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	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Sacramento	1411 Expo Parkway 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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to follow professional standards of quality for one of six sampled residents (Resident 1) when staff did not ensure that Resident 1, who received nasojejunal tube (NJT, a feeding tube that goes through the nose, passes the stomach, and ends in the jejunum [part of the small intestine]) feedings also received the required water flushes. This failure placed Resident 1 at risk for her NJT becoming clogged and increased her risk for dehydration.Findings:A review of Resident 1's admission record showed she was admitted in March 2026 with diagnoses that included pain from an internal prosthetic device, implants, and grafts, as well as a gastrostomy malfunction.A review of Resident 1's Physician Order Report (POR) from 3/18/26-3/30/26 indicated an order for enteral feeding with [NAME] Farms? Peptide 1.5 at a rate of 100 mL (milliliter, unit of measurement). There was no physician orders for NJT water flushes.A review of the Nutrition assessment dated [DATE] by the Registered Dietician (RD) showed the feeding formula was [NAME] Farms? Peptide 1.5, running at 100 mL for 12 hours, providing a total of 1200 mL of formula. The assessment also listed water flushes of 100 mL every 4 hours. The Nutrition Assessment further recommend that staff to continue the current formula and water flushes.During a concurrent interview and record review on 5/13/26 at 12:16 p.m., Licensed Nurse (LN) 1 checked the electronic medical record (EMR). LN 1 stated he remembered Resident 1 received enteral feeding by pump. LN 1 stated he asked a coworker why there was no order for water flushes, but he could not remember the answer he received.During an interview on 5/14/26 at 8:39 a.m., LN 2 stated that any resident on enteral feeding should always have an order for water flushes before and after feedings and before and after medication administration to keep the tube patent and working.During an interview on 5/14/26 at 9 a.m., the RD stated she recommended increasing the scheduled water flushes, but the resident, the resident's sister, and the caregiver refused. Resident 1 wanted to keep the water flushes at 100 mL every 4 hours and continue the [NAME] Farms? formula at 100 mL for 12 hours. The RD stated she informed the Director of Nursing (DON) of her recommendations.During a concurrent interview and record review on 5/14/26 at 10:13 a.m., the Clinical Nurse Manager (CNM) stated she did not see any scheduled water flushes or any orders for flushes before and after medications or enteral feedings int the EMR. The CNM stated she expected nurses to report to her if an essential order was missing and to notify the physician or nurse practitioner to clarify or to obtain the needed order. The CNM further stated that flushing the enteral tube before and after feeding, medication, and during scheduled flush intervals is necessary to prevent clogging and dehydration.A review of the Merck Manual Professional Edition (Merck Manual, a trusted medical reference since 1899) titled, Enteral Nutrition, revised in September 2024, indicated that patients with jejunal tubes need frequent small volume water flushes to stay hydrated and that the minimum recommended flush is 30 mL every 4 hours to keep the tube open. Water used with medications should also be counted toward water needs.A review of the facility's policy and procedure titled Enteral Nutrition Care, dated 4/21/21, indicated, Enteral nutrition will be available for individuals who are unable to meet their nutrition and hydration needs through oral intake. Address orders as needed to balance essential nutritional support with efforts to minimize complications.

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