STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055493	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid-Town Oaks Post-Acute	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on interview and record review, the facility failed to ensure the order for Restorative Program (designed to help residents maintain their highest level of physical function and prevent decline after rehabilitation) was followed for one of three sampled residents (Resident 1).This failure had the potential for Resident 1 to experience further decline in mobility and function.A review of the admission Record indicated Resident 1 was admitted early January 2026 with diagnoses including bilateral primary osteoarthritis (progressive condition causing pain, stiffness, swelling and reduced mobility) of knee and difficulty in walking.A review of Resident 1's RNA (Restorative Nurse Assistant) program indicated the following orders:- an order for RNA ambulation/mobility program (3-5 days a week) FWW (front wheel walker) for 50-100 feet as tolerated on 2/27/26;-an order for exercises UE/LE's (upper extremity/lower extremity), FWW/SPC (single point cane) ambulation 3x a week on 3/19/26;-an order for RNA ambulation/mobility program (3-5 days a week) FWW for 50-100 feet as tolerated with quad cane (four-pronged base) on 4/2/26; and-an order for RNA ambulation/mobility program (1 day a week) FWW for 50-100 feet as tolerated with quad cane on 4/14/26.A review of Resident 1's care plan initiated 1/5/26 indicated Resident 1 was at risk for ADL (Activities of Daily Living)/mobility decline and requires assistance related to pain, weakness. The intervention included, Ambulation: Assist .A review of Resident 1's care plan revised 4/15/26 indicated, Resident 1 has the potential for decline in functional mobility and gait related to balance deficit, bed mobility/transfer deficit, decrease strength, gait difficulty. The intervention indicated RNA for ambulation/mobility (1 day a week) for 50-100 feet as tolerated with FWW/Quad cane.During an interview on 4/16/26 at 1:54 p.m. with the RNA, the RNA stated he provided assistance to Resident 1 for two weeks. The RNA further stated Resident 1 insisted on using the quad cane instead of the FWW for ambulation. The RNA added if a resident refuses the RNA program, the refusal will be documented. During a concurrent interview and record review on 4/16/26 at 4:49 p.m. with the Director of Rehabilitation (DOR), Resident 1's Nursing- RNA Weekly Summary was reviewed. The DOR stated Resident 1 had three weekly summaries for 3/28/26, 4/4/26, and 4/10/26. The DOR further stated there was a Restorative Nursing Note dated 3/5/26 that Resident 1 refused RNA program today. There was no documented evidence Resident 1 was seen by RNA from 2/28/26 to 3/4/26 and from the second to third week of March. During an interview on 4/16/26 at 5:09 p.m. with the Administrator (ADM), the ADM stated there was no RNA Weekly Summary prior to 3/28/26 for Resident 1. During a follow up interview on 4/16/26 at 5:13 p.m., the DOR stated Resident 1's RNA order was dated 2/27/26 and RNA program should be offered the following day. The DOR further stated attempts should be made to offer the RNA program and if resident refused, the refusals should be documented.A review of the facility's undated policy and procedure and titled, Restorative Nursing Services indicated, Residents will receive restorative nursing care as needed to help promote optimal safety and independence .Residents may be started on a restorative nursing program .during the course of stay or when discharged from rehabilitative care .Restorative goals and objectives are individualized and resident-centered .

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