

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055855	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER ARDEN POST ACUTE REHAB		STREET ADDRESS, CITY, STATE, ZIP 3400 ALTA ARDEN EXPRESSWAY SACRAMENTO, CA 95825	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to protect 1 of 3 residents (Resident 1) from physical and verbal abuse when Resident 2 threw a bottle of lotion, cursed at, and threatened Resident 1. This failure contributed to a bruise on Resident 1's forehead. Findings: According to the admission record, Resident 1 was admitted to the facility in July of 2019 with [DIAGNOSES REDACTED]. According to the admission record, Resident 2 was admitted to the facility in early 2015 with [DIAGNOSES REDACTED]. Review of the clinical record for Resident 2 included: A care plan, dated 3/4/19, titled Behavioral symptoms indicated Resident has verbal behavioral symptom directed toward others, screaming at others, cursing at others. Often has issues with his roommates. Yells at staff. One intervention was to, Avoid power struggles with the resident. Approach in slower and softer tone and touch his arm to wake him. Do not speak loudly when resident is asleep, this will startle him and cause him to panic and agitated (sic). Another intervention was to Maintain a calm environment and approach to the resident. A care plan, dated 7/24/19, titled Mood State indicated Resident 2 had problems related to [MEDICAL CONDITION]. Listed interventions included, Attempt to determine cause of upset and try to resolve, approach resident in a calm and friendly manner, and Withdraw calmly if met with resistance when giving care, try again later. A care plan, dated 8/6/19, titled Cognitive Loss/Dementia indicated Resident 2 had a problem with, Short-term memory loss, Long term memory loss, impaired decision making, problem understanding others. One intervention listed was, Provide a safe and secure environment. A quarterly Minimum Data Set (MDS, an assessment tool), dated 9/13/19, indicated Resident 2 had behavioral symptoms directed toward others on a daily basis, which included, threatening, screaming, cursing. In a five-day investigation letter, dated 10/17/19, the Assistant Administrator (AADM) recorded Resident 1's interview where he stated he used the other resident's foot of the bed to propel himself forward. This action startled (Resident 2) and in response he tossed a bottle of lotion at the other resident. The letter also indicated Resident 2 had been moved to a different room. In an interview with Resident 1, on 10/18/19 at 9:50 a.m., he stated when he came out of the bathroom doorway, just adjacent to Resident 2's bed, Resident 2 began cursing at him, Get the (expletive) away from me. You beat me up before, I'm going to (expletive)-ing kill you, cut your (expletive)-ing throat. Resident 1 confirmed Resident 2 threw a bottle of lotion which hit him in the forehead causing a bruise. Resident 1 stated Resident 2 threatened to stab him. Resident 1 stated Resident 2 had yelled at him twice previously when coming out of the bathroom, but had not been violent. In an interview with Resident 2, on 10/18/19 at 10:42 a.m., Resident 2 stated he threw a bottle at Resident 1, but it was in self-defense, because Resident 1 shook his bed, and hit him with his bedside table. Resident 2 stated when his roommates used the bathroom it bothered him at night, and he was awakened by the bathroom light. In an interview, on 10/18/19 at 12:05 p.m., with the Social Services Designee (SSD), she stated each resident has a conflicting story. The SSD stated Resident 1 claimed the attack was unprovoked, and Resident 2 claimed Resident 1 came out of the bathroom and yelled at him. Resident 2 admitted he threw a bottle at Resident 1. In an interview, on 10/18/19 at 12:15 p.m., the AADM stated she interviewed Resident 2, who told her he threw the bottle. She decided to move Resident 2, to protect Resident 1. In an interview, on 10/18/19 at 2:40 p.m., Licensed Nurse 2 (LN 2) stated she was the registered nurse supervisor for the facility on 10/13/19. LN 2 stated she was approached by a nurse, who told her Resident 1 had facial bruising. LN 2 spoke with Resident 1 who told her Resident 2 had thrown a bottle. On further investigation, LN 2 stated Resident 2 confirmed the thrown bottle, but stated it was self defense, because Resident 1 was shaking Resident 2's bed. Review of the facility's policy and procedure titled Abuse Prevention Program, dated August 2006, indicated Our residents have the right to be free from abuse. Our facility is committed to protecting our residents from abuse by anyone including other residents. The policy indicated, Our abuse prevention program provides as a minimum: Identification of occurrences and patterns of potential mistreatment/abuse.</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.