

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 08/30/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>49933</p> <p>Based on interview and record review, the facility failed to ensure a written notice of bed-hold at the time of transfer was provided for 1 of 3 sampled residents (Resident 1) or her responsible party (RP, a person empowered to make decisions for the resident/ person legally responsible and liable for a decision or an action).</p> <p>This failure resulted in Resident 1 and her responsible party not being fully informed about bed-hold options and rights.</p> <p>A review of a Resident Face sheet indicated Resident 1 was admitted to the facility in early 2024 with admitting diagnoses which included hypertensive heart disease with failure (heart failure) and generalized weakness. Resident 1's facesheet indicated she was not her own RP. Resident 1's Minimum Data Set (MDS, an assessment tool), dated 7/5/24 indicated, moderate cognitive impairment.</p> <p>A review of Resident 1's progress notes, dated 8/23/24, indicated Resident 1 was transferred to the hospital for evaluation due to low oxygen levels. No documented evidence indicated Resident 1's RP was given a written notice of bed- hold upon hospital transfer and during hospital stay.</p> <p>During an interview via telephone on 8/30/24 at 11 a.m., Resident 1's RP stated she did not receive any written notice or information on bed-holds from the facility upon hospital transfer. Resident 1's RP was not fully informed on bed-hold guidelines, requirements, and options for readmission.</p> <p>During a concurrent interview and record review on 8/30/24 at 1:56 p.m., with the Director of Nursing (DON), Resident 1's progress notes were reviewed. The DON confirmed there was no documented evidence indicating the facility staff offered the bed-hold to the RP or Resident 1, either in writing or by telephone on date of admission to the hospital.</p> <p>During an interview on 8/30/24 at 2:19 p.m. with the Admission Coordinator (AC), the AC stated she was responsible for contacting the resident or RP for bed-hold notices. The AC confirmed that Resident 1's RP was not called, notified or offered a bed hold. The AC further stated the hospital discharge referral was not reviewed because a bed-hold was not offered to Resident 1 or RP.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Admission, Transfer, Discharge Rights, indicated, Notice of bedhold policy and readmission. If a patient requires transfer to an acute hospital, the facility will offer the patient the opportunity of electing to have the bed held .bed-hold option .the patient or the patient ' s representative must notify the facility if the bed hold is desired . Transferring to acute care. 1. Call RP .to transfer Residents to acute care and for bedhold. Document notification of RP.</p>		