

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 12/26/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48445</p> <p>Based on interview, and record review, the facility failed to ensure the comprehensive care plan was updated and revised for one of four sampled residents (Resident 1), when the fall care plan was not revised timely after Resident 1's fall.</p> <p>This failure decreased the facility's potential to prevent Resident 1 from sustaining another fall and had the potential to result in Resident 1 not attaining his highest practicable well-being.</p> <p>Findings:</p> <p>During a review of Resident 1's admission records, the record indicated Resident 1 was admitted in December 2024 with diagnoses that included and hemiparesis hemiplegia (paralysis and weakness of the arm, leg, and trunk on the same side of the body), and muscle weakness. Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 had moderate cognitive impairment.</p> <p>During a review of Resident 1's Fall Risk Observation/Assessment, dated 12/11/24, the assessment indicated Resident 1 scored 22, which indicated Resident 1 was high risk for falling.</p> <p>During a review of Resident 1's care plan, initiated on 12/11/24, the care plan indicated, Falls: Resident is at risk for falls with or without injury related to altered balance while standing and/or walking .decreased muscular coordination .Will minimize risk for falls to extent possible .</p> <p>During a review of Resident 1's SBAR [Situation, Background, Assessment, Review] Communication Form, dated 12/17/24, the form indicated, .at approx. [sic] 2145hr [9:45 p.m.] res [resident] was found on the floor next to bed by staff. per res stated he slipped out the bed. res stated he hit back of head .PA [Physician Assistant] orders to send out [Resident 1] for further evaluation.</p> <p>During a review of Resident 1's Nurse's Note, dated 12/19/24 at 8:48 p.m., the note indicated, .[Resident 1] adjusting well to room [room number], to accommodate to patient safety and prevent any risk of falling on weak side .plan of care continues .</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Nurse's Note, dated 12/20/24, the note indicated, CNA [Certified Nursing Assistant] called writer's attention, patient on the floor. Found lying on his back, head touching the floor in supine position. Asked him if he hit his head, he said he did so hard .Asked what he was trying to do, he said, he wants to use the bathroom but he end up on the floor due to left sided weakness .Got an order to send [Resident 1] to the hospital for further evaluation and management .</p> <p>During a review of Resident 1's care plan, initiated 12/20/24, the care plan indicated, Falls: Resident had unwitnessed [sic] in room. 12/19/24 .</p> <p>During an interview on 12/26/24 at 12:25 p.m. with Licensed Nurse 1 (LN 1), LN 1 confirmed Resident 1 moved to his current room after the fall on 12/17/24. LN 1 stated, He fell a week ago .He did fall again after getting move .Every single time, we do change in condition for every fall .The nurse would update the care plan, whole new goals if there's a new event or fall .It's important to see what we can do differently.</p> <p>During a concurrent interview and record review on 12/26/24 at 12:38 p.m. with the Director of Nursing (DON), the DON stated, For residents that are high risk for falls .we try to involve all the team .we update the care plan .If there's an incident of fall, we update the care plan, to cover the root cause . The DON verified Resident 1 had a fall on 12/17/24 and on 12/19/24. The DON confirmed Resident 1's care plan for fall was initiated on 12/11/24 and was not updated when Resident 1 fell on [DATE]. The DON stated, I don't have a new intervention for the 12/17/24 fall .There should be one, to minimize the risk and put intervention to minimize the risk .It's a blueprint on how to take care of the resident .</p> <p>During a review of the facility's policy and procedure (P&P) titled Falls and Fall Risk, Managing, revised 3/2018, the P&P indicated, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling .1. The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls .5. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant .</p> <p>During a review of the facility's P&P titled Care Plans, Comprehensive Person Centered, revised 3/2022, the P&P indicated, 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay .</p>		