

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Mid-Town Oaks Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 L Street Sacramento, CA 95816	

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 0609  Level of Harm - Actual harm  Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48445</b></p> <p>Based on observation, interview, and record review, the facility failed to report an incident of an injury of unknown origin for one of three sampled residents (Resident 1) as required by the regulations.</p> <p>This failure resulted in a delay in the abuse investigation process and decreased the facility's potential to protect patients from physical and psychosocial harm.</p> <p>Findings:</p> <p>During a review of Resident 1's admission records, the records indicated Resident 1 was admitted [DATE] with diagnoses that included dementia (memory loss), history of falling, and osteoporosis (bones become weak and brittle). Resident 1's Minimum Data Set (MDS, an assessment tool) indicated Resident 1 had severe cognitive impairment and did not exhibit physical and verbal behaviors towards self and other people.</p> <p>During a review of Resident 1's SBAR [Situation, Background, Assessment, Recommendation] Communication Form, dated 9/1/24, the form indicated Resident 1 had a fall on 9/1/24. The notes further indicated, With small scrape to left knee and red mark to back of head left side. Denies pain upon assessment.</p> <p>During a review of Resident 1's neurological checklist, dated 9/4/24, the checklist indicated Yes was marked for the question, Movement and sensation intact in right arm?</p> <p>During a review of Resident 1's nurse's progress notes, dated 9/20/24, the notes indicated, Resident upon assessment, noticed right wrist swelling. Painful to the touch, no ROM [range of motion] to the site .No swelling noted elsewhere. Cannot recall what happened .x ray [imaging that creates pictures of the inside of the body] ordered and wrist wrap in place .</p> <p>During a review of Resident 1's change of condition notes, dated 9/20/24, the notes indicated, .swelling noted to Right Wrist with subtle discoloration noted .When asked of pain status, resident stated that 'it hurts a lot.' Resident currently a poor historian to cause of swelling to Right Wrist; has dx [diagnosis]: dementia. Limited ROM to Right Wrist, ROM reduces from baseline.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Mid-Town Oaks Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 L Street Sacramento, CA 95816	
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 0609</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's SBAR Communication Form, dated 9/20/24, the form indicated under Pain Evaluation that the resident had pain and that the pain is new. The form further indicated, Resident has swelling to the right wrist. Swelling noted to the site .No recollection of injury .New order for wrist x ray and ace wrap [elastic bandage] to the site .</p> <p>During a review of Resident 1's Radiology [medical specialty that uses imaging to diagnose diseases] Report, dated 9/20/24, the report indicated, Results: There is a fracture [break in a bone] involving the distal ulnar shaft [one of the two bones of the forearm] with displacement [ends of broken bone are no longer aligned]. There is associated soft tissue swelling.</p> <p>During a review of Resident 1's nurse's progress notes, dated 9/20/24, the notes indicated, Resident had x-ray done to her right wrist during the start of the shift d/t [due to] complaints of pain and swelling. Result is a fracture involving the distal ulnar shaft with displacement. DON [Director of Nursing] informed [name of doctor], per [doctor] send resident to ER [emergency room ] .Resident sent out at about 1800 [6 p.m.].</p> <p>During a review of Resident 1's hospital after visit summary, dated 9/21/24, the summary indicated, Reason for Visit .Wrist pain .Diagnosis .Closed fracture [bone breaks but the skin remains intact] of right ulna, unspecified fracture morphology [study of the bone surface features].</p> <p>During a concurrent observation and interview on 10/1/24 at 12:37 p.m. with Resident 1 in her room, Resident 1 was observed alert, calm, lying on bed, head of bed elevated with both upper side rails up, and had a splint on her right arm covering the wrist to the elbow. Resident 1 smiled when spoken to but did not answer questions verbally. When asked what happened to her arm, Resident 1 did not answer.</p> <p>During an interview on 10/1/24 at 12:41 p.m. with Certified Nurse Assistant 1 (CNA 1), CNA 1 stated, .she had a swollen wrist, and it was broken, we don't know what happened.</p> <p>During an interview on 10/1/24 at 12:52 p.m. with Licensed Nurse 1 (LN 1), LN 1 stated, .I fixed her blanket and I saw her wrist was swollen, I went to get ice, we told the NP [Nurse Practitioner], and had Xray done . Until now she can't give me a clear explanation of what happened.</p> <p>During an interview on 10/1/24 at 1:04 p.m. with LN 2, LN 2 stated, When [LN 1] lifted the blanket, she saw the swelling. We asked [Resident 1] what happened but was not able to tell .I know the touch it was really painful, we notified NP and ordered Xray .We don't know how it happened .Until this day, I have no idea how it happened .I haven't seen her hurt herself .It could be abuse if you don't know what it is .it should have been reported .we really don't know what happened so there's a possibility that abuse might have happened.</p> <p>During a concurrent interview and record review on 10/1/24 at 3:12 p.m. with the Social Services Director (SSD), the SSD verified Resident 1 had an Xray that showed a wrist fracture and that the cause was unknown. The SSD stated, Staff didn't note any changes in behavior leading to the wrist fracture. I believe that if abuse is suspected, it should be reportable in 2 hours .It should have been reported .Many problems if not reported, safety of the resident, the risk is still there, we could have done a more thorough investigation. Yes, it caused a delay in the investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Mid-Town Oaks Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 L Street Sacramento, CA 95816	
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 0609</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/1/24 at 3:31 p.m. with the DON, the DON stated, We sent her to the hospital because she had ulnar fracture. We spoke with different nurses .we've been investigating on the cause .She had a fall on 9/1/24 .I'm leading that it's because of the trauma from the fall .with my investigation, I'm not considering abuse. If something that you suspect as abuse, we report it .but because she had a fall .I don't consider it as an abuse because of her behaviors and osteoporosis and based on my interactions with her, that's why we didn't report it .If there's a possibility of abuse, I will report it immediately, because it is an abuse and we are mandated reporters. If not reported, it can delay the investigation.</p> <p>During an interview on 10/1/24 at 3:58 p.m. with the Administrator (ADM), the ADM stated, The nurses noticed the swelling on her arm. I was notified when the nurses found the swelling, we sent her up to the hospital for evaluation .Xray revealed a fracture. Immediately, I started an investigation, the investigation is still ongoing. Prior to that, she had a fall, and I couldn't quite conclude anything, that's why I wanted to do a more thorough investigation. With injuries, it's obviously a serious matter .with my investigation, I wanted to conclude if there was anything that would lead to abuse, that's why the investigation is still ongoing and haven't found out the cause. If I concluded that it was an injury of unknown origin, then I would definitely report it. I guess my thought is if abuse is unsubstantiated, or not for pathological reason, I would consider that as unknown origin and submit the report. We still don't know if it's pathological or not. Obviously with the resident status, I think there's a lot of variables to that. If I suspected it at all, I would submit the report .If I think abuse is involved, that's something that I would think would compromise resident's safety, but I haven't had that conclusion.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated 2001, the P&amp;P indicated, All reports of resident abuse (including injuries of unknown origin) .are reported to local, state and federal agencies (as required by current regulation) and thoroughly investigated by facility management.</p> <p>Findings of all investigations are documented and reported .1. If resident abuse, neglect .or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law .3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury, or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p>		