STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055014	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairfield Post Acute Rehabilitation	1255 Travis Blvd Fairfield, CA 94533

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medication was accurately reconciled before discharge when Resident 1 was sent home with the wrong insulin (a hormone produced by the body or given artificially to removes excess sugar from the blood) medication.This failure had the potential to cause sudden, severe hypoglycemia (low blood sugar) leading to confusion, seizures, or sudden death.Findings:A review of Resident 1's face sheet (front page of the chart that contains a summary of basic information about the resident), indicated he was admitted to the facility on [DATE] for diagnosis including Diabetes Mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). Resident 1 was discharged home on 4/11/26.A review of Resident 1's Order summary report for 4/26, indicated he was prescribed NovoLIN R (brand name for man-made human insulin used to treat diabetes) using a FlexPen/Pen-injector (a pre-filled, disposable device used to inject medication-most commonly insulin-into the body) for DM.During an interview on 5/20/26 at 10:50 a.m., with Resident 1's family member (FM), the FM stated the insulin sent home with Resident 1 when he was discharged on 4/11/26 was not the correct insulin he was prescribed. The FM stated instead of the Novolin R (short acting insulin that starts working between 30 to 60 minutes) pen-injector, the facility sent a Novolog (rapid acting insulin that starts working in 10-20 minutes) pen-injector. The FM stated Resident 1 had been using the Novolog for 13 days at home until it was discovered.During a concurrent interview and review of the photo of the insulin pen-injector obtained from the FM on 5/20/26 at 4:09 p.m. with the DON, the photo indicated:The pen-injector blue cap had a sticker of Resident 1's Novolin R prescription.The orange pen-injector containing Novolog had a sticker of the prescription of another facility resident. The DON stated the insulin sent home with Resident 1 was the wrong insulin and can compromise the resident's health condition. During a concurrent interview and record review on 5/20/26 at 4:53 p.m. with the DON, the policy titled, Discharge or transfer revised 2/26 was reviewed. The policy indicated, Nursing to do final medication record review and instructions. The DON stated it was not followed during discharge.

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