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	05/21/2026

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure one of six sampled residents (Resident 1) was assessed for the ability to self-administer medications prior to sending medications to dialysis treatment (a medical procedure when machine removes extra fluid and toxins from the blood when a person's kidneys cannot do it) with Resident 1.This failure placed Resident 1 at risk for unsafe medication administration and adverse outcomes.A review of the admission record indicated the facility admitted Resident 1 earlier this year with multiple diagnoses, which included chronic kidney disease and dependence on renal (kidney) dialysis.A review of MDS (Minimum Data Set, federally mandated assessment) dated 4/8/26 indicated that Resident 1 scored 11 out of 15 on cognitive assessment, which indicated mild cognitive impairment.A review of Resident 1's Order Summary Report (a summary of active physician's orders) contained an order dated 4/7/26 for Sevelamer HCL (a medicine used to lower phosphorus in the blood because their kidneys cannot remove extra phosphorus properly; medication needs to be taken with meals so it can bind the phosphorus from food) oral tablet 600 milligram (mg, a unit of measurement), three times a day to be administered with meals.A review of Resident 1's dialysis care plan initiated on 1/7/26 indicated the goal was that Resident 1 will not have complications related to dialysis treatment. The care plan was not revised after Sevelamer was prescribed on 4/7/26 and did not contain any interventions addressing the medication.A review of Medication Administration Record (MAR) indicated that Sevelamer 600 mg was scheduled to be administered at 8 a.m., 12 p.m., and 5 p.m.A review of Resident 1's clinical records, including nursing progress notes indicated that the resident received dialysis treatments in dialysis center every Monday, Wednesday, and Friday and left the facility for treatments around 10:15 a.m.A review of Resident 1's MAR for May 2026 revealed inconsistencies with administration of Sevelamer 600 mg scheduled at 12 p.m., on the days when the resident was out of the facility receiving dialysis treatments.A review of Resident 1's MAR indicated that on 5/1, 5/4, 5/8, 5/18 and 5/20/26 the Sevelamer 600 mg dose was administered to Resident 1 between 11:03 a.m., and 11:10 a.m., when the resident was out receiving dialysis treatment. Resident 1's MAR indicated that Sevelamer 600 mg was not administered at 12 p.m., on 5/6, 5/11, 5/13, and 5/15. The codes in the boxes where nurses placed their initials indicated the medication was not administered due to resident being out of the facility.During an observation and interview on 5/21/26 at 12:15 p.m., Resident 1 was observed sitting on edge of her bed. Resident 1 was pleasant and answered to all questions appropriately. Resident 1 stated that on dialysis days she received her medications in the morning and after she came back from dialysis which was later in the afternoon. When asked about Sevelamer medication, Resident 1 explained, At first, they told me that I will be getting them 3 times a day, but on those days that I get dialysis, they only give in the morning and evening with dinner. Resident 1 stated she was sent with sandwich or other snack to eat during dialysis. When asked if the nurses send her Sevelamer with her to take with lunch, the resident stated she could not remember.During an interview on 5/21/26 at 12:05 p.m., Licensed Nurse (LN 1) stated she was frequently assigned to Resident 1. LN 1 stated that Resident 1 usually left the facility around 10:15 a.m. and returned back after 4 p.m. LN 1 explained that Resident 1 had Sevelamer 600 mg dose scheduled to be administered at 12 p.m. LN 1 explained, It has to be taken with food and on the days (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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that the resident is out of the facility in dialysis, we hold it. LN 1 stated that the nurses were to document that medication was not administered because the resident was out of the facility. LN 1 added, We do not send the medication with resident to dialysis. I do not think there is physician order for that.She has this medication scheduled at 5 p.m., so she will receive her dose when she comes back from dialysis.During an interview on 5/21/26 at 12:40 p.m., LN 2 stated that Resident 1's medications scheduled to be administered during the time the resident leaves facility to dialysis treatments were held. LN 2 stated that she was not aware if any of Resident 1's medications were sent with the resident to dialysis.During an interview and record review on 5/21/26 commencing at 1:45 pm., Resident 1's medications were discussed with Director of Nursing (DON). When asked about Sevelamer scheduled at 12 p.m., the DON stated, The nurses [are] supposed to send the medication with resident because the medication has to be taken with meals and the resident takes lunch with her. The DON was asked if there was physician order to send the medication with resident and the DON replied, No order needed if resident is alert and oriented. The DON acknowledged that Resident 1 had mild cognitive impairment but was able to make simple decisions.During a continued interview with DON on 5/21/26 at 1:45 pm., and upon reviewing Resident 1's MAR for Sevelamer administration, the DON validated that the documentation of Sevelamer administration was inconsistent. The DON acknowledged that some nurses documented that the medication was held at 12 p.m., while others documented that Sevelamer scheduled for 12 p.m., was administered. The DON searched Resident 1's nursing progress notes for May 2026 and stated, I do not see any notes, nurse did not document that it was sent with resident. Checkmark indicates it was administered. I should understand that the medication was sent with resident.During a continued interview with DON on 5/21/26 at 1:45 pm., the DON was asked if Resident 1 as assessed for medication self-administration and whether it was safe to send Sevelamer with resident. The DON stated, I do not see that she was assessed for self-administration. We should have generated a form to assess for self-administration, but it was not done. The DON acknowledged that Resident 1 was not assessed by Interdisciplinary Team (IDT, a group of different disciplines) regarding self-administration of medications. The DON stated that there was no care plan addressing Resident 1's ability to self-administer medications safely.During an interview on 5/21/26 at 2:30 p.m., Medical Doctor (MD) explained that prior to sending medications with resident, the resident must be evaluated for self-administration of medications to make sure it was safe and appropriate.During phone interview on 5/21/26 at 2:45 p.m., LN 3 stated she was familiar with Resident 1's care and was assigned to the resident frequently. LN 3 stated, Her Sevelamer is scheduled to be given at 12 p.m., with food so I send the pill with resident to dialysis. LN 3 stated she did not know if Resident 1 was evaluated for medications self-administration. LN 3 stated that about two weeks ago the dialysis center staff were asking why Resident 1 was not getting her Sevelamer during lunch. LN 3 explained, I talked to DON.she directed me to send Sevelamer with resident to dialysis. LN 3 was asked if physician order was required before sending medications with resident and LN 3 stated, absolutely, we need the order.During a follow up interview with DON on 5/21/26 at 2:55 p.m., the DON stated she instructed LN 3 to send medication with Resident 1 after dialysis clinic complained that resident was not taking her Sevelamer with lunch. The DON stated she did not know there was no physician order to send the medication with Resident 1 to dialysis.A review of the policy and procedure (P & P) titled, Administering Medications, dated 4/2019, indicated, Medications are administered in a safe and timely manner, and as prescribed.Medications are administered in accordance with prescriber orders, including any required time frame.A review of P & P titled, Self-Administration of Medications, dated 2/2021, indicated, Residents have the right to self -administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. if it is deemed safe and appropriate for a resident to self- administer medications, this is documented in the medical record and the care plan.