

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  American River Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3900 Garfield Avenue Carmichael, CA 95608	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>45770</p> <p>Based on interview and record review the facility failed to follow its own policy for readmission when one of 3 sampled residents (Resident 1) was not permitted to return to the facility.</p> <p>This failure resulted in the violation of Resident 1's rights for readmission to resume residence at the facility.</p> <p>Finding:</p> <p>A review of an Admission Record for Resident 1 indicated he was originally admitted to the facility in April 2022 with diagnoses including vascular dementia (brain damage from impaired blood flow to the brain) and moderate protein-calorie malnutrition.</p> <p>A review of Resident 1's clinical record included the following documents:</p> <p>A Minimum Data Set (MDS, an assessment tool), dated 4/9/24, indicated a mental status assessment done for Resident 1 reflected memory problems and severe cognitive impairment.</p> <p>A facility Transfer Form note indicated Resident 1 was transferred to the General Acute Care Hospital (GACH) on 4/9/24 per daughter's request.</p> <p>A hospitalist admission notes, dated 4/10/24, indicated Resident 1 was admitted to GACH on 4/9/24, as requested by the daughter due to concerns of worsening oral candidiasis (also called oral thrush; white sore patches in the mouth and tongue) and poor care at the facility.</p> <p>A GACH Online Referral Note which was sent from 4/12/24-4/14/24 indicated a Case Manager (CM) contacted the facility multiple times to readmit Resident 1, all contacts resulted in facility response of unable to accept patient.</p> <p>In an interview on 4/16/24 at 12:19 p.m., the Admissions Director (AD) stated Resident 1 had Medicaid (a program that helps with healthcare costs for some people with limited income) as a primary payor for his last stay at the facility and also confirmed based on his transfer/discharge date Resident 1 was still eligible for a 7-day bed hold.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/16/24 at 1:08 p.m., with the Director of Nursing (DON) the DON agreed Resident 1 had the right to return to the facility, but the Interdisciplinary Team (IDT) decided not to readmit him due to unresolved conflict between the family and the facility staff. The DON further added that the IDT was aware of the consequence of refusing to readmit Resident 1, but they had to take care of their staff too.</p> <p>In an interview on 4/16/24 at 1:40 p.m. with the Administrator (ADM) the ADM stated she's aware that Resident 1 was eligible for a 7-day bed hold, but as part of the team she agrees with the IDT not to readmit Resident 1.</p> <p>A review of the facility's Policy and Procedure (P&amp;P) titled, Readmission to the Facility, revised 3/2017, indicated, Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility.</p> <p>A review of the facility's undated Bed Hold Policy and Authorization, stipulated, If your hospitalization or therapeutic leave exceeds the number of days indicated or is not covered you may still return to your previous room if available or be readmitted to the first available bed in a semi-private room if you still require the center's services .</p>