STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056073	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacramento Post-Acute	5255 Hemlock Street Sacramento, CA 95841

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety when:Several kitchenware found not in sanitary manners and stored away in the clean and ready-to-use storage areas;The arrangement of the raw meat stored in the walk-in refrigerator were not in a food safety manner;The ice machine was not clean; andOne microwave designated for residents' food was not clean and not well maintained.These failures had the potential to result in food contamination which could cause illness for 71 medically [NAME] residents who received food prepared from the facility kitchen. The census was 89.Findings:1. During the kitchen observations on 2/17/26 at 9:03 a.m. and 9:06 a.m., the following items found issues and stored in the clean and ready-to-use storage areas:Two full sheet metal pans stacked wetTwo half sheet metal pans stacked wetFive quarter (1/4) sheet metal pans stacked wetOne muffin baking pan with brown substancesA concurrent interview with Dietary Manager (DM), DM confirmed and stated the sheet pans were wet and should be air-dried before stored away to prevent the moisture to promote bacteria growth. DM confirmed and stated the brown substances on the muffin baking pan were food crumbs and stated they should be clean before stored away. DM stated the dietary staff who put away the sheet pans and dishes should check them before they were stored away. A review of the facility P&P titled, Dishwashing, dated 2023, indicated, . 1. Gross food particles shall be removed by careful scraping and pre-rinsing in running water, 5. Dishes are to be air dried in racks before stacking and storing.A review of the facility P&P titled, Sanitation, dated 2023, indicated, .All utensils.equipment shall be kept clean.2. During an observation in the walk-in refrigerator on 2/17/26 at 9:08 a.m., it was noted there were several containers and pans of thawing raw meat stored at the same level on the bottom level of the storage rack, including: a container of raw bacon, a container of raw chicken, a container of raw pork, a container of raw ground beef. In addition, there were a pan of raw sausage patties and a pan of raw bacon stacked together and placed on top of all containers of the raw meat.A concurrent review of the undated poster posted on the refrigerator titled, Proper Food Storage in Refrigerators and Freezers, showed there were five levels of storage as followed:First level (Top Level): produce, cooked and ready-to-eat foodsSecond level: Fish, eggs, (cook temperature of 145 degrees Fahrenheit [F])Third level: raw beef, raw pork (cook temperature of 145 degrees F)Fourth level: raw ground meats (i.e. hamburger, sausage) (cook temperature of 155 degrees F)Fifth level (bottom level): raw poultry (chicken, turkey, duck) (cook temperature of 165 degrees F)A concurrent interview with the Registered Dietitian (RD) and the DM, they confirmed and stated the arrangement of the raw meat stored in the refrigerator was not correct and they needed to be rearranged properly.According to 2022 Food and Drug Administration (FDA) Food Code, Annex 5, indicated, .food storage areas for proper storage, separation, segregation, and protection form contamination.raw animal foods should be separated by cooking temperatures such that food requiring a higher cooking temperature, like chicken, should be stored below or away from foods requiring a lower temperature, like pork and beef.3. A concurrent observation of the ice machine and interview of the Maintenance Director (MD) was conducted on 2/17/26 at 10:41 a.m. The MD (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	stated he was responsible for the cleaning and sanitizing of ice machine monthly and the last cleaning and sanitizing was completed on 2/1/26. The MD dissembled the top (machinery) part of the ice machine; it was noted there were white powdery substances on the water curtain (a plastic cover rest on the ice making panel to redirect the ice to the ice storage bin) and the substances could not be removed when wiping the paper towel. The MD confirmed and stated the white substances were calcium deposit and hard to remove. Then it was noted there were significant black substances found on the bottom of the evaporator unit (a unit where to make ice). The black substances were able to remove by wiping the paper towel and were rough to touch. The MD confirmed the findings and agreed the ice machine was not clean. the MD stated he usually used brushes to clean the rims of the ice making panel and the bottom of the evaporator during the monthly cleaning and sanitizing. He stated he might not be cleaning and scrubbing enough. The MD stated he was aware of the bottom surface of the evaporator was rough because of the calcium buildup. He further stated the rough surface would easily hold the dirt and bacteria. MS stated there was no water filter installed for the ice machine.During an interview with the RD on 2/19/26 at 11:16 a.m., the RD stated the ice was food and the ice machine should be clean and well maintained.A review of [Manufacturer's Name] Ice Machine Installation, Operation and Maintenance Manual, dated 11/18, indicated, .If the ice machine requires more frequent cleaning and sanitizing, consult a qualified service company to test the water quality and recommend appropriate water treatment. In addition, during cleaning with cleaner solution, .use a nylon brush or cloth to thoroughly clean the following ice machine areas: side walls, base (area above the water trough), evaporator plastic parts - including top, bottom and sides, and bin or dispenser. During sanitizing with sanitizer solution, .use a spray bottle to liberally apply the solution. When sanitizing, pay particular attention to the following areas: side walls, base (area above the water trough), evaporator plastic parts - including top, bottom and sides, and bin or dispenser.According to 2022 FDA (Food and Drug Administration) Food Code, on section 4-602.11 Equipment Food-Contact Surface and Utensils, it stated equipment like ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms (a living thing that is so small it must be viewed with a microscope, such as bacteria or algae).In addition, on Section 4-202.11 Food-Contact Surfaces, it stated, .The purpose of the requirements for multiuse food-contact surfaces is to ensure that such surfaces are capable of being easily cleaned and accessible for cleaning. Food-contact surfaces that do not meet these requirements provide a potential harbor for foodborne pathogenic organisms. Surfaces which have imperfections such as cracks, chips, or pits allow microorganisms to attach and form biofilms. Once established, these biofilms can release pathogens to food. Biofilms are highly resistant to cleaning and sanitizing efforts. and .Multiuse Food-Contact Surfaces shall be: 1. Smooth; 2. Free of breaks, open seams, cracks, chips, inclusions, pits.4. During an observation of the microwave designated for residents' food located in the utility room at the subacute station on 2/17/26 at 1:40 p.m., it was noted the interior of the microwave had orange and red splashes on the top and there was interior metal coating lining chipping off.During an interview with the MD on 2/17/26 at 1:50 p.m., the MD confirmed and agreed the microwave was not clean. He stated the janitor was scheduled to clean the microwave twice a day and the nurses would clean it as needed if splashes or spills occurred.During a follow-up interview with the MD on 2/18/26 at 8:01 a.m., the MD stated and agreed the interior lining material of the microwave was chipping. He further stated the microwave needed to be replaced.A review of facility policy and procedures titled, Sanitization, dated 2001, indicated, All utensils.equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow infection control and prevention practices for a census of 89. when:Two certified nursing assistants (CNAs) did not follow the Enhanced Barrier Precautions (EBP-infection control measures that require staff to wear gowns and gloves during high-contact care, such as dressing, transferring, or changing linen) required during resident's care;Five packs of adult briefs and three elongated packs of vinyl plank flooring covered with whitish-to-brownish substances were inside the dusty floor of the linen storage room [ROOM NUMBER]; A resident's indwelling urinary catheter (IUC, flexible tube inserted through the urethra into the bladder to continually drain urine into an external collection bag) urine drainage bag was sagging and touching the floor; and, Two residents' respiratory equipment were touching the floor. These failures had the potential to increase the risks of cross-contamination, airborne contaminants, and spread infectious diseases to a vulnerable population Findings: 1.a. During an observation on 2/17/26 at 2:09 p.m. in room [ROOM NUMBER], room [ROOM NUMBER]A had a purple dot stuck to his name (means the resident is on precautions) and an EBP signage which required complete Personal Protective Equipment (PPE-clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) must be worn during resident's high contact care which included transferring. CNA 4 transferred Resident 3A from his bed to his wheelchair and did not wear the complete EBP-PPE required. During a concurrent observation and interview on 2/17/26 at 2:09 p.m., CNA 4 confirmed he did not use the EBP-PPE required when he transferred Resident 3A from his bed to his wheelchair. CNA 4 stated he should have followed the EBP-PPE to prevent the spread of infection from one resident to another. 1.b. During another observation on 2/18/26 at 10:30 a.m. in room [ROOM NUMBER], room [ROOM NUMBER]A had a purple dot stuck to his name and an EBP signage. which required complete PPE must be worn during high contact care which included changing soiled linens. CNA 3 changed the soiled pillowcases, bed sheets and cover sheets and did not wear the required EBP-PPE. During a concurrent observation and interview on 2/18/26 at 10:30 a.m., CNA 3 confirmed she removed the soiled linens in room [ROOM NUMBER]A and did not wear the required EBP-PPE. CNA 3 stated she should have been more careful and followed the required PPE when changing soiled linens, but she did not. During an interview on 2/18/26 at 4:29 p.m. with the Infection Prevention Nurse (IPN), the IPN stated she expected the staff to follow the PPE requirements with residents on EBP. The IPN stated not following the EBP- PPE as required could lead to increase spread of infections and staff contamination. 2. During an observation on 2/18/26 at 1:20 p.m., the following were found inside the linen storage #2: (1) Six big packs of adult brief stored on the floor, and (2) three elongated packages of vinyl plank flooring materials covered with whitish to creamy-like substances were found in the dusty floor. During a concurrent observation and interview on 2/18/26 at 1:20 p.m. with the Director of Nursing (DON), the DON confirmed the findings inside the linen storage area #2. The DON stated the adult brief should be stored off the floor and the three packs of vinyl plank flooring materials should not be (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	stored in the linen storage area #2. The DON also stated the floor of the linen storage should be kept clean to prevent environmental contaminants which could cause musty odor, molds and pests. The DON stated nothing else should be stored in the linen storage area except clean and organized linens. 3. During an observation on 2/20/26 at 8:36 a.m., one resident from room [ROOM NUMBER]B had his urine drainage bag sagged with urine and was touching the floor while the resident wheeled himself out of his room down to the hallway going to the front door. During a concurrent observation and interview on 2/20/26 at 8:36 a.m., with the Assistant Director of Nursing (ADON), the ADON confirmed the findings for the resident wheeling out of his room with the urine bag on the floor. The ADON stated the resident on IUC should have been checked if the urine bag was emptied before allowing the resident to wheel himself out of his room. The ADON emptied the catheter urine bag and confirmed the content of the bag measured 300 milliliters of urine. The ADON stated the urinary bag must never touch the floor. The ADON stated the dirty floors harbor pathogens which could contaminate the urinary bags, and the contaminated bags could spread to other surfaces including the resident's bed. During an interview on 2/20/26 at 11:45 a.m., with the Director of Nursing (DON, the DON stated, urinary bags must never touch the floor for infection control. A review of the facility's infection prevention signages posted by the residents' doors, the EBP – PPE indicated: providers and staff must wear gloves and gown for the following high contact resident care activity such as.transferring.changing linens . During a review of the facility's policy and procedure (P&P) titled, ENHANCED BARRIER PRECAUTIONS, dated 12/24, the EBP indicated, Enhanced barrier precautions are utilized to prevent the spread of multi-drug resistant organisms (MDROs- bacteria or other germs that have developed resistance to multiple, or all, types of commonly used antibiotics or antifungal medications. These superbugs are difficult to treat, often spreading rapidly in healthcare settings, and can cause serious infections like pneumonia, bloodstream infections, or wound infections) to residents . 4. During an observation on 2/17/26 at 9:06 a.m. in room [ROOM NUMBER] B and room [ROOM NUMBER] B room, room [ROOM NUMBER] B and 27 B residents received tracheostomy humidification equipment (THE, respiratory equipment that provides moisturized air to the lungs through Tracheostomy Corrugated Tubing Collection System [TCT, an aerosol drainage bag attached to the plastic breathing tube of a patient with a tracheostomy] to keep lung secretions thin and avoid mucus plugs. room [ROOM NUMBER] B and 27 B TCT was found on the floor. During a concurrent observation and interview on 2/18/26 at 2:15 p.m. with the Respiratory Therapy Supervisor (RTS) in room [ROOM NUMBER] B, the RTS confirmed that the TCT was touching the dirty floor. During an interview on 02/18/26 at 4:40 p.m. with the IPN, the IPN indicated it was not the expectation for TCT to touch the floor and stated the TCT on the floor could have the possibility to harbor dirty organisms that could be transferred to the residents. During an interview on 2/19/26 at 9:01 a.m. with LN 9, LN 9 stated she expected TCT to be hung to avoid germs and patient illness. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/20/26 at 10:40 a.m. with the DON, the DON stated she expected the TCT not to be on the floor and that it was an infection control issue and could be stepped on. During a review of the facility's P&P titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 2022, Semi-critical items consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment.). Such devices should be free from all microorganisms although small numbers of bacterial spores are permissible .

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to ensure the medication error rate was below 5% for two of 23 sampled residents (Resident 76 and Resident 11) when:1. Licensed Nurse (LN) 5 applied a medication patch not in accordance with the Physician's Orders (POs) for Resident 76;2. A medication was not available for timely administration for Resident 76 by LN 5; and3.LN 5 administered the wrong dose of a medication to Resident 11. These failures resulted to three errors identified out of 29 opportunities for error during the observation of medication administration with the facility's medication error rate of 10.34%.Findings:1. During a medication administration observation on 2/17/26 at 7:57 a.m., LN 5 applied a lidocaine transdermal patch (a patch that delivers painˆrelieving medication through the skin) 5% to Resident 76's left knee.During a reconciliation of Resident 76's POs on 2/17/26 at 1 p.m., the PO indicated: Lidocaine External Patch 5% apply to the right knee once daily for knee pain and remove as scheduled.During a review of Resident 76's Medication Administration Record (MAR) on 2/17/26, the MAR indicated the transdermal patch was applied to Resident 76's left knee.During an interview on 2/17/26 at 1:20 p.m. with LN 5, LN 5 confirmed that the PO required the lidocaine patch to be applied to Resident 76's right knee, not the left knee. LN 5 stated that she should have contacted the physician to update the order.During an interview on 2/19/26 at 1:03 p.m. with the Director of Nursing (DON), the DON stated that licensed nurses were expected to follow physician orders.2. During an observation of medication administration on 2/17/26 at 7:57 a.m., LN 5 prepared and administered Resident 76's medications, which did not include losartan (a medication used to treat high blood pressure).During a reconciliation of Resident 76's PO on 2/17/26 at 1 p.m., dated 3/24/25, the PO indicated: Losartan Oral Tablet 25 mg. Give 25 mg by mouth one time a day for HTN (hypertension-high blood pressure).A review of Resident 76's MAR dated 2/17/26 indicated the resident did not receive his scheduled dose of losartan on 2/17/26.During an interview on 2/17/26 at 8:07 a.m. with LN 5, LN 5 stated that Resident 76's losartan was not available for administration.During an interview on 2/19/26 at 1:03 p.m., the DON stated that LNs were expected to follow physician orders and ensure all medications were available during medication administration.3. During an observation of medication administration on 2/18/26 at 9:38 a.m., LN 5 administered one tablet of Vitamin D (cholecalciferol, a medication used to prevent and treat Vitamin D deficiency) 10 mcg (microgram, a unit of weight) to Resident 11.During a reconciliation of Resident 11's current POs, dated 8/27/25, the PO indicated: Cholecalciferol Tablet [Vitamin Dˆ3] 1000 UNIT [1000 unit = 25 mcg] Give one tablet by mouth one time a day for supplement.During an interview on 2/18/26 at 10:28 a.m. with LN 5, LN 5 stated that two and a half tablets of Vitamin Dˆ3 should have been administered to Resident 11 in accordance with the PO to ensure the correct dosage. LN 5 further stated that administering too little or too much could cause adverse symptoms in the resident.During an interview on 2/19/26 at 1:03 p.m. with the DON, the DON stated that licensed nurses were expected to follow PO.During a review of the facility's policies & procedures (P&P) titled Medication Administration, dated 4/2023, the P&P indicated: Medications are administered in a safe and timely manner, and as prescribed. The P&P further stated: Policy Interpretation and Implementation. 10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure that prescription medications were labeled and that expired medications were not available for a census of 89, when:1. Multiple unlabeled prescription medications were found in the medication room and the treatment cart; and2. Expired wound dressings containing silver were found inside the treatment cart. These failures had the potential to compromise resident safety by increasing the risk of medication errors and the use of ineffective medications.Findings: 1. During an inspection on 2/17/26 at 8:55 a.m. in one out of two medication rooms with Licensed Nurse 7 (LN 7), the following meds were observed stored among other active medications without a resident specific pharmacy label:a. Lidocaine Injection (medication used to treat swelling, bruising, or pain at the injection site) 200mg/20 mL (milliliters, a unit of volume);b. Triamcinolone acetonide (medication used to reduce inflammation, swelling, itching, and redness) 200mg/5mL injectable suspension; andc. Folic acid (vitamin B9, primarily treats and prevents folate deficiency anemia by helping the body produce healthy red blood cells) 1 mg, a prescription box (100 tablet size).During an interview on 2/17/26 at 8:55 a.m. with LN 7, LN 7 stated all the medications were missing the residents' labels. During an interview on 2/17/26, at 9:06 a.m. with the Director of Nursing (DON), the DON indicated that prescription medications must have a label from the pharmacy including the resident's name. The DON further explained that without the resident's name, it was impossible to identify the owner of the medication, and therefore, it should be discarded.During an inspection on 2/17/26 at 2:15 p.m. of the skilled treatment cart with LN 6, the following prescription tubes had missing resident-specific labels: a. Nystatin (antifungal medication used to treat yeast infections of the skin) ointment 100,000U (units, unit of measure), a 30 g (gram, unit of measure) tube;b. Triamcinolone acetonide (used to relieve skin inflammation, itching, redness, and swelling) cream 0.5% (percentage, unit of measure), a 15 g tube;c. Collagenase Santyl (used to remove dead tissue) ointment 250 u, two 30 g tubes; andd. Mupirocin (used to treat bacterial skin infections) ointment 2%, a 22 g tube.During an interview on 2/17/26 at 2:15 p.m. with LN 6, LN 6 stated that the ointments needed to be discarded when the resident was discharged or sent home with the resident if orders were still active. During an interview on 2/19/26 at 1:03 p.m. with the DON, the DON stated that prescription medications should have a pharmacy label with the resident's name and that LNs were expected to remove and discard expired medications/products from the treatment carts.During a review of the facility's policy and procedure (P&P) titled, Medication Labeling and Storage, dated 2/23, the P&P indicated, Medication labeling.2. The medication label includes, at a minimum: a. medication name (generic and/or brand); b. prescribed dose; c. strength; d. expiration date, when applicable; e. resident's name; f. route of administration; and g. appropriate instructions and precautions. The P&P further indicated, Medication Labeling.8. If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items.2. During an inspection on 2/17/26 at 2:15 p.m. of the skilled treatment cart with LN 6, four expired pieces of Advanced Antimicrobial Ag (Silver) Advantage dressing for wound care were observed stored among other active medications.During an interview on 2/17/26, at 2:15 p.m. with LN 6, LN 6 confirmed that four pieces of Advanced Antimicrobial Ag (Silver) Advantage dressing had expired on 1/1/26. LN 6 mentioned that the wound dressings should have been discarded and removed from the treatment cart. LN 6 further stated that using an expired dressing might be less effective for wound healing.During an interview on 2/19/26 at 1:03 p.m. with the DON, the DON stated that prescription medications should have a pharmacy label with the resident's name and that LN was expected to remove and discard expired medications/products from the treatment carts.During a review of the facility's P&P titled, Medication Storage in the Facility dated 2/23, the P&P indicated, Medication Storage.3. If the facility has discontinued, outdated, or (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed to provide a clean environment for the residents and visitors for a census of 89, when one of one garbage dumpster, located outside the facility, was not closed securely with the dumpster lid.This failure had the potential for an unsafe environment for the residents and visitors due to possible pest infestation and spread diseases in the facility.Findings:During an observation of the dumpster area outside the kitchen on 2/17/26 at 7:59 a.m., noted one of one garbage bin was not securely covered by the lid.During an interview with the Dietary Manager (DM) on 2/17/26 at 8:44 a.m., the DM confirmed and stated the garbage bin should be closed securely to prevent pest and rodent infestation. DM stated the maintenance department usually checked the garbage bin and surrounding area every morning and afternoon.During a second observation of the dumpster area outside the kitchen on 2/17/26 at 4:00 p.m., noted the same garbage bin was not securely covered by the lid and observed there were bags of trash inside the garbage bin.During an interview with the Maintenance Director (MD) on 2/18/26 at 8:01 a.m., the MD stated the maintenance department was responsible for monitoring the dumpster area. He stated the garbage bin needed to be closed with the lid.A review of facility policy and procedure titled, Sanitization, dated 2001, indicated, 14. Garbage and refuse containers.waste is properly contained in dumpsters/compactors with lids.According to the 2022 Federal Food and Drug Administration (FDA) Food Code, Section 5-501.15 Outside Receptacle, (A) Receptacles and waste handling units for refuse.used with materials containing food residue and used outside the food establishment shall be designed and constructed to have tight-fitting lids, doors, or covers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056073	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacramento Post-Acute	5255 Hemlock Street Sacramento, CA 95841

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to develop a comprehensive person-centered care plan for one of 23 sampled residents (Resident 38), when Resident 38's Bowel and Bladder Toileting Program (B&BTP) was not implemented with focused measurable objectives. This failure had the potential to negatively impact Resident 38's quality of life, and the care and services received.A review of Resident 38's admission Record indicated Resident 38 was admitted to the facility in early 2026, as his own responsible party, with a diagnosis of benign prostatic hyperplasia (BPH, prostate enlargement which causes bladder dysfunction occurring in men), and a stool incontinence. A review of Resident 38's Order Summary Report, indicated physician orders on 1/27/26 for a urinary catheter (a hollow tube inserted into the bladder to drain or collect urine); and on 1/30/26 for a [B&BTP], with no end date. A review of Resident 38's Care Plan Report, initiated 1/27/26, indicated there was no care plan focus, goal, or intervention for the B&BTP. During an interview on 2/17/26 at 9:45 a.m., with Resident 38, Resident 38 stated when in the gym for exercises, felt embarrassed with his stool incontinence, and had not fully participated due to the urinary catheter bag and tubing. Resident 38 stated frustration with staff's lack of communication and concern related to his B&B care. During a concurrent interview and record review on 2/19/26 at 10:25 a.m. with Licensed Nurse 3 (LN 3), LN 3 confirmed there was no care plan focus for a B&BTP for Resident 38. LN 3 stated a care plan was important to monitor progress, for re-evaluation, and for quality of care. During a concurrent interview and record review on 2/20/26 at 10:15 a.m., with the Director of Nursing (DON), the DON confirmed there was no care plan focus for a B&BTP for Resident 38. The DON stated her expectations were for staff to carry out the physician's orders, provide communication, and to develop the care plan. The DON stated these procedures were important to meet the needs and rights of the residents. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised 2/2021, the P&P indicated, .be informed of, and participate in, his.care planning and treatment. During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, the P&P indicated, .is consistent with the resident's rights to participate.reflects problem areas and conditions.Assessments.are ongoing and care plans are revised.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to ensure that one of the 23 sampled residents (Resident 76) received treatment and care in accordance with professional standards of practice, when Licensed Nurse 5 (LN 5) did not notify the physician about the unavailability of Resident 76's blood pressure medication.This failure prevented the physician from providing alternative orders and placed the resident at risk for uncontrolled blood pressure, which had the potential to cause stroke or other adverse effects such as headaches, dizziness, and fatigue.Findings:A review of Resident 76's admission record indicated that Resident 76 was admitted to the facility in 2/2025 with diagnoses which included stroke and high blood pressure.During a medication pass observation and interview on 2/17/26 at 7:57 a.m. with LN 5, LN 5 stated that Resident 76's losartan (a medication used to lower blood pressure) was not available to administer.A review on 2/17/26 at 1 p.m. of the reconciliation of the Physician's Orders for Resident 76's medications dated 3/24/25, indicated: Losartan Potassium Oral Tablet 25 mg. Give 25 mg by mouth one time a day for HTN (hypertension-high blood pressure).A review of Resident 76's Medication Administration Record (MAR) dated 2/17/26 indicated Resident 76 did not receive his scheduled dose of losartan on 2/17/26.During an interview on 2/19/26 at 12:15 p.m. with the Medical Doctor (DR), the DR stated the LN never notified her about the missed losartan dose and that she expected nurses to inform her if a medication was unavailable so she could determine whether alternative orders were needed.During an interview on 2/19/26 at 1:03 p.m. with the Director of Nursing (DON), the DON stated that nurses were expected to inform the physician if a medication was not available so the physician could decide whether to administer the medication upon its arrival or adjust the administration time accordingly.A review of the facility's Policies and Procedures (P&P) titled Medication Administration, dated 3/2023, indicated: Medications are administered in a safe and timely manner, and as prescribed.A review of the facility˜provided P&Ps indicated that they did not include guidance for nursing staff to follow when a medication was unavailable, such as steps for timely physician notification or actions to ensure continuity of care.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to provide treatment and services to maintain or improve his or her ability to carry out the activities of daily living for one of 23 sampled residents (Resident 61), when the eye patch (specialized, often concave, devices used to cover, protect, or treat an eye abnormality) was not worn during lunch time as ordered by the physician. This failure had the potential to result in the decline of Resident 61's functional independence during meals. Findings:During a review of Resident 61's admission Record (AR) dated 6/9/14, the AR indicated, he had diagnoses which included ptosis (droopy eye caused by weak eye muscles which may block vision) of left eyelid, glaucoma (a common eye disease that causes slow and silent vision loss), and left facial droop.During a review of Resident 61's Physicians Order (PO) dated 11/24/25, the PO indicated, Restorative Nursing Assistant [RNA, specialized training in restorative care] for dining program: Patient to wear eye patch on his left eye during lunch time or as tolerated.During a review of Resident 61's Care Plan (CP) dated 2/19/26 titled, At risk of decline in self-feeding task d/t [due to] incoordination. Goal: to improve self-feed with use of eye patch d/t incoordination .Intervention: Patient to wear eye patch to left eye during lunch time or as tolerated.During a dining observation on 2/17/26 at 12:37 p.m., Resident 61's lunch was served, his hands had tremors, spilled a lot of his food, and no eye patch was applied to his Left eye.During a concurrent observation and interview on 2/17/26 at 12:37 p.m., with the RNA/Certified Nurse Assistant 2 (RNA/CNA 2), RNA/CNA 2 confirmed Resident 61 did not wear the eye patch to his left eye.During an interview on 2/17/26 at 2:36 p.m., Resident 61 stated the eye patch was not applied when he ate his lunch. Resident 61 stated he did not know where the eye patch was.During a concurrent observation and interview on 2/18/26 at 1:31 p.m. with CNA 1, CNA 1 confirmed Resident 61 ate his lunch without the eye patch.During a concurrent interview and record review on 2/18/26 at 1:40 p.m. with the Assistant Director of Nursing (ADON), Resident 61's clinical record was reviewed. The ADON confirmed Resident 61 had an order to use the eye patch when in dining as tolerated. The ADON stated the eye patch should be applied to manage Resident 61's double vision and to strengthen his weaker eye. The ADON confirmed that by not using the eye patch as ordered, Resident 61's functional eyesight could deteriorate more.During a concurrent interview and record review on 2/19/26 at 1:28 p.m., with the Occupational Therapist (OT), Resident 61's clinical record was reviewed. The OT confirmed the eye patch was used to help Resident 61's double vision. The OT stated the use of the eye patch would strengthen Resident 61's focus during mealtime and less food spillage. During an interview on 1/20/26 at 11:30 a.m. with the Director of Nursing (DON), the DON stated, she expected the staff to follow the PO.During a review of the facility's Policy and Procedure (P&P), titled, ASSISTIVE DEVICES AND EQUIPMENT, dated 2/21, the P&P indicated, Facility maintains and supervises the use of assistive devices and equipment for residents. 1. Certain devices and equipment that assist with resident mobility, safety and independence are provided .During a review of the facility's P&P titled, Activities of Daily Living (ADL), Supporting, dated 3/18, the P&P indicated, Residents will be provided with care, treatment services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide quality care and dignity to maintain good grooming for one of 23 sampled Residents (Resident 65), when Resident 65 had sweaty smell and scattered white flakes on his scalp, strands of his hair, ears, face and neck. This failure resulted to Resident 65's with unkempt appearance and not attaining his highest practicable physical, mental and psychological well-being.Findings:During a review of Resident 65's admission Record (AR) dated 3/5/21, the AR indicated, Resident 65 was admitted with diagnoses which included traumatic brain injury (TBI, a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head) and abnormal posture.During a review of Resident 65's Physician's Order (PO) dated 10/8/24, the PO indicated, Resident 65 cannot understand rights and responsibilities and/or able to participate in treatment plan.During a review of Resident 65's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 12/6/25, the MDS indicated, Resident 65 required moderate assistance with personal hygiene.During an observation on 2/17/26 at 10:02 a.m. and on 2/19/26 at 8:03 a.m., Resident 65 laid in bed, appeared stiff, his scalp, hair strands, ear, neck and face smelled sweaty and white flakes were scattered over his scalp, hair strands, ear, neck and face.During a concurrent observation, interview, and record review on 2/19/26 at 9:37 a.m., with Licensed Nurse 1 (LN 1), LN 1 inspected the head, face, ear, neck, hair stands and scalp of Resident 65. LN 1 confirmed the sweaty smell and the scattered flakes around Resident 65's face, scalp, hair strands, ear and neck. LN 1 confirmed there was no documented evidence Resident 65's sweaty and flaky condition was reported to the physician. LN 1 stated Resident 65 should be clean, smell free and flake free.During an interview on 2/20/26 at 11:45 a.m. with the Director of Nursing (DON), the DON stated, Residents should be clean, smell and flake free. The DON stated that the sweaty smell and flaky condition should have been reported to the MD for proper treatment.During a review of the facility's policy and procedure (P&P), titled, ACTIVITIES OF DAILY LIVING (ADL), SUPPORTING, dated 3/18, the P&P indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to ensure safe and quality care services were provided for two of twenty-three sampled residents (Resident 67 and Resident 1) when:Resident 67 indwelling urinary catheter (IUC, a flexible tube inserted into the bladder to continuously drain urine, typically used when a patient cannot urinate on their own) smelled foul odor of urine and the tubing had creamy-white-brownish encrustation (forms when minerals and other debris accumulate inside the catheter or drainage bag) The physician was not notified of creamy-white encrustation in Resident 1's IUC. These failures had the potential for Resident 67 and Resident 1 to develop complications including blockage of urine flow, urine leakage, bladder pain, and recurrent urinary tract infections (UTIs). Findings: During a review of Resident 67's admission Record (AR), the AR indicated Resident 67 was admitted with diagnoses which included urine retention, neuropathic bladder (nerve damage causing loss of bladder control) and benign prostatic hyperplasia (BPH, enlargement of the prostate). During a review of Resident 67's Physicians' Order (PO), dated 9/3/24, the PO indicated, Indwelling Urinary Catheter Irrigate with 100 milliliters (ml, unit of measurement) of normal saline as needed (clogging) and notify MD [physician] as needed. During a review of Resident 67's Care Plan (CP), dated 7/11/25, the CP indicated, [Resident 67] has IUC related to Diagnoses of Flaccid (hanging loosely) neuropathic bladder, BPH and retention of Urine. The CP interventions indicated, .provide catheter care every shift, and monitor and report to MD for signs and symptoms of urinary tract infection: including pain, burning, blood-tinged urine, cloudiness, no output, foul smelling of urine . During a concurrent observation and interview on 2/17/26 at 1:46 p.m., Resident 67 had a foul-smelling urine, and the IUC tubing had creamy-white-brownish encrustation. Resident 67 stated, It hurts when I pee [urinate]. During a concurrent observation, interview, and record review on 2/19/26 at 9:49 a.m. with Licensed Nurse 1 (LN 1), Resident 67's clinical record was reviewed. LN 1 confirmed the findings that Resident 67's had foul smelling urine and the IUC tubing had creamy-white-brownish encrustation. LN 1 also confirmed the IUC tubing was last flushed on 6/7/25 and had not been flushed since then. LN 1 confirmed there was no documented evidence that indicated the IUC tubing was regularly flushed. LN 1 stated it was important to regularly flush and care for the IUC tubing to prevent infection and also of patients' rights. LN 1 stated she did not like to see that kind of IUC tubing encrustation and the foul-smelling urine connected to her or to her loved ones. During an interview on 1/20/26 at 11:30 a.m. with the Director of Nursing (DON), the DON confirmed the IUC tubing with creamy-white-brownish encrustation should be changed to prevent infection. During a review of the facility's policy and procedures (P&P) titled, CATHETER CARE, URINARY, dated 8/22, the P&P indicated, The purpose of the procedure is to prevent urinary- catheter associated complications, including urinary tract infection . Changing catheters #3: Residents who form encrustations that can quickly lead to obstruction need more frequent catheter changes (i.e. weekly or twice weekly) at intervals specific to the individual resident. The catheter should be changed before blockage is likely to occur. (continued on next page)

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	056073	A. Building B. Wing	02/20/2026

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During a review of Resident 1's AR, the AR indicated Resident 1 was admitted in late 2025 with diagnoses which included bladder dysfunction, and infection due to indwelling urethral catheter. During a review of Resident 1's PO, dated 2/20/26, the PO indicated Indwelling Urinary Catheter: Irrigate with 100 ml of normal saline PRN [as needed] (Clogging) and notify MD as needed. During a review of Resident 1's CP, the CP indicated, Notify physician of signs and symptoms of UTI such as. sedimentation [encrustation]. During a concurrent observation and interview on 2/20/26 at 8:44 a.m. in Resident 1's room, LN 2 confirmed the findings that Resident 1's IUC drainage bag contained urine with visible creamy-white sediment present within the tubing and collection chamber and stated Resident 1's IUC was expected to have yellowish urine with no sediments. and that the physician should be notified to rule out an infection. During a concurrent interview and record review on 2/20/26 at 8:45 a.m. with LN 2, LN 2 Resident 1's clinical record was reviewed. LN 2 confirmed there was no documented evidence that Resident 1's IUC contained encrustation and that the MD was notified. During an interview on 2/20/26 at 8:59 a.m. with LN 3, LN 3 stated, it was expected that staff should check the IUC for color and sediment and if found to notify the physician to avoid pain and sepsis (a widespread infection of the blood). During an interview on 2/20/26 at 9:38 a.m. with the IPN, the IPN stated she expected the staff to identify cloudy, sediment, and foul smelly urine as a possible UTI and report the findings to the charge nurse, IPN, and the physician to rule out a possible infection. During an interview on 2/20/26 at 10:52 a.m., with the DON, the DON stated she expected staff to carry out orders and follow care plans to meet the needs of the patients. During a review of the facility's P&P titled, CATHETER CARE, URINARY, dated 8/22, the P&P indicated, Complication: 1. Observe the resident for complications associated with urinary catheters. Report unusual findings to the physician or supervisor immediately: .b. if urine has an unusual appearance . Documentation: The following information should be recorded in the resident's medical record.4. Character of urine such as color. clarity (.solid particles).

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview and record review, the facility failed to ensure the Mince and Moist level 5 (MM5) texture (the food texture is designed for residents who experience biting, chewing, or swallowing limitations. All food must be soft, moist and minced to size [no larger than 4 millimeters (mm) x 15 mm]. The food item size and texture must pass testing requirements, fork test and spoon tilt test) food items prepared properly for one of 23 sampled residents (Resident 9). This deficient practice had the potential to increase risk for Resident 9 with swallowing and chewing difficulties to choke and/or aspirate (a condition in which food, liquids, saliva, or vomit is breathed into the airway).Findings:According to Academy of Nutrition and Dietetics (AND, the organization of food and nutrition professionals, and is a leading source for credible, science-based information on nutrition and health), IDDSI (International Dysphagia Diet Standardization Initiative) diets was recognized to be the only texture-modified diet beginning in October 2021.According to IDDSI, MM5 texture food should be soft and moist. Minced and Moist foods only need a small amount of chewing and for the tongue to collect the food into a ball and bring it to the back of the mouth for swallowing. It is important the food should not be too sticky which can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. MM5 food much pass the fork test and spoon tilt test. Fork test is to test the size, the food lump size is 4 mm, which is about the gap between the prongs of a standard dinner fork. Spoon tilt test is to test the texture; the food should hold its shape on the spoon and fall off easily if the spoon is tilted or lightly flicked. In addition, the food should not be firm or sticky. (IDDSI source: www.iddsi.org/images/Publications-Resources/PatientHandouts/English/Adults/5_minced_moist_adults_consu of Resident 9's medical record, Resident 9 had pertinent diagnosis to nutrition and chewing/swallowing ability which included: hydrocephalus (a condition with abnormal accumulation fluid on the brain that affect the surrounding tissues of the brain), brain tumor, oropharyngeal dysphagia (a condition with difficulty initiating a swallow, causing food to stick in the throat, coughing, choking, or nasal regurgitation due to impaired mouth/throat muscle control), and moderate protein-calorie malnutrition (a nutritional deficiency characterized by weight loss, reduced body fat/muscle mass and decrease of body mass index [BMI]). Resident 9 was on CCHO (consistent carbohydrate) diet (diet to control blood sugar and/or manage diabetes), Minced and Moist level 5, Mildly Thick Liquid (MT2) as ordered on 1/19/26. On the initial nutritional assessment on 7/20/24, indicated Resident 9 required assistance with eating and had chewing/swallowing problems. On the follow-up nutrition notes on 1/19/26, indicated Resident 9 admitted to hospice care.During a dining observation of lunch meal on 2/17/26 at 12:38 p.m., noted Resident 9 was eating her meal with assistance from a Certified Nursing Assistant (CNA). On the meal ticket (a ticket including resident's diet, date, allergies, specific food and beverage items, dislikes, and likes), indicated Resident 9 was on CCHO, MM5, MT2 diet and dislike pork, chicken thigh, and beef). Noted Resident 9 received MM5 texture breaded fish and MM5 texture fried rice were dry and without any sauce. Observed the texture of the MM5 breaded fish was sticky when the CNA scooped up with the spoon from the plate, and the fish stuck on the spoon and would not slide down easily and smoothly.A concurrent interview with Registered Dietitian (RD), RD confirmed and stated the MM5 breaded fish and MM5 fried rice were dry and without any sauce on them and agreed the MM5 breaded fish was sticky. RD stated the MM5 texture food items should be moist and should not be sticky.During the follow-up interviews with Dietary Manager (DM) on 2/18/26 at 8:52 a.m. and on 2/29/25 at 11:16 a.m., DM stated they used the fork test to test the size of the MM5 texture food items. She stated if the MM5 texture food item stuck on the spoon would not pass the spoon tilt test. She further stated the MM5 food item should be able to slide from the spoon easily. DM stated if the MM5 food item was dry and they needed to add sauce to moisten the food, and the [NAME] needed to follow the recipe and performed the fork test and spoon tilt test to ensure the texture prepared properly.Review of a facility document titled, (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Recipe: Breaded Fish Fillet, dated 2025, indicated, IDDSI #5/Minced & Moist.Mince until food is in pieces = 4mm by 15mm. Moisten with gravy/sauce.utilize the critical tests and IDDSI audit to confirm texture meets level #5 specifications.Review of a facility document titled, Recipe: Fried Rice, dated 2025, indicated, IDDSI #5/Minced & Moist.Mince until food is in pieces = 4mm by 15mm. Moisten with gravy/sauce.utilize the critical tests and IDDSI audit to confirm texture meets level #5 specifications.Review of a departmental diet manual section titled, IDDSI Level #5: Minced & Moist, dated 2025, indicated MM5 diet has both size and texture specifications that must pass IDDSI level #5 testing requirements.fork pressure, and spoon tilt tests. In addition, it indicated, .moist fish (plain or breaded), without bones, moistened with gravy or sauce.breading on fish, must meet size requirements and be moistened throughout.avoid serving without a sauce or gravy.Rice.that meet size specification, cooked, soft.not sticky, served with a thick sauce.Review of a facility document titled, Job Description - Cook, revised 9/1/16, indicated [NAME] should, follow recipes and prepares foods that correspond to menu cycles.