

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Sacramento Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5255 Hemlock Street Sacramento, CA 95841	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>40841</p> <p>Based on observation, interview, and record review, the facility failed to maintain the resident's communication within the facility for one of three sampled residents (Resident 1) when Resident 1's call light was not within reach.</p> <p>This failure had the potential to increase the residents' fear of not being able to get assistance from staff when needed.</p> <p>Findings:</p> <p>According to an Admission Record, Resident 1 was admitted to the facility in 2023 with diagnoses including paralysis of the legs and lower body and post-traumatic stress disorder (PTSD; anxiety disorder from a traumatic event).</p> <p>A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 5/7/24, indicated Resident 1 had no memory impairment.</p> <p>During a concurrent observation and interview on 4/18/24 at 10:06 a.m., inside Resident 1's room, Resident 1 stated he was not able to reach for the call light. The call light was observed hanging off the left side of the bed.</p> <p>During a concurrent observation and interview on 4/18/24 at 11:17 a.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 confirmed the call light was hanging off the bed and should have been next to the resident.</p> <p>During an interview on 4/18/24 at 12:01 p.m. with the Assistant Director of Nursing (ADON), the ADON confirmed the call light should have been within reach of the resident.</p> <p>Review of the facility's policy titled, Answering the Call Light, dated 9/2003, indicated, The purpose of this policy is to respond to the resident's requests and needs .When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</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: 056073	If continuation sheet Page 1 of 1