

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17069</p> <p>Based on interview and record review, the facility failed to follow physician orders for one of three sampled residents (Resident 1) when wound care was not provided, as ordered.</p> <p>This failure had the potential to result in worsening of Resident 1's wounds.</p> <p>Findings:</p> <p>Review of Resident 1's Resident Face Sheet, indicated he was admitted to the facility on [DATE], with diagnoses that included orthopedic aftercare following surgical amputation s/p (status post) right below knee amputation, and diabetes (disease that results in excess sugar in the blood) with foot ulcer (injury to the skin and underlying tissues), non-pressure chronic ulcer of other part of left foot with unspecified severity.</p> <p>Review of Resident 1's Progress notes written by the PA (Physician Assistant) on 5/15/24 at 2:23 p.m., indicated that the wound on the left foot had worsened and the resident was sent back to the hospital for treatment.</p> <p>Review of Resident 1's physician orders, contained an order, dated 5/17/24, for Deep Tissue Injury to left lateral heel: Cleanse with NS (normal saline) and pat dry. Apply skin protectant barrier wipe and cover with foam dressing. Change daily until resolved. Monitor if worsens and notify MD/NP (Medical Doctor/Nurse Practitioner). Once A Day; 07:00-18:00 (6 p.m.) and an order dated 5/16/24 for Diabetic wound to left 1st toe: Cleanse with NS and pat dry. Paint with betadine daily and open to air until resolved. Monitor for s/s (signs & symptoms) of infection and notify MD/NP. Once A Day; 07:00 - 18:00.</p> <p>During a review of Resident 1's Treatment Administration History, for May 2024, Licensed Nurse (LN) 1 documented (her initials) that she had completed Resident 1's wound treatments for his left lateral heel and his left 1st toe on 5/18/24 and 5/19/24.</p> <p>During a telephone interview on 6/26/24 at 12:03 p.m. with the Director of Nursing (DON), the DON confirmed LN 1 did not complete Resident 1's wound treatments for his left lateral heel and left 1st toe on 5/18/24 and 5/19/24, even though she had documented she had.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 6/26/24 at 12:14 p.m. with Wound Nurse 1, Wound Nurse 1 stated he did Resident 1's wound care treatments to Resident 1's left lateral heel and his left 1st toe on 5/17/24 (Friday). Wound Nurse 1 stated he puts his initials on the bandages when he completes his wound care treatments. When he came back to work on 5/20/24 (Monday) he saw the bandages, with his initials, were the same ones he had done on Friday.</p> <p>Review of the facility's P&P, titled Patient Care , undated, the P&P indicated 2. Care shall include but is not limited to: .Delivery of .treatments as ordered by the attending physician .3. Nursing staff will document in the patient medical record: .treatments provided .4. Entries into the medical record are made at the time the action occurs and are signed by the person making the entry including the time and date of the occurrence .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17069</p> <p>Based on interview and record review, the facility failed to ensure clinical records were accurate for one of three sampled residents (Resident 1) when a Licensed Nurse (LN 1) falsely documented that she completed ordered wound care.</p> <p>This failure had the potential to result in worsening of Resident 1's wounds.</p> <p>Findings:</p> <p>This deficiency was written as a result of an announced visit to the facility to investigate an allegation of wound care not being provided as ordered and wound care falsely documented as done.</p> <p>Review of Resident 1's Resident Face Sheet, indicated he was admitted to the facility on [DATE], with diagnoses that included orthopedic aftercare following surgical amputation s/p (status post) right below knee amputation, diabetes (disease that results in excess sugar in the blood) with foot ulcer (injury to the skin and underlying tissues), and non-pressure chronic ulcer of other part of left foot with unspecified severity.</p> <p>Review of Resident 1's Progress notes written by the PA (Physician Assistant) on 5/15/24 at 2:23 p.m., indicated that the wound on the left foot had worsened and the resident was sent back to the hospital for treatment.</p> <p>Review of Resident 1's physician orders, contained an order dated 5/17/24 for Deep Tissue Injury to left lateral heel: Cleanse with NS (normal saline) and pat dry. Apply skin protectant barrier wipe and cover with foam dressing. Change daily until resolved. Monitor if worsen and notify MD/NP (Medical Doctor/Nurse Practitioner). Once A Day; 07:00-18:00 (6 p.m.) and an order dated 5/16/24 for Diabetic wound to left 1st toe: Cleanse with NS and pat dry. Paint with betadine daily and open to air until resolved. Monitor for s/s (signs & symptoms) of infection and notify MD/NP. Once A Day; 07:00 - 18:00.</p> <p>During a review of Resident 1's Treatment Administration History, for May 2024, Licensed Nurse (LN) 1 documented (her initials) that she had completed Resident 1's wound treatments for his left lateral heel and his left 1st toe on 5/18/24 and 5/19/24.</p> <p>During a telephone interview on 6/26/24 at 12:03 p.m. with the Director of Nursing (DON), the DON confirmed LN 1 did not complete Resident 1's wound treatments for Resident 1's left lateral heel and left 1st toe on 5/18/24 and 5/19/24, even though she had documented she had.</p> <p>During a telephone interview on 6/26/24 at 12:14 p.m. with Wound Nurse 1, Wound Nurse 1 stated he did Resident 1's wound care treatments to Resident 1's left lateral heel and his left 1st toe on 5/17/24 (Friday). Wound Nurse 1 stated he puts his initials on the bandages when he completes his wound care treatments. When he came back to work on 5/20/24 (Monday) he saw the bandages, with his initials, were the same ones he had done on Friday.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's P&P, titled Patient Care, undated, the P&P indicated 2. Care shall include but is not limited to: .Delivery of .treatments as ordered by the attending physician .3. Nursing staff will document in the patient medical record: .treatments provided .4. Entries into the medical record are made at the time the action occurs and are signed by the person making the entry including the time and date of the occurrence .		