STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk Grove Post Acute	9461 Batey Avenue Elk Grove, CA 95624

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide effective pain management for one of three sampled residents (Resident 1) when upon admission to the facility, Resident 1's pain medication for moderate to severe pain was not available. This failure resulted in Resident 1 experiencing decreased comfort and participation with physical and occupational therapy. Findings: A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility in April 2025 with multiple diagnoses including intertrochanteric fracture of left femur (hip fracture), pneumonia, chronic obstructive pulmonary disease (lung disease that blocks airflow and makes it difficult to breathe), protein-calorie malnutrition (does not eat enough protein and calories to meet nutritional needs), and schizoaffective disorder (mental health condition characterized by symptoms of schizophrenia such as hallucinations and delusions, and symptoms of mood disorder). A review of Resident 1's Minimum Data Set (MDS- federally mandated assessment tool), Cognitive Patterns, dated 5/6/25, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 15 out of 15, that indicated Resident 1 was cognitively intact. A review of Resident 1's MDS, Functional Abilities, dated 5/6/25, indicated Resident 1 was dependent or required maximal assist for bed mobility and transfers. A review of Resident 1's hospital SNF [Skilled Nursing Facility] orders. dated 4/22/25, indicated medication acetaminophen-hydrocodone (Norco 10 milligrams-325 milligrams), 1 tablet, PO (by mouth), every 4 hours, PRN (as needed) for moderate pain was ordered. A review of Resident 1's Progress Note, dated 4/22/25 at 6:43 p.m., indicated .Reviewed and compared resident discharge medications records from the acute care hospital with the physician admission medication orders and resident's interview. Pharmacy Reviewed orders, no significant med [medication] issues noted . (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk Grove Post Acute	9461 Batey Avenue Elk Grove, CA 95624

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's Progress Note, dated 4/23/25 at 6:10 p.m., indicated .Resident complained of pain 9/10 [pain scale 1-10 with 10 being the worst pain], has an order for NORCO 25 mg [milligrams] po q [every] 4 hrs [hours] for pain x 3 days, called MD narcotic prescription, send the script, and has order for Tylenol 500 mg 2tabs [tablets] po x 1 dose now, the [sic] Tylenol 350 mg po q 4 hrs, for pain, carried out and noted . A review of Resident 1's Physical Therapy Treatment Encounter Note(s), dated 4/23/25 at 2:53 p.m., indicated .Precautions .pre-med [premedicate] for pain .Pain Assessment Method= Patient verbalized pain level .Pain at Rest = 9/10, Frequency = Constant, Location: L [left] hip: Pain Description/Type: sharp .Pain with Movement = 9/10, Frequency = Constant; Location: L hip; Pain Description/Type : sharp .Pain limits the following functional activities: WB [weight bearing] for LLE [left lower extremity] . A review of Resident 1's Physical Therapy Treatment Encounter Note(s), dated 4/24/25 at 2:11 p.m., indicated .Precautions .pre-med for pain .Pain Assessment Method= Patient verbalized pain level .Pain at Rest = 8/10, Frequency = Constant, Location: L [left] hip; Pain Description/Type: sharp .Pain with Movement = 8/10; Frequency = Constant; Location: L hip; Pain Description/Type : sharp .Pain limits the following functional activities: WB activities . A review of Resident 1's Occupational Therapy Treatment Encounter Note(s), dated 4/23/25 at 3:57 p.m., indicated . Precautions .premedicate for pain .Pain Assessment Method = Patient verbalized pain level .Pain at Rest = 5/10; Frequency = Intermittent; Location: L hip; Pain Description/Type: aching .Pain with Movement = 9/10; Frequency = Intermittent; Location: L hip; Pain Description/Type: aching .Pain limits the following functional activities: Functional mobility and LB [lower body] self-care tasks . A review of Resident 1's Occupational Therapy Treatment Encounter Note(s), dated 4/24/25 at 4:49 p.m., indicated . Precautions .premedicate for pain .Pain Assessment Method = Pain eval determined based upon behaviors exhibited by patient; Behaviors Exhibited: Facial Grimacing and Moaning . A review of Resident 1's Medication Administration Record (MAR) for 4/1/25 to 4/30/25, indicated . Hydrocodone-Acetaminophen Tablet 10-325 MG Give 1 tablet by mouth every 4 hours as needed for Pain x 3 days- Start Date- 04/22/2025 1530 [3:30 p.m.] . The MAR indicated Resident 1 received the medication on: 4/24/25 at 4:48 p.m. for pain level of 8, 4/25/25 at 9:00 a.m. for pain level of 6 4/25/25 at 6:17 p.m. for pain level of 4. A review of Resident 1's MAR for 4/1/25 to 4/30/25, indicated .Tylenol Extra Strength Oral Tablet 500 MG (Acetaminophen) Give 2 tablets by mouth one time only for pain related to DISPLACED INTERTROCHANTERIC FRACTURE OF LEFT FEMUR .until 4/23/25 18:59 [6:59 p.m.] - Start Date- 04/23/2025 1745 [5:45 p.m.] . The MAR indicated Resident 1 received the medication on 4/23/25 at 6:13 p.m. for pain level of 3. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk Grove Post Acute	9461 Batey Avenue Elk Grove, CA 95624

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 6/3/25 at 10:20 a.m. with Resident 1's Family Member (FM), the FM stated Resident 1 had hip pain upon admission to the facility, but did not receive any pain medication for two days after admission. Resident 1's FM stated Norco had been ordered for pain, but Resident 1 did not receive it. Resident 1's FM stated the staff told her it had been ordered but that it hadn't arrived at the facility. During a concurrent interview and record review on 6/4/25 at 2:16 p.m. with the Director of Nursing (DON), reviewed with the DON that Resident 1 had order for Norco for pain upon admission on [DATE]. The DON stated would expect resident to have pain from hip fracture upon admit. The DON stated the Norco should have been available to be given upon admission. The DON stated that the e-kit (emergency kit- a supply of medications to be used until delivery from the pharmacy) would have contained Norco. Reviewed Resident 1's MAR for April 2025 with the DON. The DON acknowledged that Norco was not given on 4/22/25 or 4/23/25 and was not given until 4/24/25. During an interview on 6/4/25 at 3:19 p.m. with Licensed Nurse (LN) 1, LN 1 acknowledged that Resident 1 had order for Norco upon admit on 4/22/25 and that Norco was not given until 4/24/25. LN 1 stated Resident 1's FM notified her on 4/24/25 that Resident 1 had not received any Norco for pain. LN 1 stated she contacted the pharmacy who did not have the script for the Norco and then called the physician and requested the script. The physician then faxed the script to the pharmacy. LN 1 stated could not have given the Norco on 4/22/25 or 4/23/25 from the e-kit since the pharmacy did not have a signed script from the physician. During an interview on 6/4/25 at 3:45 p.m. with LN 2, LN 2 stated when resident is admitted if need script for Norco will call physician to get script. The physician will sign the script, and it will go directly to the pharmacy. LN 2 stated the medications will then be available to be used from the emergency kit before pharmacy delivers to the facility. LN 2 stated the hospital will send electronic script directly to the facility's pharmacy. During a concurrent telephone interview and record review on 6/11/25 at 1:05 p.m. with the DON, the DON stated Resident 1 did not have script for Norco when admitted to the facility on [DATE]. The DON stated if resident was admitted without script for Norco, the nurse should call the pharmacy, and the pharmacy then contacts the physician to obtain the signed script. Reviewed Physical Therapy Treatment Note and Nurses Progress Note for 4/23/25 that indicated Resident 1 had pain level of 9/10. The DON stated, on 4/23/25, the facility did not have a script for Resident 1's Norco so was unable to give it. Resident 1's Norco could not be given from the e-kit unless the pharmacy provided authorization after receiving the signed script. The DON stated, on 4/23/25, the nurse contacted the pharmacy and the physician. and obtained a one time order for Tylenol 1000 mg. The DON acknowledged the facility did not contact the pharmacy to obtain script for Norco until 4/23/25 when Resident 1 complained of pain level 9/10. The DON stated if Physical Therapy had reported Resident 1's pain level of 9/10, nursing could have administered pain medication but acknowledged that Norco was not available in the facility at that time. The DON stated, There may be a communication problem and Resident 1's pain level may have not been communicated to nursing. The DON stated Resident 1's pain level of 9/10 indicated severe pain and likely needed Norco to manage that pain. The DON acknowledged that if Resident 1's pain level was 9/10 he may not be able to fully participate with therapy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk Grove Post Acute	9461 Batey Avenue Elk Grove, CA 95624

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's Policy and Procedure (P&P) titled Pain Management, 8/25/21, indicated .To maintain the highest possible level of comfort for Residents by providing a system to identify, assess, treat, and evaluate pain .Residents will be evaluated as part of the nursing assessment process for the presence of pain upon admission/ re-admission, quarterly, with change in condition or change in pain status, and as required by the state thereafter . Pain management that is consistent with professional standards of practice, the comprehensive person-centered care plan, and the Resident's goals and preferences is provided to Residents who require each service .The nurse will notify the physician/advanced practice provider (APP) as appropriate and obtain treatment orders as indicated .At a minimum of daily, Residents will be evaluated for the presence of pain by making an inquiry of the Resident or by observing for signs of pain .Document pain presence on the Medication Administration Record .Facility staff will report any observation or communication of pain to the nurse responsible for that Resident .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk Grove Post Acute	9461 Batey Avenue Elk Grove, CA 95624

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on record review and interview the facility failed to timely assess a change of condition (COC) in accordance with professional standards and practices for one of three sampled residents, Resident 1. This failure resulted in a delay in Resident 1 being transferred to an acute care hospital for decreased oxygen saturation and increased lethargy (a lack of energy and diminished mental alertness). Findings: During a review of Resident 1's admission Record indicated Resident 1 was admitted to the facility in April 2025 with multiple diagnoses including intertrochanteric fracture of left femur (hip fracture), pneumonia, chronic obstructive pulmonary disease (lung disease that blocks airflow and makes it difficult to breathe), protein-calorie malnutrition (does not eat enough protein and calories to meet nutritional needs), and schizoaffective disorder (mental health condition characterized by symptoms of schizophrenia such as hallucinations and delusions, and symptoms of mood disorder). During a review of Resident 1's Minimum Data Set (MDS- federally mandated assessment tool), Cognitive Patterns, dated 5/6/25, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 15 out of 15, that indicated Resident 1 was cognitively intact. During a review of the Physical Therapy (PT) note dated 5/26/25 at 3 p.m., the PT note indicated Resident 1 presented with lethargy. PT note stated, .lethargic since early morning and was able to encourage for OOB [out of bed] after lunch time. The note further indicated that nursing staff was notified. During a review of the Occupational Therapy (OT) note dated 5/26/25 at 3:21 p.m., the OT note indicated Resident 1 presented with lethargy. The note further indicated that nursing staff was notified. During a review of Resident 1's clinical record, there were no documented nursing assessments, including no vital signs documented on 5/26/25 after notification from PT and OT of Resident 1's lethargic status until 7:49 p.m. During a review of Resident 1's clinical record, vital sign record on 5/26/25 at 11:18 a.m. indicated oxygen saturation was 95 percent on room air. The vital sign record on 5/26/25 at 7:49 p.m. indicated oxygen saturation was 87 percent on room air. During a review of Resident 1's clinical record, the Nurses Note (NN) dated 5/26/25 at 7:49 p.m. indicated Resident 1 presented with lethargy, shortness of breath, and had an oxygen saturation of 87 percent. During an interview with the Director of Nursing (DON) on 6/11/25 at 12:01 p.m., the DON acknowledged there was no change of condition assessment documented after PT and OT notifications of Resident 1's lethargy during therapy. The DON stated her expectations are for nurses to assess residents after a notification of a change of condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055308	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk Grove Post Acute	9461 Batey Avenue Elk Grove, CA 95624

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility failed to provide a policy and procedure on assessment after change of condition when requested on 6/5/25 at 9:30 a.m., on 6/10/25 and on 6/13/25 at 7:08 a.m.