the lower part of the spine). 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 12/4/24 indicated Resident 1 had severe cognitive impairment with a score of 6 out of 15.</p> <p>In a concurrent interview and record review on 12/26/24 at 12:30 p.m., the Health Information Manager (HIM) stated Resident 1 had no capacity and the admission packet (a collection of documents and information provided to a new resident and/or representative upon admission) was not signed by Resident 1's representative.</p> <p>In a concurrent interview and record review on 12/26/24 at 1:44 p.m., the Admissions Manager (AM) stated Resident 1 was admitted on [DATE] and he was sent out to the hospital on 12/17/24. The AM's spreadsheet indicated Resident 1's representative was contacted and a voicemail was left. The AM further stated the protocol was for the admissions coordinator to continue to call the representative until they [admissions coordinator] get a response.</p> <p>In a follow-up interview on 12/26/24 at 1:53 p.m., the AM stated the facility had until the third day for the admission packet to be signed by the representative. The AM further stated Resident 1's admission packet was not signed on the day of admission until he was sent out to the hospital on 12/17/24, (for 14 days).</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 0551</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 March 2019 and titled, Admission Criteria indicated, .The objectives of the admission criteria policy are to .address concerns of residents and families during the admission process . review with the resident, and/or his/her representative, the facility's policies and procedures relating to resident rights .</p> <p>A review of the facility's policy revised February 2021 and titled, Resident Rights indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include .be informed about his or her rights and responsibilities.</p> <p>A review of the facility's policy revised February 2021 and titled, Resident Representative indicated, The facility treats the decisions of the resident representative as the decisions of the resident to the extent delegated by the resident .If the resident is determined to be incompetent .the rights of the resident .will be exercised by the resident representative .The resident's wishes and preferences are considered in the exercise of rights by the representative .The term resident representative is defined as .an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical .receive notifications .</p>