

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 08/01/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49950</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents' (Resident 1), needs and preferences were accommodated, when Resident 1 was left on a patio outside of the facility and unable to contact staff.</p> <p>This failure reduced the facility's potential to provide services to Resident 1 with reasonable accommodation of her needs and preferences.</p> <p>Findings:</p> <p>A review of an ADMISSION RECORD indicated Resident 1 was admitted to the facility in August 2023, with multiple diagnoses which included multiple sclerosis (MS, a disease of the nervous system), quadriplegia (paralysis of legs and arms), and anxiety. A review of Resident 1's Minimum Data Set (MDS, a comprehensive assessment tool), dated 7/6/24, indicated, Resident 1 was dependent with self-care and mobility.</p> <p>During a review of Resident 1's Care Plan (CP), dated 8/14/23, the CP indicated, Resident 1 required assistance and was dependent for Activities of Daily Living (ADLs) including transfer and locomotion (the ability to move from one place to another).</p> <p>During a review of Resident 1's progress notes, dated, 7/11/24, the progress notes indicated, .MS has left her with the inability to care for herself and leading to functional quadriplegia .frequent visual checks .patient reminded .seek assistance.</p> <p>During a concurrent observation and interview on 8/1/24 at 10:20 a.m. with Certified Nursing Assistant 1 (CNA 1) in the dining room, Resident 1 was sitting outside the facility. CNA 1 stated, Resident 1 was brought outside by CNA 2 that morning and she did not know how long Resident 1 had been sitting outside.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/1/24 at 10:23 a.m., Resident 1 was sitting in her wheelchair, outside the facility. Resident 1 was unable to move her wheelchair independently. Resident 1 stated, CNA 2 brought her outside that morning at 9:00 a.m. Resident 1 further stated, she had an arrangement with the CNAs to bring her outside from 9:00 a.m. to 11:00 a.m. daily. Resident 1 further stated, she was left outside past 11:00 a.m. yesterday. Resident 1 further stated, she tried calling the facility's front desk yesterday at 11:00 a.m., because the CNAs were busy, but no one answered the phone. Resident 1 further stated, the Recreations Assistant (RA), was walking outside at 11:10 a.m. and the RA was able to contact a CNA to assist Resident 1. Resident 1 further stated, yesterday was the second time she was left outside past her preferred time. Resident 1 further stated, she was left outside until 11:30 a.m. on Thursday, 7/25/24, and was unable to contact staff that day. Resident 1 further stated, she felt frightened when she was not able to contact staff.</p> <p>During an interview on 8/1/24 at 10:38 with CNA 2, CNA 2 confirmed that Resident 1 had an arrangement with staff to sit outside daily from 9:00 a.m. - 11:00 a.m. CNA 2 further stated, if staff was not outside to assist Resident 1, Resident 1 called the facility front desk. CNA 2 acknowledged; it is an issue when Resident 1 was unable to contact staff when she wanted to be brought back into the facility.</p> <p>During an interview on 8/1/24 at 10:48 a.m. with the RA, the RA stated, Resident 1 was sitting outside yesterday and requested the RA's assistance when the RA was walking outside. The RA confirmed that Resident 1 was alone yesterday, and Resident 1 was not able to contact a CNA. The RA acknowledged that Resident 1's needs may not be met if she is unable to contact staff when outside.</p> <p>During an interview on 8/1/24 at 12:06 p.m. with the Director of Nursing (DON), the DON stated, Resident 1 was able to communicate her needs and preferences with staff, including what time she wants to sit outside and come back into the facility.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident's Rights, dated December 2021, the P&P indicated, .the rights include the resident's rights to .self-determination .communication with and access to people and services, both inside and outside the facility .be supported by the facility in exercising his or her rights .</p>		