STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Healthcare Center	11300 Fair Oaks Boulevard Fair Oaks, CA 95628

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to a dignified existence, self˜determination, and the exercise of rights for one of three sampled residents (Resident 1) when the facility improperly determined Resident 1 lacked capacity without adequate clinical assessment or legal authority and failed to support Resident 1 in updating her Durable Power of Attorney (DPOA Durable Power of Attorney- a legal document that appoints someone to make financial or medical decisions when someone becomes incapacitated).These failures resulted in mental anguish and interference with Resident 1's ability to exercise her rights.Findings: A review of Resident 1's clinical record indicated she was admitted on [DATE] with diagnoses including congestive heart failure (progressive condition where the heart can't pump blood efficiently), muscle weakness, and asthma (affects the airways of the lungs making it difficult to breathe).A Review of the Skilled Nursing Facility (SNF) orders dated 1/28/26 indicated, Capacity for Medical Decision Making: Limited; Patient seems to have capacity to make very basic medical decisions. More complex medical decision making will require input from the surrogate decision maker.Review of the facility's Order Summary Report for Resident 1 revealed an order dated 1/28/26 stating, Resident does not have the capacity to understand choices & make health care decisions.During a telephone interview on 4/15/26 at 1:35 p.m., with the Assistant Director of Nursing (ADON), the ADON confirmed she entered the order indicating Resident 1 lacked capacity. When asked where she received that information, the ADON stated she obtained it from the hospital SNF orders. She then read aloud the statement indicating the resident had Limited; Patient seems to have capacity to make very basic medical decisions. More complex medical decision making will require input from the surrogate decision maker, which did not support a determination of incapacity. There was no documentation provided showing Resident 1 lacked capacity to understand choices or make informed decisions, and the ADON did not have legal authority to determine capacity.Review of Resident 1's Physician History & Physical dated 1/29/26 indicated, CAPACITY: can make some choices.Review of the admission Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 2/3/26, showed a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. The assessment showed no delirium or behavioral symptoms.During an interview on 4/15/26 at 10:09 a.m. with the Director of Nursing (DON), the DON was asked why an order was created indicating Resident 1 did not have the capacity to understand choices and make health care decisions. The DON was unable to provide an answer and stated a BIMS score less than 9 would consider residents as not having capacity.During an interview on 4/15/26 at 9:43 a.m., Resident 1 stated she wanted to go out to lunch with a friend, but her family would not allow her. She became emotional and cried, stating she did not understand why her daughter and granddaughter were restricting her. Resident 1 verbalized she wanted to change her DPOA due to the actions of her family.Review of a Physician Visit Note dated 2/27/26 at 5:44 p.m., documented, I reviewed her Kaiser record and found a scanned Advanced Directive with one of her granddaughters listed as the DPOA. I will ask the social worker to review document with the patient and see if she wants to update it, indicating the physician considered Resident 1 capable of (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reviewing and updating her DPOA.During an interview on 4/15/26 at 10:54 a.m., the Social Services Director stated she had not been made aware she needed to review the DPOA with Resident 1 to determine if she wanted to update it.A review of a SNF Custodial Change in Condition dated 3/5/26 documented the physician noted, I see that she is felt to lack capacity and have asked for a MoCA to confirm.During a concurrent interview and record review on 4/15/26 at 10:09 a.m. with the DON, the MoCA (a highly sensitive tool for early detection of mild cognitive impairment) score for Resident 1 dated 3/5/26 was reviewed and showed a score of 15/30. The DON stated a score below 10 would indicate lack of capacity but could not provide documentation that the physician had evaluated the resident further after the MoCA. Facility educational material dated 9/1/25 indicated the MoCA was intended as a screening tool and may not accurately diagnose cognitive impairment.Review of a Physician Visit Note dated 4/15/26 at 1:20 p.m., provided to the Department after their on-site visit, the physician documented due to Resident 1's MoCA 15/30 consistent with mild dementia so does not have capacity for medical decision making. The physician also indicated a new diagnosis of Major Neurocognitive Disorder due to unspecified disease, mild, wo (without) behavioral disturbances.Review of the faciality's policy and procedure titled, Resident Rights, revised February 2021 indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence;. g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights; i. exercise his or her rights without interference, coercion, discrimination.from the facility.