

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Elk Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview and record review the facility failed to ensure safety of residents when they failed to provide adequate monitoring and supervision for Resident 1 identified as at risk for elopement for a census of 129 residents. This failure resulted in Resident 1 wandering out of the facility to a coffee shop unaccompanied by staff. A review of Resident 1's clinical record indicated Resident 1 was admitted in November 2025 with a diagnosis of end stage renal disease (a condition where waste and fluid buildup in the body because the kidneys cannot remove them properly). A review of Resident 1's Minimum Data Set (MDS- an assessment tool) dated 12/1/25 indicated Resident 1 had moderately impaired cognition (memory or thinking problems). During a review of Resident 1's progress note dated 12/10/26, the progress note indicated Resident 1 . discussed during IDT (interdisciplinary, group of professionals) due to being identified as a risk for elopement due to history.During a review of Resident 1's progress note dated 1/3/26, the note indicated, .Staff saw the resident at the (local coffee shop) . was brought back to facility, verbalized his persistent desires to go home today. still requesting for discharge.During a review of Resident 1's care plans, the care plan titled, ' . Resident is at risk of elopement R/T (related to) wanting to go home/leave the facility.' dated 11/26/2025, indicated, . Continue monitoring for elopement risk behaviors . Reassess elopement risk as needed.During a concurrent interview and record review on 1/20/26 at 2:44 p.m. with Licensed Nurse 1 (LN 1), LN 1 stated she was the assigned p.m. shift nurse for Resident 1. LN 1 further stated during shift report around 3 p.m. a call was received from an off-duty staff member that notified the facility that Resident 1 was seen at (local coffee shop). LN 1 further stated once the code (facility page indicating resident is missing) was initiated, Resident 1 was brought back to the facility within 30 minutes. LN 1 confirmed that there was no documented time of when Resident 1 left the facility without notifying staff.During a concurrent interview and record review on 1/20/26 at 3 p.m. with Director of Nursing (DON), the DON stated that Resident 1 returned to the facility within 15 minutes of off duty staff notifying the facility of the resident's location. The DON confirmed Resident 1 did not have a Leave of Absence order and did not notify any staff when leaving the facility. The DON could not provide an exact time that Resident 1 left the facility and acknowledged facility staff did not know when the resident left the facility.During an interview on 1/20//26 at 4:30 p.m. with Certified Nurse Assistant 1 (CNA 1), CNA 1 stated Resident 1 was found at (local coffee shop) sitting on the bench. CNA 1 stated Resident 1 stated he walked there. CNA 1 further acknowledged the walk from the facility to the coffee shop was equivalent to approximately 15 minutes' walk.During a review of facility Policy and Procedure (P&P) titled, Wandering and Elopements ., dated March 2019, indicated, . The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment . If identified as at risk for wandering, elopement the resident's care plan will include strategies and interventions to maintain the resident's safety .</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055308 If continuation sheet Page 1 of 1