

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  10/18/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>34328</p> <p>Based on observation, interview, and record review the facility failed to ensure nursing care provided met professional standards for three residents (Resident 63, Resident 36, and Resident 53) of 23 sampled residents when licensed nursing staff did not:</p> <ol style="list-style-type: none"> <li>1. Perform Resident 63's suprapubic catheter (a tube that drains urine from the bladder through a small incision in the lower abdomen, just above the pubic bone) care and coccyx (also known as the tailbone which is the triangular bony structure found at the bottom of the spine) skin care as ordered;</li> <li>2. Ensure Resident 36's medical record indicated the physician was notified as ordered; and,</li> <li>3. Ensure Restorative Nurse Assistant (RNA, a program which provides exercise and a range of motion activities to the residents) services were provided to Resident 53 without active prescriber orders.</li> </ol> <p>These failures decreased the facility's potential to provide adequate and accurate care to residents.</p> <p>Findings:</p> <p>47563</p> <ol style="list-style-type: none"> <li>1. A review of an admission record indicated Resident 63 was admitted to the facility in Winter of 2023 with diagnoses which included benign prostatic hyperplasia (BPH: causes prostate to grow and can cause difficulty urinating) with a history of a urinary tract infection (UTI: an infection in the bladder/urinary tract), diabetes mellitus type II (DM2-a disorder characterized by difficulty in blood sugar control and poor wound healing), and moderate malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets which can lead to reduced ability to fight off infection and impair wound healing).</li> </ol> <p>A review of Resident 63's care plans, initiated 3/7/24, indicated, Focus: bladder: At risk for complications with urinary system related to BPH .suprapubic catheter .interventions/tasks .suprapubic catheter care per facility policy and physician order . and Focus: Skin: Resident is at risk for skin breakdown related to .diabetes, nutritional risk .interventions/tasks .administer treatments as ordered .apply barrier cream as indicated .</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/18/24 at 9:42 a.m., the Licensed Nurse 2 (LN 2) stated nurses should follow physician orders to check suprapubic urinary catheters every shift for placement, drainage, signs of infection, and ensure it is clean to prevent infection. The LN 2 further stated staff were expected to follow orders to clean and apply protective ointments to skin areas with redness, such as a coccyx, to prevent it from worsening to a pressure ulcer. The LN 2 acknowledged staff were expected to document all care provided and added, If it is not documented it didn't happen.</p> <p>In an interview on 10/18/24 at 10:46 a.m., the Director of Staff Development (DSD) stated she expected care to be provided as ordered by the physician. The DSD acknowledged residents with suprapubic urinary catheters were at risk for acquiring infections and residents with skin redness on the coccyx would be at risk of acquiring pressure ulcers if orders for care are not followed.</p> <p>During a concurrent interview and record review on 10/18/24 at 10:57 a.m., with the Assistant Director of Nursing (DON), Resident 63's medical records were reviewed. The ADON confirmed Resident 63's Treatment Administration Record (TAR : a daily documentation record to document treatments given to a resident), dated September 2024, indicated Resident 63 had a suprapubic urinary catheter with orders to provide routine catheter care including cleaning and monitoring catheter site for redness and irritation every shift. The ADON acknowledged Resident 63's TAR indicated catheter care was not documented as completed for at least one shift on the following dates: 9/2/24, 9/3/24,9/6/24, 9/7/24, 9/12/24, 9/18/24, 9/21/24, 9/27/24, 9/29/24, and 9/30/24. The ADON acknowledged there were no nursing notes in Resident 63's medical record which indicated why the care had not been documented or provided as ordered. The ADON also confirmed Resident 63's TAR dated September 2024 indicated Resident 63 had skin redness to the coccyx with an order to clean and apply barrier cream (a product that can help prevent pressure ulcers, by protecting the skin from moisture, friction, and pressure) to area of skin redness on Resident 63's coccyx. The ADON acknowledged Resident 63's TAR indicated there was no documented evidence the coccyx was cleaned and barrier cream was applied on the following dates: 9/2/24, 9/3/24, 9/6/24, 9/7/24, 9/12/24, 9/18/24, 9/27/24, 9/28/24,9/29/24, and 9/30/24. The ADON acknowledged there were no nursing notes in Resident 63's medical record which indicated why the care had not been documented or provided as ordered.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Catheter Care, Urinary, revised August 2022, indicated, .The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections .the following information should be recorded in the resident's medical record .the date and time that catheter care was given .</p> <p>A review of the facility's P&amp;P titled, Prevention of Pressure Injuries, revised April 2020, indicated, . The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors .Review the residents care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable .during the skin assessment, inspect .presence of erythema [abnormal redness of the skin] .inspect pressure points .coccyx .skin care . use a barrier product to protect skin from moisture .evaluate, report, and document potential changes in the skin .</p> <p>2. A review of Resident 36's admission record indicated Resident 36 was admitted to the facility in the winter of 2022 with diagnoses including a history of having a stroke (a life-threatening condition that happens when part of your brain does not have enough blood flow) and depended on feeding through a gastrostomy tube (GT, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 36's care plan, dated 12/22/22, indicated, Focus: enteral [route of feeding] care plan . interventions/tasks .check residual [the amount of fluid that remains in the stomach after being fed through a gastrostomy tube] prior to each feeding .hold [temporary stop order] enteral tube feeding if residual more than 100 ml [milliliter: metric unit of measure] or as ordered .Notify MD [medical doctor] if unable to tolerate tube feeding .</p> <p>In an interview on 10/18/24 at 9:42 a.m., the LN 2 stated staff are expected to check GT residual prior to the start of a new tube feed and if the residual is over 250 milliliters (ml), staff are expected to hold the tube feed and notify the physician. The LN 2 confirmed staff were expected to document the physician was notified in the resident's medical record. The LN 2 clarified if a staff member were to speak with the physician directly, the conversation would be expected to be documented in the resident's medical record. The LN 2 added, If it is not documented, it did not happen.</p> <p>During a concurrent interview and record review on 10/18/24 at 10:57 a.m., with the ADON, Resident 36's medical records were reviewed. The ADON confirmed Resident 36 had an order which indicated the MD was to be notified if a resident's GT residual amount was over 250 ml. The ADON stated he expected the physician to have been notified each instance a resident's residual was over 250 ml and the notification to be documented in the resident's medical record. The ADON confirmed Resident 36's Medication Administration Record (MAR: a daily documentation record used by a licensed nurse to document medications given to a resident) indicated on 9/10/24, 9/11/24, and 9/14/24 Resident 63 had instances of residual amounts over 250 ml. The ADON acknowledged there was no documented evidence in Resident 36's medical record which indicated the physician had been notified of the instances residual amounts over 250 ml.</p> <p>A review of the facility's P&amp;P titled, Charting and Documentation, dated July 2017, indicated, .All services provided to the resident .shall be documented in the resident's medical records</p> <p>46242</p> <p>3. A review of Resident 53's admission record indicated admission in August 2022 with diagnoses which included muscle weakness, hemiplegia and hemiparesis (weakness or total paralysis of the arm, leg, and trunk on the same side of the body). A Minimum Data Set (MDS: a federally mandated resident assessment tool), dated 9/18/24, indicated Resident 53 received restorative nursing services.</p> <p>The following documents in Resident 53's medical record indicated:</p> <p>-An order summary report dated 10/18/24 indicated no current orders for Resident 53 to receive RNA services.</p> <p>-An order listing report (a history of physician orders) indicated the latest order for RNA services was discontinued on 9/9/23.</p> <p>-A care plan for Resident 53's contractures (a stiffening /shortening at any joint that reduces the joint's range of motion) initiated on 9/9/23 and revised on 10/6/24 indicated, .Restorative nursing program: As Ordered . Notify MD if pain noted with ROM [Range of Motion] as indicated .</p> <p>-A nursing-RNA weekly summary report, dated 10/13/24, indicated Resident 53 received RNA services three times.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/17/24 at 4:23 p.m. the Director of Rehabilitation department (DOR) stated if the RNA program is recommended for a resident, the therapy department provides training to RNAs. The resident is then transferred to the RNA program which is managed by the nursing department. The DOR added the therapy department conducts monthly reviews of residents on the RNA program.</p> <p>During a concurrent interview and record review on 10/17/24 at 14:33 p.m. with the DOR and the Director of Nursing (DON), Resident 53's current orders and the RNA charting was reviewed. The DON confirmed Resident 53 was receiving RNA services without orders since the latest RNA order had been discontinued on 9/9/23. The DON stated Resident 53 was likely moved to comfort care and orders were discontinued but the RNAs were not notified. The DON and DOR agreed services must be provided in accordance with the physician's orders.</p> <p>A review of the facility's P&amp;P titled, Restorative Nursing Services, revised July 2017, indicated, .Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care . Restorative goals may include, but are not limited to . implementation of his/her plan of care.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46242</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was prepared and stored in a safe and sanitary manner for a census of 62 residents who received food prepared from the kitchen, when:</p> <ol style="list-style-type: none"> <li>Expired food items were found on the kitchen shelf;</li> <li>An unclean appliance attachment cap was on the steam table and an unclean oven top and mesh rack for storage of water pitchers were found in the kitchen;</li> <li>Pans with hard black residue were available for use in the kitchen;</li> <li>The dry storage room had no documented evidence of temperature monitoring;</li> <li>The freezer section of the refrigerator used for storage of resident foods had no thermometer and no documented temperature monitoring evidence; and,</li> <li>the ice dispensing mechanism of the ice maker had dark residue.</li> </ol> <p>These failures decreased the facility's potential to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>During a concurrent observation and interview on [DATE] commencing at 8:31 a.m. with the Registered Dietitian (RD) the initial tour of the kitchen was conducted and five bread crumb containers measuring 680 grams (g- metric unit for mass) were found labeled with by 30SEP2024 . [expiration of [DATE]]. The RD confirmed the bread crumb label information and stated she had to check the supplier guidelines to confirm it was expired.</li> </ol> <p>In an interview on [DATE] at 2:11 p.m., the RD confirmed the bread crumb containers found in the kitchen on [DATE] were expired.</p> <p>A review of facility's policy and procedure (P&amp;P) titled Storage of Food and Supplies, dated 2023, indicated, Food and supplies will be stored properly and in a safe manner .No food will be kept longer than the expiration date on the product .</p> <ol style="list-style-type: none"> <li>During a concurrent observation and interview in the kitchen on [DATE] at 2:21 p.m. with the Dietary Supervisor (DS), a steam table was observed with a metal appliance cap with particles and discolored dark residue. The DS confirmed the cap was not clean and had residue which was crusty and old.</li> </ol> <p>During a concurrent observation and interview on [DATE] at 9:24 a.m. with DS in the kitchen, a large pan of wheat rolls was observed resting on top of the main oven. The surface of the oven top was observed covered in dark, dust-like particles. The DS confirmed the oven top was dusty.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on [DATE] at 9:58 a.m. with the RD in the kitchen, a metal wire rack was observed with dark residue on its shelving and clear plastic water pitchers were placed on the bottom of the shelf. The RD confirmed the rack was not clean and it was used to store clean pitchers.</p> <p>3. During a concurrent observation and interview on [DATE] commencing at 10:16 a.m. with the DS and the RD in the kitchen, pans with hard dark residue were observed hanging above the table. The DS confirmed the pans had a dark hard residue and one of the pans had the same residue on the inside of it. The RD stated the pans were to be replaced on an as needed basis.</p> <p>In an interview on [DATE] commencing at 9:47 a.m. RD agreed the black carbon buildup on the pans could leach into the food during cooking and affect food quality and safety.</p> <p>A review of facility's P&amp;P titled, Sanitation, undated, indicated, .There shall be adequate equipment for cleaning and disposal of waste and general storage. All equipment shall be maintained as necessary and kept in working order . Each employee shall know how to operate and clean all equipment in his specific work area .All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas .</p> <p>4. During a concurrent observation and interview on [DATE] commencing at 8:31 a.m. with the RD, the dry storage area was observed with a thermometer but there was no temperature log for monitoring of the room temperature on a periodic basis. The RD confirmed the facility did not have documented evidence the dry storage temperatures were being monitored on a regular basis.</p> <p>In an interview on [DATE] at 10:43 a.m. the RD agreed dry storage foods needed to be kept in a dry, cool place and temperatures of the dry storage needed to be monitored to ensure food temperatures did not go outside recommended ranges so foods did not spoil.</p> <p>A review of facility's P&amp;P titled, Storage of Food and Supplies, dated 2023, indicated, .The storeroom should be well-lighted, well-ventilated, cool, dry, and clean at all times. Thermometers should be placed in all storage areas and checked frequently. Recommended temperature is 50 [Degrees Fahrenheit- Deg. F. standard temperature units]-85 [deg. F.]- if dry food storage goes over 85 [deg. F.] take corrective action .</p> <p>5. During a concurrent observation of the resident foods refrigerator (located in the utility room near the nurse's station) and interview on [DATE] at 12:48 p.m. with the RD, the RD was unable to locate the thermometer for the freezer section of the refrigerator. The RD confirmed the freezer section did not contain a thermometer.</p> <p>In an interview on [DATE] at 12:55 p.m., the RD confirmed the facility did not have documented evidence of the freezer section of the refrigerator was being monitored for the storage of resident foods.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of facility's P&amp;P titled, Procedure for Freezer Storage, dated 2023, indicated, .Frozen foods should be immediately stored in the freezer upon delivery. The freezer should be maintained at a temperature of 0 [Deg. F.] or lower .Each freezer must have two thermometers that are easily visible .Freezer temperature should be recorded twice daily by a designated employee and logged in the Cold Storage Temperature Log .</p> <p>6. During a concurrent observation and interview on [DATE] at 2:24 p.m. with the Maintenance Supervisor (MS) in the breakroom, the ice maker was inspected and the plastic mechanism above the ice bin was observed with dark residue. After wiping the area with a white napkin, a dark smear on the napkin. The MS confirmed the ice maker was the only available ice maker in the building and he did not expect it to produce a dark residue on the dispenser mechanism.</p> <p>A review of facility's P&amp;P titled, Sanitation, undated, indicated, .There shall be adequate equipment for cleaning and disposal of waste and general storage. All equipment shall be maintained as necessary and kept in working order . Each employee shall know how to operate and clean all equipment in his specific work area .All utensils, counters, shelves, and equipment shall be kept clean .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46242</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain infection prevention and control practices to help prevent the development and transmission of communicable diseases and infections when:</p> <ol style="list-style-type: none"> <li>1. Resident 37's nephrostomy bag (a bag that collects urine from a nephrostomy tube, which is a thin, flexible tube placed into the kidney) was observed touching the floor and the antimicrobial bag used as a privacy bag was not labeled with a placement date; and,</li> <li>2. The Continuous Air Mist (CAM) respiratory equipment was not labeled with placement dates for Resident 14 and Resident 59.</li> </ol> <p>These failures had the potential to result in infection among a facility census of 85 residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 37's admission record indicated admission to the facility in August 2024 with diagnoses which included pyelonephritis (a bacterial or viral infection that causes inflammation of the kidneys) and urinary tract infection (UTI- an infection in the bladder/urinary tract).</li> </ol> <p>A review of Resident 37's medical records indicated the following:</p> <ul style="list-style-type: none"> <li>-An Order Summary Report (OSR) dated 10/18/24 indicated orders for the provision of nephrostomy care.</li> <li>-A care plan initiated on 10/16/24 indicated, The resident has a nephrostomy . nephrostomy bag will hang on bed as safe as able and be placed below kidneys .Ensure privacy cover is placed on foley bag [referring to nephrostomy bag] .</li> </ul> <p>During concurrent observation and interview on 10/15/24 at 11:54 a.m. with the Infection Preventionist (IP) by Resident 37's bedside, Resident 37's antimicrobial cover bag (used for privacy) was observed hanging on the left side of the bedframe and touching the floor. The antimicrobial bag did not have a date to indicate when it was placed. The IP stated the antimicrobial bag should be kept off the floor. The IP confirmed the antimicrobial bag needed to be dated with the date it was placed in order for it to be properly replaced.</p> <p>A review of facility's policy and procedure (P&amp;P) titled, Catheter Care, Urinary, dated August 2022, indicated, The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections .Be sure the catheter tubing and drainage bag are kept off the floor .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. A review of Resident 14's admission record indicated admission to the facility in 2013 with diagnoses which included chronic respiratory failure (a long-term condition that makes it difficult to breathe because the lungs can't exchange gases properly) and tracheostomy (an opening in the neck to provide an airway and remove secretions from the lungs) use. A review of a Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 9/25/24 indicated Resident 14 was receiving tracheostomy care.</p> <p>A review of Resident 14's medical records indicated the following:</p> <p>-An OSR indicated orders for tracheostomy care which included weekly respiratory equipment (Tracheostomy mask, corrugated tubing, oxygen line, HHN [handheld nebulizer], NEB [Nebulizer] T Adapter and oxygen adapter) to be changed every Friday.</p> <p>-A respiratory care plan initiated 4/1/24 indicated, Resident is at risk for complications with respiratory system .Administer medications as ordered .Trach [tracheostomy] management.</p> <p>A review of Resident 59's admission record indicated admission tot he facility in June 2023 with diagnoses which included chronic respiratory failure and tracheostomy use. A review of an MDS dated [DATE] indicated Resident 59 was receiving tracheostomy care.</p> <p>A review of Resident 59's respiratory care plan initiated on 3/29/24 indicated, Resident is at risk for complications with the respiratory system .[intervention] Trach management .</p> <p>During a concurrent observation and interview on 10/17/24 at 4:09 p.m. with the Respiratory Therapist (RT) at Resident 14's bedside, Resident 14's CAM equipment was observed. The RT confirmed Resident 14's tracheostomy mask and corrugated tubing were not labeled with the date they were replaced.</p> <p>During a concurrent observation and interview on 10/17/24 at 4:15 p.m. with the RT at Resident 59's bedside, Resident 59's CAM equipment was observed. The RT confirmed Resident 59's humidifier bottle was not labeled with the date it was replaced. The RT stated he expected individually removable parts of the CAM system (including tracheostomy mask, corrugated tubing, and humidifier bottle) to be labeled with the date they were replaced.</p> <p>During a concurrent observation and interview on 10/17/24 commencing at 5:09 p.m., the Director Of Nursing (DON) walked over to the subacute nursing station and pointed to the posted note with the CAM equipment weekly change schedule. The DON stated she expected all listed parts to be labeled with a replacement date which included the CAM tubing [corrugated tubing], pressure line, tee adapter, drain bag, and trach mask. The DON also added humidifiers should also be dated and changed at least weekly.</p> <p>A review of facility's P&amp;P V.A.P. Ventilator Associated Pneumonia [PNA, an infection/inflammation in the lungs], undated, indicated, [NAME] prevention strategies . Remove condensate from ventilator circuits or aerosols .Change ventilator circuits only when malfunctioning, visibly soiled, or per equipment change schedule .</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>46242</p> <p>Based on observation and interview, the facility failed to maintain the reach-in meat freezer in safe operating condition when door seals were observed with tears/cracks, and the top of the freezer had ice buildup on the inside.</p> <p>This failure decreased the facility's potential to ensure food safety and quality for 62 residents who ate facility prepared meals.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/18/24 at 10:37 a.m. with the Registered Dietitian (RD) in the kitchen, the reach-in meat freezer was observed with two cracks on door seals (under 1/2 inch in length) and ice build-up hung near the fan at the top of the freezer. The RD confirmed observations.</p> <p>A review of the facility provided freezer installation and operations manual, undated, indicated, The door gaskets should be cleaned in place with a mild soap solution to extend their life.</p> <p>A review of the United States Food and Drug (FDA) Food Code 2022 indicated, EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2 EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>The FDA Food Code 2022 further indicated, Proper maintenance of equipment to manufacturer specifications helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable of properly cooling or holding time/temperature control for safety foods at safe temperatures.</p>