

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 02/06/2026
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview and record review, the facility failed to ensure a home like environment for facility residents for a census of 130 when three out of five shower rooms were unclean and unsanitary. This failure resulted in lack of provision for a home like environment for facility residents when the shower rooms were unclean. A review of Resident 1's admission record indicated Resident 1 was admitted in January of 2025 with a diagnosis of Type two Diabetes Mellitus (a chronic condition where the body does not regulate sugar levels in the body, that can cause slowed wound healing). A review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 1/21/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS, tool that tests cognition) score of 15 out of 15 indicating Resident 1 was cognitively intact. During an interview on 2/6/26 at 10 a.m. with Resident 1, Resident 1 stated the facility shower rooms were dirty and unclean. Resident 1 further stated he felt uncomfortable at the facility and wanted to leave. During a concurrent observation and interview on 2/6/26 at 10:17 a.m. with Licensed Nurse (LN 1) in the South Station shower room (SS), LN 1 confirmed there was mold on the shower curtain, a used tan bandage on the floor of the shower, a ball of hair on the shower drain, a used bandage on the shelf adjacent to the shower and the sharp container was full and razors were observed sticking out. LN 1 stated the cracked exposed shelves in the shower room were not homelike. LN 1 confirmed this was not a home like environment for residents and the shower rooms were unclean. During a concurrent observation and interview on 2/6/26 at 11:14 a.m. with Licensed Nurse (LN 2), LN 2 confirmed the northwest shower room was out of order. LN 2 further confirmed mold was observed in the northeast shower room. LN 2 confirmed cracked tiles, and peeled paint was present in the north station shower room. LN 2 confirmed the shower rooms in use were unclean and not homelike for facility residents. During a concurrent interview and record review on 2/6/26 at 11:34 a.m. with the Infection Prevention Nurse (IP), the IP confirmed the unclean shower rooms did not represent a homelike environment for facility residents and that facility residents could feel uncomfortable with care when using the shower rooms. During a concurrent interview and record review on 2/6/26 at 12:10 p.m. with Director of Nursing (DON), the DON confirmed the expectation for facility staff is to ensure that the shower rooms were cleaned after each use. The DON further confirmed that the shower rooms did not represent a home like environment for facility residents and that facility residents could feel uncomfortable when using the unclean facility shower rooms during care. During review of facility policy and procedure (P&P) titled, .Home-like Environment. dated February 2021, indicated, .Residents are provided with a safe clean, comfortable and homelike environment . Staff provides person-centered care that emphasizes the residents' comfort. characteristics of the facility that reflect a personalized, homelike setting. clean, sanitary, and orderly environment.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean environment for facility residents when three out of 4 shower rooms in use were left unclean for a census of 130. This failure had the potential to spread infections to facility residents. During a concurrent observation and interview on 2/6/26 at 10:17 a.m. with Licensed Nurse (LN 1) in the South Station Shower room (SS), LN 1 confirmed there was mold on the shower curtain, a used tan bandage on the floor of the shower, a ball of hair on the shower drain, a used bandage on the shelf adjacent to the shower, and the sharp container was full and had razors sticking out. LN 1 further confirmed there were broken tiles in the shower room. During a concurrent observation and interview on 2/6/26 at 10:35 a.m., with LN 1 in the East Station Shower Room (ES), LN 1 confirmed that there was an overflowing trash bin with soiled items bagged and no cover and an overfilled sharps container with razors overflowing. LN 1 further confirmed there was a dirty yellow Person Protective Equipment (PPE) gown on the floor and another gown on a bedside table, an open air freshener can on the floor of the ES shower room. LN 1 stated that the ES was dirty and a resident or staff member could get hurt if they had touched the blades overflowing from the sharp's container. LN 1 further stated the SS and ES rooms could have spread infectious organisms to facility residents since she did not know which resident the PPE gowns belonged to. LN 1 confirmed this could be a safety risk and infection control risk for facility residents. LN 1 stated the shower rooms are utilized by most facility residents and had the potential to spread infections to different residents throughout the facility. During a concurrent observation and interview on 2/6/26 at 11:14 a.m. with Licensed Nurse (LN 2), LN 2 confirmed the northwest shower room was out of order. LN 2 further confirmed mold was observed in the northeast shower room. LN 2 confirmed cracked tiles, and peeled paint was present in the north station shower room. LN 2 confirmed the North East shower room was unclean, and the shower rooms should have been clean after each use to prevent the spread of infections. During a concurrent interview and record review on 2/6/26 at 11:34 a.m., with Infection Prevention Nurse (IP), IP stated the expectation is for the shower rooms to be cleaned after each resident use. IP nurse confirmed the presence of the dirty tan bandage on the floor of the SS shower room, a used bandage with dry blood on the shelf adjacent to the shower, cracked tiles in the shower, mold present on the shower tiles, dark mold on the shower curtain, and overflowing sharp container in the South Station shower room. The IP nurse confirmed the presence of a used PPE gown, a PPE gown in a plastic wrap, an opened air freshener can on the floor, overflowing trash bin with soiled items bagged and no cover, and overflowing sharp container with razors sticking out and on top of the sharp container with plastic trash items in the South East shower room. The IP confirmed mold was present in the North East shower room. The IP nurse stated that the shower rooms were dirty and that both shower rooms had the potential to spread infections to facility residents. IP confirmed that improper cleaning practices can lead to spread of infections and improper disposal of full sharp containers can lead to a resident or staff member being cut by a sharp item and contracting infectious organisms. IP confirmed she did not do daily checks on the shower rooms to ensure staff was cleaning the rooms properly. During an interview on 2/6/26 at 12:10 p.m. with Director of Nursing (DON), the DON confirmed the expectation for facility staff is to ensure that the shower rooms are cleaned after each resident use. The DON further acknowledged the overflowing sharp materials in the shower rooms could have spread infectious organisms to staff and facility residents. During a review of facility policy and procedure (P&P) titled, . Infection prevention and Control., dated December 2023, indicated, .The facility adopted infection prevention and control policies and procedures are intended to maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diseases and infections . policies and procedures are to: . monitor, prevent, detect . maintain a safe, sanitary, and comfortable environment for personnel, residents . Provide .infection. control based on current best practices.During a review of facility policy and procedure (P&P) titled, .Sharps Disposal., dated January 2012, indicated, . Contaminated sharps will be discarded into containers that are. Closable. Puncture resistant. Leakproof on sides and bottom. Designated individuals will be responsible for sealing and replacing containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the containers .		