

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 07/29/2026
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)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. Based on interview and record review, the facility failed to ensure three out of four sampled residents (Resident 1, Resident 3, and Resident 4) received appropriate pain management services consistent with professional standards of practice, facility's policy and procedure (P&P), and physician's orders when Resident 1, Resident 3, and Resident 4's pain medication orders were not consistently followed. This failure had the potential for Resident 1, Resident 3, and Resident 4 to experience unrelieved pain and/or over-medication and not attain their highest practicable well-being. Findings: 1a. A review of Resident 1's clinical record indicated Resident 1 was admitted June of 2026 and had diagnoses that included fracture (a break in the continuity of a bone) of vertebra (an individual irregular bone that forms the backbone), lung cancer, and diabetes (elevated sugar in the blood). A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 6/10/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 10 out of 15 which indicated Resident 1 had a moderately impaired cognition (mental process of acquiring knowledge and understanding). A review of Resident 1's MDS Health Conditions, dated 6/10/26, indicated Resident 1 received as needed pain medications. A review of Resident 1's Care Plan Report, initiated 6/6/26, indicated, Pain: Experiencing .chronic pain .due to: general body, recent injury .Administer medications as ordered .During an interview on 7/29/26 at 1:04 p.m. with Resident 1, Resident 1 stated she was taking pain medications for her pain, but she was not sure how often. Resident 1 further stated the pain medications sometimes are not effective. A review of Resident 1's active physician's order, dated 6/9/26, indicated, Acetaminophen [a potent pain reliever] Extra Strength Oral Capsule 500 MG [milligrams-unit of measurement] .Give 500 mg by mouth every 4 hours as needed for Pain rating (1-4) [numeric pain scale from 1 to 10] .A review of Resident 1's medication administration record (MAR- a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for the month of June and July 2026 indicated Resident 1 received 500 mg of Acetaminophen which was indicated for a pain rating of 1-4 on the following occasions: 6/16/26 at 8:03 a.m.- pain level was 8 (severe pain) 6/17/26 at 10:27 a.m.- pain level was 5 (moderate pain) 6/19/26 at 8:01 a.m.- pain level was 5 (moderate pain) 6/22/26 at 7:55 a.m.- pain level was 7 (moderate pain) 6/25/26 at 7:47 a.m.- pain level was 5 (moderate pain) 6/25/26 at 8:26 p.m.- pain level was 0 (no pain) 7/3/26 at 8:14 p.m.- pain level was 0 (no pain) 7/7/26 at 7:39 a.m.- pain level was 5 (moderate pain) 7/10/26 at 8:43 p.m.- pain level was 0 (no pain) 7/15/26 at 7:51 a.m.- pain level was 5 (moderate pain) A review of Resident 1's active physician's order, dated 6/6/26, indicated, Hydrocodone [a controlled pain medication] -Acetaminophen Oral Tablet 5-325 MG . Give 1 tablet by mouth every 4 hours as needed for Moderate pain (4-7 on pain scale [sic]) .A review of Resident 1's MAR for the month of July 2026 indicated Resident 1 received 1 tablet of Hydrocodone-Acetaminophen which was indicated for moderate pain on the following occasion: 7/5/26 (continued on next page)		

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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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 6:52 p.m.- pain level was 3 (mild pain)A review of Resident 1's physician's order, dated 6/6/26, indicated, Hydrocodone-Acetaminophen Oral Tablet 5-325 MG . Give 2 tablet by mouth every 4 hours as needed for severe pain (8-10 on pain scale [sic]) .A review of Resident 1's MAR for the month of June 2026 indicated Resident 1 did not receive 2 tablets of Hydrocodone-Acetaminophen which was indicated for severe pain even though Resident 1 had a recorded pain level of 8 (severe pain) on 6/16/26 at 8:03 a.m.During a concurrent interview and record review on 7/29/26 at 3:39 p.m. with Licensed Nurse (LN) 2, Resident 1's clinical records were reviewed. LN 2 confirmed that Resident 1's pain medication orders were not consistently followed. Resident 1's progress notes were also reviewed and LN 2 further confirmed that there was no documentation as to why Resident 1's pain medication orders were not followed.1b. A review of Resident 3's clinical record indicated Resident 3 was admitted June of 2026 and had diagnoses that included fracture (a break in the continuity of a bone) of right hip, bone cancer of the lower right leg, cancer of connective and soft tissue, and pain in right leg.A review of Resident 3's MDS Cognitive Patterns, dated 6/29/26, indicated Resident 3 had a BIMS score of 12 out of 15 which indicated Resident 3 had a moderately impaired cognition. A review of Resident 3's MDS Health Conditions, dated 6/29/26, indicated Resident 3 received scheduled and as needed pain medications.A review of Resident 3's Care Plan Report, revised 7/1/26, indicated, Pain: Experiencing .acute pain due to: cancer diagnosis .Administer treatment as ordered.During an interview on 7/29/26 at 1:15 p.m. with Resident 3, Resident 3 stated she was taking pain medications but sometimes it would not work and she would still be in pain.A review of Resident 3's active physician's order, dated 6/23/26, indicated, HYDROMORPHONE HCl [a potent controlled pain medication] Oral Tablet 4 MG . Give 1 tablet by mouth every 4 hours as needed for moderate pain (4-7 on pain scale [sic]).A review of Resident 3's MAR for the month of July 2026 indicated Resident 3 received 1 tablet of hydromorphone which was indicated for moderate pain on the following occasions:7/10/26 at 11:13 p.m.- pain level was 9 (severe pain)7/18/26 at 4:43 a.m.- pain level was 9 (severe pain)7/22/26 at 4:43 a.m.- pain level was 9 (severe pain)7/10/26 at 5:03 a.m.- pain level was 8 (severe pain)A review of Resident 3's physician's order, dated 6/23/26, indicated, HYDROMORPHONE HCl Oral Tablet 4 MG . Give 2 tablet by mouth every 4 hours as needed for severe pain (7-10 on pain scale [sic]).A review of Resident 3's MAR for the month of July 2026 indicated Resident 3 received 2 tablets of hydromorphone which was indicated for severe pain on the following occasions:7/2/26 at 8:42 p.m.- pain level was 0 (no pain)7/9/26 at 4:17 p.m.- pain level was 3 (mild pain)7/10/26 at 4:19 p.m.- pain level was 3 (mild pain)7/12/26 at 5:35 p.m.- pain level was 6 (moderate pain)7/14/26 at 12:04 p.m.- pain level was 6 (moderate pain)7/14/26 at 4:24 p.m.- pain level was 6 (moderate pain)7/14/26 at 8:37 p.m.- pain level was 6 (moderate pain)7/15/26 at 2:39 p.m.- pain level was 2 (mild pain)7/15/26 at 8:03 p.m.- pain level was 2 (mild pain)7/23/26 at 8:45 p.m.- pain level was 6 (moderate pain)7/25/26 at 4:36 p.m.- pain level was 6 (moderate pain)During a concurrent interview and record review on 7/29/26 at 3:39 p.m. with LN 2, Resident 3's clinical records were reviewed. LN 2 confirmed that Resident 3's pain medication orders were not consistently followed. Resident 3's progress notes were also reviewed and LN 2 further confirmed that there was no documentation as to why Resident 3's pain medication orders were not followed.1c. A review of Resident 4's clinical record indicated Resident 4 was admitted January of 2026 and had diagnoses that included osteoarthritis (a deteriorating disease that causes pain, stiffness, and swelling where two or more bones meet), difficulty walking, and depressive episodes.A review of Resident 4's MDS Cognitive Patterns, dated 7/10/26, indicated Resident 4 had a BIMS score of 15 out of 15 which indicated Resident 4 had an intact cognition. A review of Resident 4's MDS Health Conditions, dated 7/10/26, indicated Resident 4 received scheduled pain medications, as needed pain (continued on next page)		

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