

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  01/30/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to provide appropriate, sufficient supervision to each resident to prevent an avoidable accident for one of two sampled residents (Resident 1) and failed to investigate an accident thoroughly when: Resident 1 fell to the floor while being transferred from her bed to a shower chair, and the facility failed to provide documentation of a fall investigation for Resident 1. These failures had the potential for Resident 1 to sustain a major injury, be exposed to physical pain, increased anxiety from her history of falls, and placed Resident 1 at risk for an unidentified injury from the failure to investigate. During a review of Resident 1's Hospital Discharge Summary dated 1/5/26, summary indicated, Resident 1 had hospital problems including but not limited to Closed pelvic ring fracture (serious injury, often from high-energy trauma like car accidents, causing severe pelvic/groin pain, bruising, and inability to bear weight) and a pubic ramus fracture (a common break in the pelvic ring, typically affecting elderly individuals after a fall. Symptoms include severe groin/hip pain and inability to walk.) Summary indicated, [Resident 1] admitted on [DATE] after a witnessed fall when patient's leg reportedly gave out and fell backward. During a record review of Resident 1's Minimum Data Set (MDS: assessment used in Skilled Nursing Facilities, a mandatory federal tool for evaluating the health, functional, and cognitive status of residents in Medicare/Medicaid-certified nursing homes to guide care planning, and monitor quality) Section C, dated 1/9/26, MDS-C indicated Resident 1 had a brief interview for mental status (BIMS: assessment tool used in skilled nursing facilities (SNFs) to screen resident cognition) was a 15 out of 15, indicating Resident 1 was cognitively intact. During a review of Resident 1's MDS GG, dated 1/9/26, MDS GG indicated, Resident 1 required Substantial/maximal assistance for Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair. During an interview on 1/30/25, at 10:02 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated, on 1/9/26 during the morning shift, Resident 1 was being cared for by CNA students and their CNA instructor. CNA 1 stated he told the CNA instructor that Resident 1 preferred a bed bath due to her hip pain from a recent fall and injury. CNA 1 stated, he told the CNA instructor to come get him to help before they attempted to transfer Resident 1 out of bed for the first time so he can help. CNA 1 stated, CNA instructor disregarded his instruction and stated the CNA students and herself got Resident 1 out of bed and into the shower room via the shower chair. CNA 1 stated, he left his gait belt (a wide strap secured around a patient's waist with a metal or plastic buckle. It is used by caregivers to provide a secure, safe grip to assist with balancing, walking, lifting, or transferring individuals with limited mobility.) for the CNA Instructor to use and left the room to care for another Resident. CNA 1 stated he heard a commotion in Resident 1's room and when he arrived back into the room, he heard Resident 1 yelling they dropped me several times. CNA 1 stated, he saw Resident 1 had some redness to her lower legs and Resident 1 complained that her lower legs and back hurt. CNA 1 stated, he saw the gait belt</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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