STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555160	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City Creek Post Acute	6248 66th Avenue Sacramento, CA 95823

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 49814 Based on observation, interview, and medical record review, the facility failed to ensure necessary treatment, services, and equipment were provided for one of three sampled residents (Resident 1) to improve or maintain mobility, when: 1. Resident 1's concerns about his personal wheelchair were not addressed; and 2. Physician's order to get Resident 1 out of bed daily was not followed. These failures had the potential for Resident 1 to not maintain or improve his mobility and not attain his highest physical, mental, and psychosocial well-being. Findings: Resident 1 was admitted to the facility in the middle of 2020 with diagnoses: epilepsy (seizure disorder), hemiplegia (the loss of the ability to move and/or feel in parts of the body), and major depressive disorder. During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 3/12/24, the MDS indicated Resident 1 had no memory impairment, used a wheelchair and was dependent on staff with transfers and mobility. During a review of Resident 1's Physician's Orders (PO), dated 4/21/24, the PO indicated, [Resident 1] to be up in w/c [wheelchair] daily . During a concurrent observation and interview on 6/12/24 at 9:30 a.m. in Resident 1's room, Resident 1 was lying in bed, awake, alert and verbally responsive. The posted signage on Resident 1's wall indicated, Please get resident up every day @[at]1030 hrs. Resident 1 indicated he had communicated to staff his personal wheelchair did not work and needed to be serviced because the wheelchair straps (a strip of material used to secure an individual) did not fit. Resident 1 indicated he did not want to be in his wheelchair without using the straps because it was not safe. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/12/24 at 9:56 a.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 indicated Resident 1 had not been up in his wheelchair in the past 12 days. CNA 1 indicated she and other staff, in the past, have not asked Resident 1 to get up to his wheelchair, and stated, I did not see the sign on the wall. This is the first time I have seen the sign. During an interview on 6/12/24 at 10:03 a.m. with Licensed Nurse 1 (LN 1), LN 1 indicated Resident 1 had used his wheelchair in the past, but now, due to the issue with the straps, Resident 1 has not been using his wheelchair. LN 1 indicated the issue was communicated to the maintenance staff, but they were not able to fix the wheelchair. LN 1 indicated that physical therapy was not notified and have not evaluated Resident 1 since he started having an issue with the wheelchair straps. During an interview on 6/12/24, at 10:45 a.m., with the Rehabilitation Director (RD), the RD indicated Resident 1 received physical therapy services in February of 2024 and had used his wheelchair for three hours at a time, and stated, If I was notified about the wheelchair problem, I would have requested a physician's order to evaluate Resident 1's concern and the personal wheelchair to be corrected. During an interview on 6/12/24 at 11:06 a.m. with the Maintenance Assistant (MA), the MA indicated he checked the wheelchair but could not fix the ankle straps, and stated, The CNA and the nurse knew about the wheelchair issue. I did not notify management or physical therapy .I did not log it in the maintenance binder. During an interview on 6/12/24 at 12 noon with the Director of Nursing (DON), the DON stated, I have not heard of the wheelchair not working. If a resident keeps refusing care, the care plan is adjusted as necessary .I expect maintenance issues to be logged and communicated. During an interview on 6/12/24 at 12:13 p.m. with the Administrator (ADM), the ADM indicated when an equipment was broken or not working and the equipment was needed for resident care, he would be, notified and will find a solution to fix the problem. During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living, dated 3/18, the P&P indicated, Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable. During a review of the facility's P&P titled, Assistive Devices and Equipment, dated 1/20, the P&P indicated, The resident is assessed for lower extremity strength, range of motion, balance and cognitive abilities when determining the safest use of devices and equipment .Devices and equipment are maintained on schedule and according to manufacturer ' s instructions. Defective or worn devices are discarded or repaired.