

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  10/17/2024
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>49814</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision and assistance to one of 30 sampled residents (Resident 40) when staff did not monitor Resident 1 during mealtimes.</p> <p>This failure had the potential to cause Resident 40 to choke or aspirate fluids (accidentally inhaling fluids into the airways).</p> <p>Findings:</p> <p>Resident was admitted to the facility on in May of 2022 with diagnoses that included difficulty swallowing.</p> <p>During a review of Resident 40's Orders, dated 8/24, the Orders indicated, Swallow precautions: close supervision w/meals d/t [due to] impulsive/fast PO [oral] intake, sit upright, oral care, small sips/bites, singular/controlled sips of thin, slow intake, ensure oral cavity clearance, if pt [patient] coughs take a 45-60 second break before continuing, medication: whole.</p> <p>During a review of Resident 40's Rehab Therapy Notes, dated 8/24, the notes indicated, SLP [speech language pathologist] evaluated pt's swallow. Pt impulsive w/intake, fast pace, benefitting from max cueing. Pt to be downgraded to mech soft . Swallow precautions in place.</p> <p>During a concurrent observation and interview on 10/15/24 at 8:05 a.m., with Certified Nursing Assistant 8 (CNA 8), Resident 40 was brought his breakfast tray but was left alone in his room with no supervision while he ate. Resident 40 was also not easily visible from the hallway. Resident 40 consumed over 90 percent of his breakfast with no supervision. CNA 8 confirmed Resident 40 was not supervised during his breakfast and stated, [Resident 40] is usually monitored and is supposed to be watched so he doesn't choke.</p> <p>During an interview on 10/15/24 at 8:15 a.m., with Licensed Vocational Nurse 6 (LN 6), LN 6 stated, [Resident 40] needs to be closely monitored for eating but mainly drinking. He needs to be checked in case he starts coughing. Staff should check frequently. [Resident 40] might drink very fast and start coughing and might aspirate.</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
---	-------	-----------

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  10/17/2024
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>During an interview on 10/15/24 at 8:43 a.m., with the SLP, the SLP stated, [Resident 40] was on regular and thin liquids and wasn't tolerating the current diet. After working with him, he was discharged [from speech therapy] and was assessed to be able to tolerate nectar thick liquids and mechanical soft diet with supervision .If he is eating in his room, staff should be monitoring him and checking in on him. [Resident 40] can be impulsive. It can be a risk for aspiration.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Safety and Supervision of Residents, dated 4/2021, the P&amp;P indicated, .Implementing interventions to reduce accident risks and hazards shall include the following .Ensuring that interventions are implemented .Monitoring the effectiveness of interventions shall include the following .Ensuring that interventions are implemented correctly and consistently.</p>

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  10/17/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to ensure the food preferences and allergies were accommodated for two of 30 sampled residents (Resident 48 and Resident 80), when:</p> <ol style="list-style-type: none"> <li>1. Resident 48's food preferences were not honored; and</li> <li>2. Resident 80's food allergies were not managed.</li> </ol> <p>These failures increased the potential risk for Resident 48 feeling disrespected and Resident 80 having allergic reactions from the food served.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident 48 was admitted to the facility in late 2024 with diagnoses which included diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), right femur (thigh) fracture, and urinary bladder dysfunction.</li> </ol> <p>During a review of Resident 48's Progress Notes (PN), dated 9/27/24, the PN indicated, Dietary: LOW SALT, LOW FAT, LOW CHOLESTEROL diet, Regular texture, Thin Liquid consistency. Will continue to provide current diet orders and update preferences prn [as needed].</p> <p>During a review of Resident 48's Nutrition Screen on Admission (NSA), dated 9/24/24, the NSA indicated, Food Likes: French toast, scrambled eggs, oatmeal, corn, meatloaf, beef stew .Food Dislikes: cream of wheat, squash, pork sausage.</p> <p>During a concurrent observation and interview on 10/14/24 at 9:57 a.m. in Resident 48's room, Resident 48 was in bed, awake, alert, oriented and verbally responsive, and stated, I just wanted you to know, I'm not myself personally satisfied with the food .I've lost about 12 lbs. since I've been here .The sausage that they served this morning, it was so hard, I couldn't cut it with the knife they gave me .I don't like sausage and they still give me .and that's a problem.</p> <p>During a concurrent observation and interview on 10/15/24 at 12:36 p.m. in Resident 48's room, Resident 48 stated, The food today not cold initially but I don't like fish too much. Meal ticket was not found on the meal tray to check the resident's likes, dislikes and preferences. The resident stated, I don't see it here.</p> <p>During an interview on 10/16/24 at 8:46 a.m. in Resident 48's room, Resident 48 was in bed, awake, and alert, stated, I told a young lady about my liking for hot oatmeal. I had an oatmeal yesterday but not today. Today, they gave me cream of wheat which I don't like. The dietitian has not been here to talk to me about my food preferences.</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 48's breakfast meal ticket, the ticket indicated, Dislikes: [Name Brand]/CREAM OF WHEAT, PORK SAUSGAE (sic), SPINACH .Preferences: .Milk .OJ [orange juice]. Resident food preference [for oatmeal] was not identified in the meal ticket.</p> <p>During an interview on 10/16/24 at 9:06 a.m. with Certified Nursing Assistant (CNA) 10, CNA 10 stated, Before I pass and serve the meal trays, I make sure the nurse checks it then then I take the tray to the resident and do my own check of the tray and check the meal ticket if they have the right food, the right water to drink and also check what they like and don't like .[Resident 48] is alert and oriented. He knows everything.</p> <p>During an interview on 10/17/24 at 8:29 a.m. with the Administrator (ADM), the ADM stated, [The residents] have the right to have a food preference and follow whatever other dietary assessment or nutritional assessment from our dietary managers.</p> <p>2. Resident 80 was admitted to the facility in late 2024 with diagnoses which included hypoxemia [low blood oxygen level], and post traumatic stress disorder, morbid obesity, and acid reflux disease.</p> <p>During a review of Resident 80's Baseline Care Plan (BCP), dated 9/7/24, the BCP indicated, Allergies: . seafood .Dietary Preferences: Will update as needed.</p> <p>During a review of Resident 80's NCP, dated 9/10/24, the NCP indicated, The resident is at risk for impaired nutritional status as well as increased risk for malnutrition .NOTE: SIGNIFICANT FOOD ALLERGIES, DIETARY AWARE: banana, mustard, nuts, papaya, seafood, squash, tomato, wheat flour, caffeine .Obtain food preferences .</p> <p>During a review of Resident 80's Nutrition Screen on Admission (NSA), dated 9/11/24, the NSA indicated, Allergies: papaya, mustard, seafood .</p> <p>During a concurrent observation and interview on 10/14/24 at 10:41 a.m. in Resident 80's room, Resident 80 was in bed, awake, alert, and verbally responsive, and stated, My only problem is when they give me food. They served me the things that I didn't like and allergic to. I already told them that I was allergic to fish, shrimp, lobster, and wheat bread but they still served me .</p> <p>During a review of Resident 80's lunch meal ticket on 10/15/24 at 12:38 p.m., the meal ticket indicated, Allergies: BANANAS/PAPAYA .NUTS, SEAFOOD .</p> <p>During an interview on 10/15/24 at 12:40 p.m. with CNA 3, CNA 3 stated, [Resident 80] had fish in her meal tray and told me she did not like fish in her diet. She was upset .She said this was not the first time that she got what she had asked for her meal.</p> <p>During a concurrent observation and interview on 10/15/24 at 12:50 p.m. with Resident 80 in her room, Resident 80 was in bed finishing her lunch meal, and stated, I don't know why they keep giving me fish. I already told them that I don't want it and they still keep giving me fish. I don't like seafood. I don't know if they know how to read.</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/17/24 at 10:33 a.m. with the Dietary Manager (DM), the DM stated, When the meal tray is served during meals, the meal tickets are put in the meal tray to make sure the diet ordered is accurate and included in the meal tickets are the likes, dislikes and allergies because when we look at the meal tickets, it says their dislikes allergies and preferences. The meal tickets are still in there for staff to check.</p> <p>During a review of an undated facility's policy and procedure (P&amp;P) titled, Food Preferences, the P&amp;P indicated, Resident's food preferences will be adhered to within reason. Substitutes for all foods dislike will be given the appropriate food group. Condiments such as salt, pepper, and sugar are available at each meal unless contraindicated by the diet order .Food preferences can be obtained from the resident, family, or staff members. Updating of food preferences will be done as the resident's needs change and/or during the quarterly review.</p>		

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  10/17/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>29825</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> <li>1. Water pitchers and accompanying cups were stored upright and uncovered;</li> <li>2. Foods were not labeled with received, opened and use by dates; and</li> <li>3. Hair was not completely covered by a hair net while serving food.</li> </ol> <p>This failure increased the risk for foodborne illness.</p> <p>Findings:</p> <p>1. During an initial tour observation of the kitchen and interview on 10/14/24 at 8:18 a.m. with [NAME] 1, there were multiple water pitchers on a four shelf wire rack. Some had lids inverted, others had no lids. None were turned down or covered to avoid contamination. [NAME] 1 verified the observation and said, They are ready to go out later.</p> <p>During a concurrent observation and interview on 10/14/24 at 8:27 a.m. with Dietary Aide (DA) 1, DA 1 verified there were twenty pitchers on top shelf of wire rack without lids, open to dust and splatter and said, The ones [lids that are used as cups] that are upright should be turned down. On shelf two there were 21 pitchers with all cups stored upright and open to the air. On shelf three there were 20 pitchers stored upright with cups upright or no lid at all. On shelf four there were two pitchers with no lids.</p> <p>During a concurrent observation and interview on 10/14/24 at 8:50 a.m. with the Dietary Manager (DM), the DM verified the observation and said, Water pitchers should be stored upright with the lid [drinking cup] facing down.</p> <p>During an interview on 10/16/24 at 9:37 a.m. with the Registered Dietician (RD), the RD was asked her expectations for covering water pitchers and said, Pitchers should be covered or turned down so that nothing can contaminate the inside or the drinking cup .</p> <p>The policy and procedure (P&amp;P) for storing water pitchers was requested but not provided.</p> <p>2. During an initial tour observation and concurrent interview on 10/14/24 at 8:50 a.m. with [NAME] 1, there was a five pound clear bag of French fries unopened on top of a box in the reach-in fridge with no received or use-by date, a clear plastic bag of meatballs opened and partially used with no received, open or use-by date. [NAME] 1 verified observation and said, They should be labeled when opened.</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation of the walk-in fridge and interview with the DM on 10/14/24 at 8:55 a.m., there were three loaves of bread on top of the bread rack with no received date, or use-by date. The DM verified the observation and said, All food should be labeled with the received date, open date and use-by date.</p> <p>During an interview on 10/16/24 at 9:37 a.m. with the RD, the RD was asked her expectations and said, All food that is delivered should be dated with the received date, an open date, and use-by date .</p> <p>During a review of the facility P&amp;P titled, LABELING AND DATING OF FOODS, dated 2023, the P&amp;P indicated, All food items in the storeroom, refrigerator, and freezer need to be labeled and dated .Newly opened food items will need to be .labeled with an open date and used by date .</p> <p>3. During a lunch meal observation in the kitchen on 10/15/24 at 11:15 a.m., DA 2 was observed cutting up peanut butter cake on a surface at the end of the steam table. On closer observation, it was discovered her hair net was halfway back on her head with the scalp portion of long braids showing through and uncovered. The DM verified the observation, assisted her to put her hair under the net by adding another net. It was observed that DA 2's hair net slipped uncovering her hair two more times during tray line.</p> <p>During an interview on 10/16/24 at 9:37 a.m. with the RD, the RD was asked her expectations for wearing hair nets and said, Any staff who walks in the kitchen door should have a hair net covering all hair.</p> <p>During an interview on 10/16/24 at 10:39 a.m., the DM said, She [DA 2] had 3 hair nets on and just didn't notice it had slipped.</p> <p>During a review of the facility P&amp;P titled, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, dated 11/22, the P&amp;P indicated, Hair Nets or caps and/or beard restraints are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils .</p>		

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  10/17/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to ensure medical records were accurate for one of 30 sampled residents (Resident 48) when a urinary catheter was discontinued and Licensed Nurses [LNs] continued documentation on monitoring and care.</p> <p>This failure resulted in inaccurate documentation for Resident 48 and had the increased potential for miscommunication among health providers who provided care.</p> <p>Findings:</p> <p>Resident 48 was admitted to the facility in late 2024 with diagnoses which included diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), right femur (thigh) fracture, and urinary bladder dysfunction.</p> <p>During a review of Resident 48's Order Summary Report (OSR), dated 9/22/24, the OSR indicated, [Name Brand of urinary catheter] catheter care QS [every shift]: Cleanse using warm water and soap and then rinse well with warm water every shift.</p> <p>During a review of Resident 48's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/25/24, the MDS indicated Resident 48 had mild memory impairment and had a urinary catheter in place.</p> <p>During a review of Resident 48's Nursing Care Plan (NCP), dated 9/30/24, the NCP indicated, Catheter present as evidenced by: [Urinary Catheter] .DX: .dysfunction of the bladder .Monitor indwelling catheter and change/ irrigate as ordered.</p> <p>During a review of Resident 48's Progress Notes (PN), dated 10/9/24, the PN indicated, .received written order to d/c [discontinue] [urinary catheter] and follow .removal monitoring for urinary retention .resident agrees but requested to have it done early in the morning. Assigned nurse made aware of order. There was no documented evidence in the PN the urinary catheter was removed the next day.</p> <p>During a review of Resident 48's Treatment Administration Record (TAR) for October 2024, the TAR indicated licensed nurses signed doing monitoring and urinary care from 10/10/24 to 10/15/24.</p> <p>During a concurrent observation and interview on 10/15/24 at 8:46 a.m. in Resident 48's room, Resident 48 in bed, awake, alert, oriented and verbally responsive, and stated, The [urinary] catheter has been removed. They took it out about a week ago today. The urologist [kidney doctor] .ordered to take it out .I haven't had the catheter since 10/9/24.</p> <p>During a concurrent interview and record review on 10/16/24 at 1:05 p.m. with LN 4, LN 4 stated, LN 4 verified Resident 48's urinary catheter was still documented in the TAR from 10/10/24 to 10/15/24 as signed and monitored, and stated, The treatment records indicates the nurses are still documenting cleaning and monitoring the urinary catheter. That should have been discontinued.</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/16/24 at 1:19 p.m. with the Director of Nursing, the DON verified Resident 48's TAR which indicated the urinary catheter was signed by nursing doing care since the urinary catheter was discontinued, and stated, I will check what happened to that. The order was discontinued and the care plan was discontinued. That is inaccurate chart documentation.</p> <p>During a review of facility's policy and procedure (P&amp;P) titled, Charting and Documentation, dated 7/17, the P&amp;P indicated, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record .Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p>

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  10/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29825</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection prevention and control procedures and guidelines for nine of 30 sampled residents (Resident 32, 43, 29, 40, 42, 14, 81, 12, 291, 296), when:</p> <ol style="list-style-type: none"> <li>1. Three unlabeled basins were found in the bathrooms of Resident 32 and Resident 43;</li> <li>2. Three wheelchair armrests were in disrepair and unable to be sanitized for Resident 29, Resident 40, and Resident 42;</li> <li>3. Two Licensed Nurses (LNs) with no PPEs (personal protective equipment) entered an enhanced standard precautions room and provided care to Resident 14;</li> <li>4. An LN with no PPEs entered a transmission-based precautions room and picked up equipment used by Resident 81;</li> <li>5. Resident 12's nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled) machine was found on the floor and was bagged; and</li> <li>6. Resident 296's anti-microbial bag was unlabeled and undated.</li> </ol> <p>These failures had the potential to increase the transmission of infections.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident 32 was admitted to the facility in the fall of 2016 with diagnoses which a urinary tract infection</li> </ol> <p>Resident 43 was readmitted to the facility in the fall of 2020 with diagnoses which included urinary incontinence.</p> <p>During an initial tour observation on 10/14/24 at 9:58 a.m., two pink basins were on the bathroom floor and one basin was on the back of the toilet unlabeled in the bathroom shared by Resident 32 and Resident 43.</p> <p>During a concurrent observation and interview on 10/14/24 at 10:08 a.m., with Certified Nurses Assistant (CNA) 3, CNA 3 verified the three wash basins in the bathroom of Resident 32 and Resident 43 were not labeled and said, They should be labeled .The full time CNA should know to label them.</p> <p>During an interview with the Director of Nurses (DON) on 10/17/24 at 10:28 a.m., the DON was asked her expectations for the labeling of resident equipment and said, My expectation is that all patient equipment be labeled name, room number or both .</p> <p>The policy and procedure for the labeling of resident equipment was requested but not provided.</p> <p>(continued on next page)</p>

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  10/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a dining room observation on 10/14/24 at 11:48 a.m., the wheelchair armrests of Resident 29, Resident 40 and Resident 42 were in disrepair and unable to be sanitized.</p> <p>Resident 29 was readmitted to the facility in the winter of 2017 with diagnoses which included arthritis, muscle weakness and dementia (a chronic condition that causes a decline in mental functions, such as thinking, remembering, and reasoning, to the point that it interferes with daily life).</p> <p>During a review of Resident 29's the Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/14/24, the MDS indicated Resident 29 had severe memory impairment and used a manual wheelchair.</p> <p>During a review of Resident 29's physician progress note (PPN), dated 8/21/24, the PPN indicated, sitting in a wheelchair .</p> <p>During a review of Resident 29's care plan (CP) titled, Self Care Deficit manifested by .Dementia with behavioral disturbances .bilateral [both sides] knee arthritis ., dated 1/11/19, the CP indicated, Assist/Encourage out of bed to wheelchair daily .</p> <p>During a review of Resident 29's occupational therapy evaluation (OT Eval), dated 7/13/24, the OT Eval indicated, Dependent in (sic) wheelchair ambulation .</p> <p>Resident 40 was readmitted to the facility in the spring of 2023 with diagnoses which included cerebral infarction (stroke), abnormality of gait and mobility, history of falling, syncope (fainting) and collapse.</p> <p>During a review of Resident 40's MDS, dated [DATE], the MDS indicated Resident 40 had severe memory loss and used a manual wheelchair.</p> <p>During a review of Resident 40's physical therapy evaluation (PT Eval), dated 7/10/24, the PT Eval indicated, To walk in the room or hallways .Unable Totally Dependent .</p> <p>Resident 43 was readmitted to the facility in the fall of 2024 with diagnoses which included cerebral infarction, Parkinson's Disease (a progressive brain disorder that causes movement problems, including tremors, stiffness, and difficulty with balance and coordination) and dementia.</p> <p>During a review of Resident 43's MDS, dated , 10/4/24, the MDS indicated she was alert and oriented, able to make her needs known, and used a manual wheelchair.</p> <p>During a review of Resident 43's CP titled, High complexity OT evaluation indicating 5 deficit areas of self-care including .functional ADL (Activities of Daily Living) transfers ., dated 10/2/24, the CP indicated, w/c [wheelchair] management .</p> <p>During a review of Resident 43's OT Eval, dated 10/8/24, the OT Eval indicated, Ambulation/Wheelchair . Patient can propel self short distances .</p> <p>During a concurrent observation and interview on 10/14/24 at 11:52 a.m. with the Rehab Director (RD), the RD verified the armrests of Resident 29, Resident 40 and Resident 43's wheelchairs were in disrepair and said, We will have Maintenance replace after lunch.</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/14/24 at 11:52 a.m. with the Maintenance Assistant (MA), the MA said, The wheelchairs are cleaned monthly. Housekeeping rounds them up. Janitor power washes them. Rehab and Housekeeping will check them and they'd let me know if they need repairs and I'd repair them. We did see them when we power washed them last month and the water didn't seep through them so we hadn't replaced them yet.</p> <p>During an interview on 10/15/24 at 9:52 a.m. with the Infection Preventionist (IP), the IP was asked her expectations regarding sanitizing the armrests of wheelchairs in disrepair and said, We probably can't sanitize 100% if the upholstery of the armrests is damaged.</p> <p>During a review of the facility document titled, LOGBOOK DOCUMENTATION (LB), dated 9/17/24, the LB indicated, Steps .Inspect wheelchairs for damaged .components .Armpads, check for cracks .Repair or replace as necessary .</p> <p>During a review of the facility document titled, MAINTENANCE LOG, dated, 2024, Resident 29, Resident 40 and Resident 43's wheelchair arm rest repairs were not found from 8/18/24 through 10/13/24.</p> <p>38528</p> <p>3. Resident 14 was admitted to the facility in the middle of 2024 with diagnoses which included stroke, prostate enlargement, and urinary tract infection.</p> <p>During a review of Resident 14's Order Summary Report (OSR), dated 9/3/24, the OSR indicated, Enhanced Standard Precautions r/t presence of [name brand] catheter.</p> <p>During a review of Resident 14's Nursing Care Plan (NCP), dated 9/3/24, the NCP indicated, Resident requires isolation/precautions .TYPE: Enhanced Standard Precautions .REASON: r/t presence of . [urinary]catheter .Staff will DON the appropriate required PPE [personal protective equipment which includes gloves, gowns, face masks, face shields) when entering room to provide any type of care or address needs . Staff will maintain required type of precautions at all times.</p> <p>During a concurrent observation and interview on 10/14/24 at 10:20 a.m., Licensed Nurse (LN) 1 and LN 2 entered the room and verified Resident 14 holding the urinary catheter bag on top of his abdomen. Resident 14 stated, Tight, tight, dirty and cloudy. LN 1 and LN 2 repositioned and touched Resident 14's body and the urinary catheter. LN 2 left the room while LN 1 stayed in the room and continued to reassure the resident. When asked if the room was on enhanced precautions, LN 2 stated, We should be wearing gowns and gloves. When asked if there was a resident contact when care was provided in the room, LN 2 stated, Yes. We should have worn gowns for infection control.</p> <p>During a review of the facility's P&amp;P titled, Enhanced Barrier Precautions, dated 8/22, the P&amp;P indicated, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms to residents .EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply .Gloves and gown are applied prior to performing the high contact resident care activity .Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include .device care or use ( .central line, urinary catheter, feeding tube .etc.).</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During a concurrent observation and interview on 10/14/24 at 10:25 a.m., Contact Precautions signage was posted on Resident 81's room door which indicated, Everyone must: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves .put on gown . before room entry. Discard gloves .discard gown .before room exit. Resident 81 was in bed, awake and alert but hard of hearing. A blood pressure (BP) cuff equipment was found on top of the bedside table together with other personal belongings.</p> <p>During a concurrent observation and interview on 10/14/24 at 10:42 a.m., LN 3 entered Resident 81's isolation precaution room with no PPEs, picked up the blood pressure cuff equipment then came out of the room. When asked what the process was when entering an isolation room, LN 3 stated, I know. I went in there to pick up the blood pressure cuff. I should have put on gown and gloves. It's all about infection control.</p> <p>During an interview on 10/17/24 at 10:23 a.m. with the DON, the DON stated, The expectation in terms of infection control on transmission based isolation precautions for CNAs and staff in terms of entering and providing care, to follow whatever sign is in there, which includes enhanced standard precautions, to use the necessary personal protective equipment, gowns, gloves, face masks, to prevent the spread of infection.</p> <p>During a review of the facility's P&amp;P titled, Isolation - Initiating Transmission-Based Precautions, revised 8/19, the P&amp;P indicated, When Transmission-Based Precautions are implemented, the Infection Preventionist .Determines the appropriate notification on the room entrance door .that personnel and visitors are aware of the need for and type of precautions .Provides and/or oversees the education of the resident, representative and/or visitors regarding the precautions and use of PPE .The signage informs the staff . before entering the room.</p> <p>48175</p> <p>5. Resident 12 was admitted early in 2024 with diagnoses that included chronic obstructive pulmonary disease (COPD chronic lung disease causing difficulty in breathing) and pneumonia (an infection/inflammation in the lungs).</p> <p>During a review of Resident 12's Physician's Orders (PO), dated 10/11/24, the PO indicated, Change and Date Anti-Microbial Bag for Nebulizer and O2 Tubing Storage every nightshift every 1 month(s) starting on the 1st for 1 day(s) (sic).</p> <p>During a concurrent observation and interview on 10/14/24 at 11:26 a.m. in Resident 12's room with LN 7, LN 7 stated, . [Resident 12's] nebulizer should be stored in an anti-microbial bag.</p> <p>During a concurrent observation and interview on 10/15/24 at 9:12 a.m. in Resident 12's room with CNA 8, CNA 8 confirmed that Resident 12's nebulizer was on the floor and should have been stored in an anti-microbial bag to minimize any bacteria since Resident 12 had a lung infection.</p> <p>During a concurrent observation and interview on 10/16/24 at 2:15 p.m. with the DON in Resident 12's room, the DON stated, The expectation is to follow the infection control protocol .which is to ensure that equipment is stored and labeled properly .</p> <p>(continued on next page)</p>		

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  10/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Resident 296 was admitted in late 2024 with diagnoses that included benign prostatic hyperplasia with lower urinary tract symptoms (a condition where the prostate gland enlarges and causes urinary symptoms) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic chronic kidney disease.</p> <p>During a review of Resident 296's PO, dated 10/05/24, the PO indicated, [Brand Name, urinary Catheter] Change .Catheter bag q [every] week.</p> <p>During a review of Resident 296's CP, dated 10/7/24, the CP indicated, Use principles of infection control and universal/standard precautions.</p> <p>During a concurrent observation and interview on 10/14/24 at 11:42 a.m. with LN 8 in Resident 296's room, LN 9 confirmed that Resident 296's urinary catheter anti-microbial bag was undated and unlabeled.</p> <p>During an observation and interview on 10/15/24 at 8:08 a.m. with CNA 2 in Resident 296's room, CNA 2 stated, .The [urinary] catheter bag should be dated and labeled .</p> <p>During an observation and interview on 10/16/24 at 2:25 p.m. with the DON in Resident 296's room, the DON stated, .The staff went to get a pen .The expectation is to label and date the anti-microbial bag immediately after it's changed.</p> <p>The Facility was unable to provide a P&amp;P upon request of the Department.</p>

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  10/17/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>42255</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 30 sampled residents (Resident 62) was able to call for assistance when the call light was not in working order.</p> <p>This failure had the potential to result in unmet care needs for Resident 62 when her call light was not working.</p> <p>Findings:</p> <p>Resident 62 was admitted to the facility in late 2023 with diagnoses which included congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), atrial fibrillation (irregular heartbeat) and hypertension (HTN-high blood pressure).</p> <p>During an observation and interview on 10/14/24 at 9 a.m. in Resident 62's room, Resident 62 was observed in her bed, pushing her call light. She pulled back her bed covers to show her wet incontinence brief and stated, They are not coming .look at me. I have soiled pants and they need to be changed. Resident 62 pushed her call light again; the call light did not turn on in the hallway.</p> <p>During a concurrent observation and interview on 10/14/24 at 9:05 a.m. with Certified Nursing Assistant (CNA) 8, in Resident 62 room, CNA 8 confirmed the call light was not working and stated, It should be working she does need assistance .</p> <p>During an interview on 10/17/24 at 12:27 p.m. with the Director of Nursing (DON), the DON stated, I would expect that everyone should have a working call light or given another way to call out for help.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Answering the Call Lights, dated 9/22, the P&amp;P indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs .Be sure that the call light is plugged in and functioning at all times .</p>