

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 02/27/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control and prevention practices when staff provided care to residents under contact isolation without the use of appropriate personal protective equipment (PPE) for two out of five sampled residents (Resident 1 and Resident 2). This failure increased the potential for the spread of infections among residents for a census of 97. Findings: During a review of Resident 1's admission Record (AR), dated 2/27/26 (print date), the AR indicated, Resident 1 was admitted to the facility in May of 2025 with diagnoses which included diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing) and sepsis (a life-threatening blood infection). During a review of Resident 1's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse (LN) to document medications and treatments given to a resident) for February of 2026, dated 2/27/26 (print date), the MAR indicated an order for isolation on contact precautions (a type of isolation requiring staff to apply gown and gloves prior to room entry and provision of care) for Clostridium difficile infection (C. diff- a highly contagious bacteria that causes severe diarrhea) for the period of 2/27/26 to 3/15/26. During a review of Resident 2's AR, dated 3/3/26 (print date), the AR indicated, Resident 2 was admitted to the facility in January of 2026 with diagnoses which included diabetes mellitus and colostomy status (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body). During a review of Resident 2's Care Plan History, a care plan initiated on 2/1/26 indicated, Resident has potential for C. Diff infection and is at risk for complications. Use principles of infection control and contact precaution(s) as indicated. During a concurrent observation and interview on 2/27/26 at 7:58 a.m. with Certified Nursing Assistant 1 (CNA 1) in the hallway near Resident 1's and Resident 2's room (roommates), a sign near the room door indicated that the room was on contact precautions, and providers had to apply a gown and gloves prior to room entry. CNA 1 was observed entering the room without a gown and gloves, bringing a breakfast tray to Resident 1 and setting it up on the bedside table. Per Resident 1's request, CNA 1 also pulled on the light cord with his bare hands to turn on the light. Upon leaving the room, CNA 1 confirmed that he touched surfaces in the room and that the room had an isolation sign at the door. CNA 1 indicated he wasn't sure for which resident the isolation was applied to which resident, Resident 1 or Resident 2. CNA 1 stated that if he was bringing the tray to Resident 2, he would have used a gown and gloves. During a concurrent observation and interview on 2/27/26 at 8:29 a.m. with CNA 2 and CNA 3 near Resident 2's room. CNA 2 and CNA 3 entered the room without gowns and pushed Resident 2's bed closer against the wall. Upon exiting the room, CNA 2 and CNA 3 confirmed they did not use gowns for the room entry, and both CNAs indicated that they needed gowns only for close contact care when handling Resident 2's urinary catheter. During an observation on 2/27/26 at 8:34 a.m. near Resident 1's room entrance, LN 1 entered the room without a gown and administered two injectable medications to Resident 1, one shot given to the arm and another shot to the belly. Resident 1 was in his</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>bed, and as LN 1 worked around him, her pants were touching Resident 1's mattress and sheets. During an interview on 2/27/26 at 8:41 a.m. with LN 1, LN1 confirmed that she entered Resident 1's room without a gown, and as she administered injectable medications, she touched Resident 1's bed. LN 1 further confirmed that Resident 1 was on contact isolation for C. diff, and she should have used a gown and gloves when working with Resident 1. During an interview on 2/27/26 at 10:53 a.m. with the Director of Nursing (DON), the DON confirmed that Resident 1 had a C. diff infection and his roommate, Resident 2, was also exposed, and both residents were considered to be under contact isolation precautions. The DON indicated that the expectation was for all staff entering the room and providing care to both residents had to use gowns and gloves. The DON further stated that not using appropriate PPE would increase the risk of the spread of infection among residents. During a review of the facility's policy and procedure (P&P) titled, Personal Protective Equipment, dated 10/2018, the P&P indicated, Personal protective equipment appropriate to specific task requirements is available at all times. Not all tasks involve the same risk of exposure, or the same kind or extent of protection. The type of PPE required for a task is based on: a. the type of transmission-based precaution.</p>		