

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/09/2024
NAME OF PROVIDER OR SUPPLIER  McKinley Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 H Street Sacramento, CA 95816	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43247</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a correct discharge notice to one of three sampled residents (Resident 1), when Resident 1 received a Discharge Notice for a facility-initiated discharge that did not contain the discharge location, or the updated date of discharge.</p> <p>This failure had the potential to result in an unsafe discharge for Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility in March 2023 for multiple diagnoses including multiple polyneuropathies (disease affecting nerves causing weakness or numbness), paraplegia (paralysis of the legs), right foot drop (difficulty lifting the front part of the foot), and protein calorie malnutrition (inadequate intake of food).</p> <p>A review of Resident 1's Minimum Data Set (MDS-an assessment tool), Cognitive Patterns, dated 6/1/24, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 15 out of 15 which indicated Resident 1 was cognitively intact. A review of Resident 1's MDS, Functional Abilities and Goals, dated 6/1/24, indicated Resident 1 was independent with bed mobility, transfers to chair, toilet, and shower, required set up for toileting, showering, dressing, and personal hygiene.</p> <p>A review of Resident 1's Facility Smoking Contract, signed by Resident 1 on 3/9/23, indicated .It is our policy at [Name of Facility] that all residents who choose to smoke will be supervised by staff member .Patients and visitors who choose to smoke on facility grounds will do so during the approved smoking schedule and only under the direct supervision of a staff member .Any resident .who does not comply with the facility smoking policy will face the following consequences .Continued non-compliance will result in the issuance of a 30-day notice of intent to discharge. The reason for the intent to discharge is that the non-compliant patient is putting himself/herself and other residents in danger of physical harm .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555122
		If continuation sheet Page 1 of 4

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Discharge Notice, dated 8/7/24, indicated .Due to failure to adhere to the terms and conditions of the Facility Smoking Policy, you are hereby provided a thirty (30) day notice of discharge for noncompliance .The facility will help you find placement if you are unable to find it, ensuring a safe, sound and secure environment .This discharge will be effective in 30 calendar days (09/07/24) .</p> <p>A review of Resident 1's Progress Note, dated 7/19/24, indicated .Provided 1:1 education to patient .in regards to Smoking policy .patient understands we have a policy and agrees to obey the policy pt [patient] is aware of the smoking schedule that we provide, pt understands and verbalized back the times we hold smoking breaks .and understands we have a designated area for smoking, pt understands that smoking in any other area outside of designated or any other times outside the designated time is not permitted for safety reasons. patient understand if he continues to be non complaint [sic] a 30 day eviction notice will be provided .</p> <p>A review of Resident 1's Progress Note, dated 8/7/24, indicated .Resident was delivered a 30 day eviction notice by the Administrator for violating the smoking policy repeatedly. Resident verbalized understanding of the notice and reason it was given and said I need to collect my thoughts can we talk about this tomorrow .</p> <p>A review of Resident 1's Progress Note, dated 8/8/24, indicated .Email correspondence w/ [Representative of Placement Agency] notifying of the issued 30 Day Notice to resident due to non-compliance of the smoking policy. Continued assistance with agency and representative for active discharge planning with effective date on 09/07/2024 .</p> <p>A review of Resident 1's Progress Note, dated 8/13/24, indicated . [Name of room and board owner] informed me that patient refused placement at her room and board facility .</p> <p>A review of Resident 1's Progress Note, dated 9/4/24, indicated .Pt is independent with ADLs [Activities of Daily Living], ambulates independently with the use of WC [wheelchair]. Pt is currently stable, has met his admission goals and has been working on discharge placement with the assistance of social worker .</p> <p>A review of Resident 1's Progress Note, dated 9/5/24 at 1:29 p.m., indicated . [Name of Placement] followed with up regarding resident's decision for discharge. Notified of provided concern from resident to Ombudsman and Administrator for alleged change in finances for placements . Representative followed up with resident. Representative confirmed rates with \$800 for R&amp;B [room and board], \$900-\$950 for R&amp;B with full meals as well as private room rate .Resident cited dislike for prices stating he didn't feel he should use his money for placements and after paying rent he would be left with \$100 .Resident declined placement .</p> <p>A review of Resident 1's Progress Note, dated 9/5/24 at 1:30 p.m., indicated .Informed of extension provided by Administrator. Resident informed he had a couple of locations to look into. Administrator approved 1 week extension date of 09/14/2024. Continued assistance for care and discharge planning .</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Progress Note, dated 9/6/24, indicated .[Name of Placement] followed up with resident in regards to continued discharge planning. Representative follow back up with writer after and provided update. Resident declined previous placement still .Resident was offered an additional placement .</p> <p>A review of Resident 1's Smoking Observation/Assessment, dated 8/16/24, indicated .All resident in facility are supervised smoking 4 times per day. Resident is non compliant and has been caught numerous times in non smoking areas and out back in parking lot .</p> <p>During an interview on 9/6/24 at 12:30 p.m. and a subsequent interview at 3:36 p.m. with Resident 1, Resident 1 stated he was being evicted because, I was busted smoking outside of approved smoking times and areas multiple times. Resident 1 acknowledged he signed a smoking contract upon admission to the facility but did not think it could be enforced. Resident 1 acknowledged he was given a 30-day eviction notice on 8/6/24 or 8/7/24 and was supposed to be discharged on [DATE] but received an extension until 9/14/24 after meeting with ombudsman. Resident 1 stated he wanted to see if the eviction notice was given correctly so he could get a 30 day extension if it needed to be redone. Resident 1 stated he is independent for transfers, showers, toileting, and managing medications. Resident 1 stated the facility keeps giving him room and board information, but he does not want to pay \$900 month because he only receives \$1000 a month and it does not leave him enough for other expenses including cigarettes, streaming services, and special food he likes.</p> <p>During a telephone interview on 9/6/24 at 2:26 p.m. with the Administrator (ADM), the ADM stated Resident 1 had repeated noncompliance of the smoking policy including smoking outside of designated areas and times and without supervision. The ADM stated Resident 1 had been provided education and a copy of the signed smoking policy. The ADM issued a 30-day notice on 8/7/24. The ADM stated Resident 1 did not sign it but should have had Resident 1 sign a copy, but it was documented it was given in the progress notes. After meeting with the ombudsman, Resident 1 was granted an extension until 9/14/24. The ADM stated he did not update Resident 1's Discharge Notice with new date of discharge to reflect extension. The ADM stated Resident 1 had been provided multiple locations for room and board placement but has declined them. The ADM stated Resident 1 is totally independent with wheelchair and ADLs.</p> <p>During an interview on 9/6/24 at 2:41 p.m. with the Social Services Director (SSD), the SSD stated Resident 1 is noncompliant with the smoking policy. Resident 1 has been provided with multiple room and board options in his budget of \$900 or less per month but has declined. A room and board representative came today and accepted him, but he declined. The SSD stated the facility has been actively looking for placement since May 2024. The SSD stated that once Resident 1 confirms a discharge address, she will begin process for In Home Support Services (program to provide assistance at home) but need to have address first.</p> <p>During an interview on 9/6/24 at 3:43 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 is very independent, goes to bathroom by himself, and showers himself.</p> <p>During a telephone interview on 9/9/24 at 1:14 p.m. with the Director of Nursing (DON), the DON acknowledged that Resident 1's Discharge Notice' did not contain address for discharge. The DON stated that Resident 1 had been unwilling to agree to discharge location offered to him. The DON acknowledged that new Discharge Notice with another 30- day notice should be issued with the discharge address.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Policy and Procedure (P&amp;P) titled Transfer or Discharge, Facility-Initiated, revised 10/22, indicated .Facility-initiated transfers and discharges, when necessary, must meet specific criteria and requires resident/representative notification and orientation as specified in this policy .Each resident will be permitted to remain in the facility, and not be transferred or discharged unless: .the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident .the resident and his or her representative are given thirty (30) day advance written notice of an impending transfer or discharge from this facility .The resident and representative are notified in writing of the following information .The effective date of the transfer or discharge The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is being transferred or discharged .</p> <p>A review of the facility's P&amp;P titled Smoking Policy- Residents revised 10/23, indicated .Prior to, and upon admission, residents are informed of the facility smoking policy, including designated smoking areas . Smoking is only permitted in designated resident smoking areas, which are located outside of the building. Smoking is not allowed inside the facility under any circumstances .</p>		