

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  05/12/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 17069</p> <p>Based on interview and record review the facility failed to provide adequate supervision to ensure safety when Resident 1 from eloped from the facility for a census of 37.</p> <p>This failure had the potential to result in serious injury or death for Resident 1.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses that included toxic encephalopathy (neurological disorder causing brain dysfunction) and congestive heart failure (heart can ' t pump enough blood).</p> <p>Review of Resident 1's Admission Nursing Observation, dated 4/28/25 documented Resident as being alert &amp; cooperative and oriented to person and time.</p> <p>Review of Resident 1 ' s Progress Notes dated 4/30/25 at 5 p.m. indicated the nurse was notified by a Certified Nursing Assistant (CNA) that Resident 1 was missing. A thorough search of the room and the building was conducted, but Resident 1 was not found. Resident 1 ' s responsible party and the police were informed.</p> <p>Review of Resident 1 ' s Progress Notes dated 4/30/25 at 5:17 p.m. indicated all the rooms were checked in hall 2 as well as staff rooms that the pt (patient) may have been able to enter. Pt was unable to be located after this and it was confirmed by other staff members that all rooms and locations within the building have been checked satisfactorily. Members of management checked the facility cameras and confirmed that the patient did in-fact leave the building and was heading east.</p> <p>Review of Resident 1 ' s Progress Notes dated 4/30/25 at 6:10 p.m. Resident 1 was brought back in the building by the Administrator in Training (AIT).</p> <p>Review of Resident 1 ' s MD orders indicated Resident 1's diet order, dated 4/28/25, was puree texture and mildly thick liquids.</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 0689</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 Investigation Summary- Unusual Incident Report, undated indicated on 04/30/25, at approximately 5 p.m. a CNA informed a nurse Resident 1 was not in their room and was missing from the facility. Code pink (missing person) was announced to all staff, and an instant search began in attempts to locate the patient. The facility surveillance cameras were reviewed to confirm the direction the patient headed in. Around 6 p.m. Resident 1 was located inside of the local Subway approximately a 0.4-mile distance from the facility by the AIT. The subway staff previously called Sacramento FD because the resident seemed to be confused. The resident was assessed and cleared as stable to return to the facility with no need for medical services. The resident was driven back to the facility around 6:12 p.m. where he was medically assessed again.</p> <p>During an interview on 5/12/25 at 9:14 a.m. with the Director of Nursing (DON), she confirmed Resident 1 was not his own responsible party (RP). The DON further stated Resident 1 was on a pureed diet and moderate thicken liquids and was assessed when he returned for aspiration due to having liquids that were not thickened.</p> <p>During a review of the facility ' s policy and procedure titled, Resident Rights, undated indicated, SAFE ENVIRONMENT-The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide 1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. 1. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p>