

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  College Oak Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4635 College Oak Drive 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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>49814</p> <p>Based on observation, interview and record review, the facility failed to ensure food preferences were honored for one (Resident 1) of 11 sampled residents when Resident 1's dislike food item was served.</p> <p>This failure had the potential to negatively impact Resident 1's nutritional status.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in the August of 2024 with diagnoses that included: Type 2 Diabetes Mellitus (disease that affects blood sugar control) with unspecified complications, dysphagia, oropharyngeal phase (difficulty swallowing), and long-term use of Insulin (medication used to bring down blood sugar levels).</p> <p>During a review of Resident 9's meal tray ticket for lunch on 10/23/24, the tray ticket indicated, Dislikes: Fish, Chillie Beans, Asparagus.</p> <p>During a concurrent observation and interview on 10/23/24 at 12:25 p.m., with Resident 1, Resident 1's lunch tray was observed to contain a filet of breaded fish. When asked how she felt about being served fish, Resident 1 stated, I really don't like fish.</p> <p>During an interview on 10/23/24 at 12:29 p.m., with the Certified Nursing Assistant (CNA 1), CNA 1 confirmed Resident 1 received fish despite Resident 1 having a dislike for fish.</p> <p>During an interview on 10/23/24 at 12:35 p.m., with the Dietary Supervisor (DS), the DS confirmed Resident 1 received fish for lunch and that fish is documented as one of Resident 1's dislikes. The DS stated, Not respecting food preferences could lead to potential turn off from wanting to eat anything.</p> <p>During an interview on 10/23/24 at 2:12 p.m., with the Director of Nursing (DON), the DON stated the facility, absolutely should honor food preferences and confirmed not honoring food preferences could affect residents' nutrition.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol, dated 2001, the P&amp;P indicated, The staff and physician will identify pertinent interventions based on identified causes and overall resident condition, prognosis, and wishes. a. Treatment decisions should consider all pertinent evidence and relevant issues (e.g., food intake, resident/patient wishes, overall condition and prognosis, etc.) .</p>		