

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 10/25/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>49950</p> <p>Based on interview and record review the facility failed to ensure one of four sampled residents (Resident 1) right to self-determination was maintained, when the facility canceled Resident 1's medical appointment without confirming with the resident or their family.</p> <p>The failure had potential to result in resident not receiving medical treatment and negatively impacting the resident's psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (a document containing patient information), the face sheet indicated, Resident 1 was admitted to the facility August 2024 with multiple diagnoses which included a pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) of the sacral region (near base of the spine) and type 2 diabetes mellitus (a disease where blood sugar is too high).</p> <p>During an interview on 10/24/24 at 1:09 p.m., with Resident 1's daughter, Resident 1's daughter stated the facility canceled the resident's medical appointment on 9/20/24. Resident 1's daughter further stated the facility did not consult with Resident 1 or their family before cancelling the appointment. Resident 1's daughter further stated the appointment was required for a pre-operation work up (tests done before an operation). Resident 1's daughter further stated she had to reschedule Resident 1's appointment and transportation.</p> <p>During a review of Resident 1's active orders in the Order Summary Report, the Order Summary Report, initiated 9/12/24, indicated, .Resident has the capacity to make her decisions related to medical diagnosis . Resident is capable of understanding rights and responsibilities, and/or able to participate in treatment plan .</p> <p>During a review of Resident 1's Progress Notes, dated 9/20/24 at 11:12 a.m., the Progress Note, indicated, . received call from family checking if patient will be attending her 10 am appt (appointment) .called Dr (doctor) office to confirm .they informed me she does .we won't be able to provide transpo(transportation) .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055493	If continuation sheet Page 1 of 3

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview on 10/25/24 at 12:13 p.m., with the Social Services Assistant (SSA) and Social Services Director (SSD), the SSA stated she canceled Resident 1's medical appointment on 9/20/24 because transportation was not set up and the receptionist at the doctor's office told her the appointment was not necessary. The SSA further stated she was not sure if the receptionist was a qualified medical professional that could make decisions about the appointment. The SSA acknowledged resident's rights were violated when she canceled Resident 1's appointment without first confirming with Resident 1 or their family. The SSD confirmed the appointment was necessary and had to be rescheduled.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights dated February 2021, the P&P indicated, .federal and state laws guarantee certain basic rights to all residents of this facility .the rights include .be treated with .dignity .self-determination .communication with and access to .services, both inside and outside the facility .be supported by the facility in exercising his or her rights .be informed of, and participate, in his or her treatment .participate in decision-making regarding his or her care .</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49950</p> <p>Based on record review and interview, the facility failed to ensure one of four sampled residents (Resident 1), received treatment and care in accordance with professional standards of practice, when Resident 1's episode of low blood sugar was not addressed as directed by the management of hypoglycemia (low blood sugar) policy and procedure.</p> <p>The failure had the potential to result in Resident 1's hospitalization or death.</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (a document containing patient information), the face sheet indicated, Resident 1 was admitted to the facility August 2024 with multiple diagnoses which included type 2 diabetes mellitus (a disease where blood sugar is too high).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- an assessment tool), dated 9/21/24, the MDS indicated Resident 1 was taking high risk medications which could cause hypoglycemia.</p> <p>During a review of Resident 1's active orders in the Orders Summary Report, initiated 9/12/24, indicated, . Finger Stick Blood Glucose (sugar) Testing as needed for Hypo/Hyperglycemia (low blood sugar/high blood sugar) episodes .</p> <p>During a review of Resident 1's Progress Notes, dated 9/20/24 at 10:44 p.m., the Progress Notes, indicated, . resident had a blood sugar of 62(mg/dl-a unit of measurement) .will continue to monitor and recheck blood sugar in 15 minutes . There were no follow up progress notes available that indicated Resident 1's blood sugar was rechecked in 15 minutes or that the doctor was notified.</p> <p>During a review of Resident 1's Progress Notes, dated 9/21/24 at 3:02 a.m., the Progress Notes, indicated, . resident was starting to show signs of unconsciousness .</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated 9/20/24 and 9/21/24 the MAR indicated, a follow up finger stick to check blood sugar was not done.</p> <p>During a concurrent interview and record review on 10/25/24 at 12:08 p.m. with the Licensed Nurse (LN), the LN confirmed there were no notes or documentation in Resident 1's Electronic Health Record (EHR) indicating that on 9/20/24, Resident 1's low blood sugar was rechecked after 15 minutes or that the doctor was notified. The LN stated the policy for low blood sugar (less than 70 mg/dl) is to notify the provider, administer glucose and recheck blood sugar in 15 minutes.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Management of Hypoglycemia dated November 2020, the P&P indicated, .purpose .provide guidelines for managing hypoglycemia secondary to insulin therapy .classification of hypoglycemia .Level 1 hypoglycemia: blood glucose level <70 .for Level 1 hypoglycemia .give the resident an oral form of rapidly absorbed glucose .notify the provider immediately . remain with the resident .recheck blood glucose in 15 minutes .documentation .note blood sugar after each administration of rapid-acting glucose and the follow-up sugar .</p>		