

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 12/31/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43247</p> <p>Based on observation, interview, and record review, the facility failed to safely store food for two of five sampled residents (Resident 2 and Resident 5) when food was stored in resident room refrigerators labeled coolers and were not monitored for food safe temperatures.</p> <p>This failure had the potential to place residents at risk for food- borne illness.</p> <p>Findings:</p> <p>A review of Resident 2's Resident Face Sheet indicated Resident 2 was admitted to the facility in December 2024 with multiple diagnoses including metabolic encephalopathy (brain dysfunction due to imbalance of chemicals in the blood), surgical aftercare following thrombectomy (surgical procedure that removes a blood clot from an artery or vein) and hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke- disrupted blood flow to the brain causing brain tissue death).</p> <p>A review of Resident 5's Resident Face Sheet indicated Resident 5 was admitted to the facility in December 2024 with multiple diagnoses including orthopedic aftercare following left above knee amputation, surgical aftercare following thrombectomy, heart failure (heart does not pump blood as well as it should) and chronic obstructive pulmonary disease (lung disease that blocks airflow and makes it difficult to breathe).</p> <p>A review of an administration leadership rounding checklist provided by the facility indicated .No food in coolers (other than non-perishable drink) .</p> <p>During an observation and interview on 1/2/25 at 9:40 a.m. with Resident 2, observed small refrigerator with sign posted that indicated Please remember that this is a DRINK COOLER ONLY No storage of food is permitted . Observed inside refrigerator open cup of applesauce with handwritten date of 1/1/25, container of chocolate pudding with printed label with name of resident and dated 12/27/24, and six nutrition drinks.</p> <p>During an interview on 1/2/25 at 9:45 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated every room has a small refrigerator and is not used for outside food unless protein shakes are brought in by family. CNA 1 stated snacks are labeled when delivered and if opened are to be discarded in one day.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 1/2/25 at 9:56 a.m. with Resident 5, observed small refrigerator with sign posted that indicated Please remember that this is a DRINK COOLER ONLY No storage of food is permitted . Observed inside refrigerator a container of fruit salad with printed label with name of resident and dated 12/30/24. Resident 5 stated he was not aware of the container of fruit salad in the refrigerator.</p> <p>During an interview on 1/2/25 at 9:59 a.m. with Licensed Nurse (LN) 1, LN 1 stated room refrigerators are cleaned out weekly on Fridays.</p> <p>During an interview on 1/2/25 at 10:02 am. with the Housekeeper (HK), the HK stated she cleans the room refrigerators but does not throw anything out unless the resident has been discharged .</p> <p>During an interview on 1/2/25 at 10:03 a.m. with the Director of Nursing (DON), the DON stated the small room refrigerators are labeled as coolers and are to be used only for beverages, like shakes, non-perishables. Reviewed with the DON the food items in Resident 2 and Resident 5's room refrigerators. The DON stated, No food should be in the room refrigerator. If outside food brought in by family, it needs to be put in the gym [therapy room] refrigerator. The temperature in the gym refrigerator is monitored. Room refrigerator temperatures are not monitored, that is why it is called a cooler. The signs on the refrigerators indicate no food. The DON also stated that the applesauce and pudding found in Resident 2 and Resident 5's refrigerators may have been snacks and if not eaten should have been thrown out. The DON further stated, Should never be any snacks in the room refrigerators. If snack wanted later, would get a new snack.</p> <p>During an interview on 1/2/25 at 10:32 a.m. with the Assistant Director of Nursing (ADON), the ADON stated, Food is not supposed to be stored in room refrigerator. That is why it's called a cooler not a refrigerator. The ADON stated food should be discarded from the room refrigerators during administration leadership rounds done two times a week.</p> <p>During an interview on 1/2/25 at 10:48 a.m. with the ADM, the ADM stated that staff know to store food in the therapy refrigerator.</p> <p>During an interview on 1/2/25 at 12:54 with LN 2, LN 2 stated that the room refrigerators are used by resident for food brought in by family. Observed with LN 2 in a resident room the sign on room refrigerator indicating Please remember that this is a DRINK COOLER ONLY No storage of food is permitted . LN 2 confirmed that the sign indicated no food was to be stored in the room refrigerator. The LN 2 then stated that snacks are stored in the room refrigerator and was not aware that gym (therapy room) refrigerator was for resident's food.</p> <p>During an interview on 1/2/25 at 1:11 p.m. with LN 3, LN 3 stated resident room refrigerators are used to store water, nutrition shakes, applesauce, and pudding.</p> <p>During a joint interview on 1/2/25 at 4:16 a.m. with the Administrator (ADM) and the DON, the ADM stated that there is not a policy for food storage or temperature monitoring of the resident room refrigerators since not supposed to have food in the room refrigerators. The ADM stated there is not a temperature log because they are not used to store food so no need to monitor temperature.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's Policy and Procedure (P&P) titled Food Storage, not dated, indicated .Food will be stored at appropriate temperatures and by methods designed to prevent contamination or cross contamination .Perishable food such as meat, poultry, fish, dairy products, fruits, vegetables and frozen products must be frozen or stored in the refrigerator or freezer .Refrigerator temperatures should be thermostatically controlled to maintain food temperatures at or below 41 F .Leftover food is used within 7 days or discarded .All foods should be covered, labeled and dated. All opened foods should include a use by date .</p> <p>A review of the facility's P&P titled Food from Outside Sources, not dated, indicated .Food brought to the facility by family members or friends .will be handled according to safe food handling guidelines. Designated staff will monitor foods and beverages brought in from outside sources for storage in facility pantries, refrigeration units, or personal room refrigeration units .Foods and beverages brought in from outside sources that require refrigeration or freezing will be labeled with the patient/resident's name and date and stored in the refrigerator/freezer apart from the facility food .Food that can be stored at room temperature can be kept in a patient/resident's room .Staff will provide information on safe food storage and handling as deemed appropriate .Designated facility staff will be assigned to monitor individual room storage and refrigeration units for food and beverage disposal .</p>		