

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 04/30/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED HEALTH CARE OF SACRAMENTO		STREET ADDRESS, CITY, STATE, ZIP 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 F 0658	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record and policy review, the facility failed to ensure care was provided according to accepted standards of quality when 1 of 3 sampled residents (Resident 1) had no neurological assessment (includes pulse, respiration, and blood pressure measurements, assessment of pupil size and reactivity, and equality of hand grip strength) after an unwitnessed fall in which Resident 1 hit his head. This failure had the potential to delay identification of neurological problems for Resident 1. Findings: Resident 1 was admitted to the facility in December 2019 with [DIAGNOSES REDACTED]. Review of Resident 1's Fall Incident dated 12/18/19 indicated, Writer heard crash and yell, went into room and found pt (patient) face down. Stated he fell off his bed as he was lying down at the edge and hit his head on the bedside table. Pt. sustained laceration to right orbital (surrounding the eyeball), heavily bleeding. Provided pressure to help stop bleeding while paramedics arrived. Called 911, called wife and called on (sic) on-call. DON (Director of Nursing) notified. Further review of Resident 1's Fall Incident indicated there was no neurological assessment conducted for Resident 1 after the fall. A review Resident 1's Nursing Progress Notes dated 12/18/19 indicated, Pt had fall at 0000. Patient remained conscious and talking. Further review of Resident 1's Nursing Progress Notes dated 12/18/19 indicated, 0900 returned, new orders. Pt (patient) able to make needs known. Review of Resident 1's Emergency Documentation dated 12/18/19 included a [DIAGNOSES REDACTED]. There was no documented evidence in Resident 1's clinical records of any neurological assessment conducted for Resident 1 after his return from the acute hospital. A telephone interview was conducted with the DON on 1/3/20 starting at 7:05 a.m. The DON confirmed the Fall Incident was incomplete and there was no neurological assessment conducted for Resident 1. The DON further stated Resident 1's fall was unwitnessed and the licensed staff should have initiated a neurological assessment after the fall and it should have been continued when Resident 1 returned from the emergency department after 10 hours. A facility policy dated 1/1/2016 and titled, ACCIDENT & INCIDENT indicated, .Any patient experiencing an un-witnessed fall or a fall in which the patient's head was bumped, hit or otherwise injured will have a Neurological assessment completed for a total of 72 hours. The completed Accident & Incident Report will be given to the Director of Nursing for review and tracking.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.