STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056158	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
College Oak Nursing and Rehabilitation Center	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review the facility failed to provide written notice of bed hold policy upon transfer to one of three sampled residents (Resident 1). When Resident 1 was transferred to an acute care hospital and Resident 1's responsible party (RP) was not given a written notice of the facility's bed hold policy.This failure had the potential for Resident 1 and their RP to not be informed of their rights to return to the facility.A review of Resident 1's progress note dated 5/11/26 indicated, resident was sent to an acute care hospital for treatment via 911 as an emergency transfer.A review of Resident 1's Notice of Transfer/discharge date d 5/11/26 indicated, Resident 1's RP was notified via phone of the transfer. Notice indicated, [RP name] did not give concent [sic] for bed hold via phone. Notice indicated, no signature from RP or indication it was sent to RP.During an interview on 5/29/26, at 12:01 p.m., with the Director of Nursing (DON), DON stated, We did not send a written notification of bed hold for Resident 1's transfer on 5/11/26. DON stated, the facility notified the RP of the bed hold via phone only.During an interview with Assistant Business Office Manager (ABOM) on 5/29/26, at 12:18 p.m., ABOM stated, the business office is responsible for sending bed hold policy notifications to the residents or the resident's family. ABOM stated, the facility did not send a written notice of the facility's bed hold policy to Resident 1's RP for the transfer on 5/11/26.During a review of the facility's Policy & Procedure (P&P) titled, Transfer or Discharge, Facility-Initiated, dated 2022, the P&P indicated, 5. Notice of Facility Bed-Hold and return policies are provided to the resident and representative within 24 hours of emergency transfer.During a review of the facility's Policy & Procedure (P&P) titled, Bed-Holds and Returns dated 2022, the P&P indicated, Residents and/or representatives are informed (in writing) of the facility and state (if applicable) bed-hold policies. 1. All residents/representatives are provided in written information regarding the facility an state bed-hold polices, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents regardless of payer source, are provided written notice about these policies at least twice: a. Notice 1: well in advance of any transfer (e.g., in the admission packet); and b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours).

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