

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2025
NAME OF PROVIDER OR SUPPLIER  City Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision and assistive devices for 1 of 3 sampled residents (Resident 1), when Resident 1 returned to his room from the nurses ' station unattended and was unable to call for assistance to transfer from his wheelchair to bed when his call light was not within reach.</p> <p>This failure resulted in Resident 1's fall from his wheelchair and experienced bilateral feet pain and sustained an abrasion to the top of his left hand.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 1 was admitted to the facility in November 2024 with multiple diagnoses that included Encephalopathy (brain disorder), Dementia (memory decline), Abnormalities of Gait and Mobility (unusual walking patterns impacting a person's ability to move and perform daily activities), and Cognitive Communication Deficit (difficulties in communicating).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-A federally mandated resident assessment tool), dated 5/1/25, indicated, Substantial/Maximal Assistance - Helper does MORE THAN HALF the effort. Helper lifts of holds trunk or limbs and provides more than half the effort .from sitting in a chair, wheelchair, or on the side of the bed .to transfer to and from a bed to a chair (or wheelchair).</p> <p>During a review of Resident 1 ' s care plan, initiated on 11/08/24, indicated the resident was at risk for falls related to gait and balance problems. Interventions included, Be sure The resident ' s call light is within reach and encourage the resident to use it .CNA for assistance as needed. The resident needs prompt response to all requests for assistance. Follow facility fall protocol. The resident needs a safe environment with .a working and reachable call light.</p> <p>During a review of Resident 1 ' s baseline care plan, dated 11/08/24, indicated, resident needs two persons physical assist for transfers.</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 0689</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 Progress Notes, dated 4/22/25 at 10:19 a.m., indicated, Per RNA [Restorative Nursing Assistant], he [Resident 1] was placed across from the nurses station .It appears that resident wheeled himself back to his room and was attempting to transfer himself to bed when the fall occurred.</p> <p>During a review of Resident ' 1s IDT notes, dated 4/22/25 at 10:57 a.m., indicated, Preventative measures and interventions prior to fall event .call light in reach.</p> <p>During a review of Resident 1 ' s Post Fall Evaluation, dated 4/21/25 at 12:26 p.m., indicated, Date and time of fall 4/21/2025 11:25 [a.m.] .Location of fall .Resident ' s Room .Reason for fall .It appears that he was attempting to transfer himself back to bed .Injury details .An abrasion at top of left hand .Unwitnessed fall with abrasion at top of left hand and [complaint of bilateral] Feet pain .Indicators of Pain.</p> <p>During a concurrent observation and interview on 5/8/25 at 10:03a.m., in Resident 1 ' s room, Resident 1 was out of bed sitting in a wheelchair with a soft boot on his right foot. Resident 1 ' s call light was out of reach and was located on his bed. When asked how he gets help if needed and if he can reach his call light, Resident 1 attempted to reach back with his right arm and was not able to reach the call light. When asked if he was having pain, Resident 1 nodded and pointed to his right foot.</p> <p>During an interview on 5/8/25 at 10:08 a.m., with Certified Nursing Assistant (CNA 1), stated, To prevent falls .always check on them and give them the call light .should put the call light closer .should be with him. [Resident 1] usually stays in bed .he gets up in chair. He needs two person assist .to be safe .We bring him to the nurses ' station to monitor him.</p> <p>During a concurrent observation and interview on 5/8/25 at 10:23 a.m. in Resident 1 ' s room, with Licensed nurse (LN) 1, LN 1 confirmed Resident 1 ' s call light was not in reach and stated, The call light should be somewhere where he can reach it .We usually put him at the nurses ' station for close monitoring.</p> <p>During an interview on 5/8/25 at 10:42 a.m., with Resident 2 up in wheelchair, stated, He fell down once. He tried to get in bed by himself and he fell so I called the nurses. He couldn ' t get his call light. I called when he [Resident 1] fell .</p> <p>During an interview on 5/8/25 at 11:01 a.m., in the hallway on Unit 1, with Resident 1 ' s Restorative Nursing Assistant (RNA 1), stated, [Resident 1] is a fall risk. We take him to the nurses ' station to watch him because he is a fall risk.</p> <p>During an observation on 5/8/25 at 11:09 a.m., Resident 1 sat in a wheelchair in front on the nurses ' station.</p> <p>During an interview on 5/8/25 at 11:14 a.m., with Activities Director (AD), stated, Sometimes the residents are not alert and sometimes they try to stand up. Everyone has to have call bell on their chest or if up in wheelchair still have call light close to them or bring them close to the nurses ' station for monitoring.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/8/25 at 11:25 a.m. with Social Services Director (SSD), stated, He [Resident 1] was observed lying on the floor on left side. Nurse and CNA found him .[for fall risk interventions] [Resident 1] is usually sitting up at the [nurses] station .can ' t transfer by himself, expect call light to be close to him.</p> <p>During an interview on 5/8/25 at 1:15 p.m. with Director of Nursing (DON), stated When resident is a fall risk, we also put them at the nurses station to monitor them closely.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Answering the Call Light, revised 3/21, the P&amp;P indicated, When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p> <p>During a review of the facility ' s policy and procedure titled, Fall and Fall Risk, Managing, Revised March 2018, indicated, .The staff will identify interventions related to the resident ' s specific risks and causes to try to prevent the resident from falling .Fall risk factors .Resident conditions that may contribute to the risk of falls include: other cognitive impairment, pain, lower extremity weakness, functional impairments .Medical factors that may contribute to the risk of falls include: balance and gait disorders.</p>		