STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555913	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Sacramento	1411 Expo Parkway North Sacramento, CA 95815

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 48860 Based on observation, interview, and record review the facility failed to ensure professional standards of care were met for one of five sampled residents (Resident 1), when the physician's order for fluid restriction was not followed. This failure had the potential to result in Resident 1 not attaining his highest practicable well-being. Findings: A review of Resident 1's admission records indicated that he was admitted to the facility in April of 2024 with multiple diagnoses including surgical aftercare following surgery on the circulatory system - Coronary Artery Bypass Grafting (CABG - a medical procedure to improve blood flow to the heart), hypertensive heart (heart problems that occur because of high blood pressure that is present over a long time), chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should) with heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs) and unspecified chronic kidney disease (a condition when the kidneys have become damaged over time). A review of Resident 1's History and Physical (H&P), Cardiac Catheterization Final Report, Renal/Fluid Balance, dated 4/3/24, Indicated he was on strict intake and output (I&O - The measurement of the fluids that enter the body and the fluids that leave the body). A review of Resident 1's Discharge Summary, Skilled Nursing Home Physician's Orders, 10. Diet, dated 4/22/24, indicated an order for 1500 ml (milliliter, a measure of volume in the metric system) per day fluid restriction. A review of Physician Order Report, Treatments flow sheet, dated 4/22/24, indicated an order Congestive Heart Failure (CHF): Fluid Restriction: 1500 ml per day. A review of Resident 1's Progress notes, Admission Nursing Observation, dated 4/22/24, at 9:06 p.m., indicated a diet order of Thin/Regular (These are the liquids most people drink every day) - 1500 ml Fluid Restriction. A review of Resident 1's Progress Notes, dated 4/23/2024, at 2:12 a.m., indicated unmeasured fluid and snacks at bedside. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Vitals Result, Intake: Fluids, indicated that Resident 1's fluid intake on 4/22/24, at 7:42 p.m., was 240 ml, on 4/23/24, at 5:29 a.m. was 50 ml, and on 8:37 a.m. of the same date was 120 ml. During a concurrent observation and interview with Resident 1 on 4/23/24, at 1:55 p.m., Resident 1 was observed sitting in a chair by the bedside, fully awake, watching TV and was able to have a conversation. Resident 1's communication board (displays vital information about patients, including their name, medical condition, allergies, and treatment plan) indicated he was on a 1500 ml fluid restriction. A pitcher and a plastic cup filled with clear liquid was on Resident 1's tray table in front of him. He stated that he has been drinking the water from the pitcher and when asked who provided the water, Resident 1 pointed at the door and stated them [referring to the staff]. During an interview on 4/23/24, at 2:00 p.m., with Registered Nurse (RN) 1, RN 1 stated, The patients are not supposed to have water pitchers in their rooms when on fluid restrictions per the policy and the CNA (Certified Nursing Assistant) documents the water intake in the patient charts in the eMAR (Electronic Medication Administration Record). RN 1 confirmed that Resident 1 was on 1500 ml fluid restriction, that it was written on the communication board, and that a pitcher and a cup with clear liquid was on Resident 1's tray table. RN 1 was not able to verify the amount of clear liquid in the pitcher and the amount of fluid the patient had already consumed. RN 1 later confirmed that fluid restriction documentation won't be accurate for 4/23/24 because of the unmeasured clear liquids given to Resident 1. During an interview on 4/23/24, at 2:06 p.m., with the Certified Nursing Assistant (CNA) 1, when CNA 1 was asked if Resident 1 was on any restrictions, CNA 1 did not state fluid restriction and was unable to answer the amount of the fluid restriction order. CNA 1 stated, I brought in the water pitcher. When asked how much water was in the water pitcher she stated, I put ice in there so for sure it's no more than 750 ml. CNA 1 was asked if she measured the water in the pitcher and she stated, no. CNA 1 later confirmed that she does not know how much water was in the pitcher. During an interview on 4/23/24 at 2:20 p.m., with the Director of Nursing (DON) DON stated, Fluid restriction has to be followed because it is an MD order. The DON added that nurses were in charge of relaying the information to CNAs and patients on fluid restrictions were not supposed to have any water pitchers in their rooms. DON stated, They have this card [referring to card with an image of a pitcher and a no symbol] in their rooms. DON added that water is given during med pass (the process through which medication is administered to patients) and during meals by the dietary [referring to dietary staff] and stated, Nursing and dietary provides and documents water intake. DON provided a table from the policy that indicated fluid measurements that as stated by the DON are, used by the nursing and dietary. DON confirmed that Resident 1 was on 1500 ml per day fluid restriction, the order was written on the patient communication board inside Resident 1's room, and the room did not have the card with a no pitcher image on it. DON confirmed from RN 1 that a water pitcher was placed in Residents 1's room. A review of the facility's undated policy titled Fluid Restrictions and Sample Distribution of Fluid, indicated Fluid restrictions will be followed as per physician's orders . Procedure: 2. The food and nutrition services department and the nursing department will determine how much fluid will be provided at meals and medication passes . 3. No water will be provided at the bedside unless calculated into the daily total fluid restriction.