

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  03/30/2026
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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on interview and record review the facility failed to replace one of four sampled residents (Resident 1's) personal belongings in a timely manner when Resident 1's eyeglasses were lost. This failure had the potential to compromise Resident 1's vision. Findings: A review of Resident 1's face sheet (a summary of medical information) indicated he was admitted to the facility in late 2025 with diagnoses which included a brain disease that impaired memory. The facility listed Resident 1's family member as his responsible party (RP, person who is responsible for making health care and financial decisions). During a review of Resident 1's, Order Summary Report [OSR], dated 9/17/25, the ORS indicated Resident 1 did not have the capacity to make medical decisions. During an interview on 3/30/26 at 9:01 a.m. with Resident 1's Responsible Party (RP), the RP stated the facility had lost Resident 1's glasses and had not replaced the glasses or reimbursed for the cost to replace the glasses. During an interview on 3/30/26 at 11:51 a.m. with the Social Service Assistant (SSA), the SSA stated if a resident lost an item, a theft and loss form would be filled out, she would talk to family and if the item was not located then the facility would pay for the lost item. The SSA stated a copy of the theft and loss form would be kept in the social service offices. During a concurrent interview and record review on 3/30/26 at 2:59 p.m. with the SSA, the SSA stated she recalled Resident 1's RP had reported his glasses were missing and the facility had met with Resident 1's RP to discuss the lost glasses. The SSA stated the glasses were not located, so a theft and loss form was completed. The SSA did not know if Resident 1 had received his new glasses. During an interview on 3/30/26 at 5:02 p.m. with the SSA and Director of Nursing (DON), the SSA and DON stated they were unable to locate the theft and loss form for Resident 1's lost glasses. The SSA stated she did not know the exact date the glasses were lost sometime between September and December [2025]. The SSA showed the eye exam form from 1/22/26 and stated the resident declined new eyeglasses after the exam. The SSA confirmed Resident was unable to make medical decisions and the RP should have been notified after the exam. The SSA confirmed nothing further had been done to replace Resident 1's glasses. The SSA stated glasses were important to help the residents see. During interview on 3/30/26 at 5:30 p.m. with the DON, the DON stated she expected a theft and loss form to be completed when someone reported a lost item, the family updated and the issue resolved in a timely manner. The DON indicated that the facility should have contacted Resident 1's RP stating, I would expect staff to talk to the appropriate person. During a review of the facility's policy and procedure (P&amp;P) titled, Investigating Incidents of Theft and loss, dated 4/17, the P&amp;P indicated, All reports of theft or misappropriation of resident property shall be promptly and thoroughly investigated. Residents have the right to be free from theft and loss. Our facility will exercise reasonable care to protect the resident from property loss or theft, including. Promptly responding to and investigating complaints of theft or misappropriation of property. The administrator or his designee will notify the resident and/or the resident's representative. of the results of the investigation and corrective action taken within days of the completion of the investigation.</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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