

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER North Park Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2586 Buthmann Ave Tracy, CA 95376	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure professional standards of care were met for 1 of 3 sampled residents (Resident 1), when:1. Resident 1 was administered insulin (medication that lowers blood sugar level) and Depakote (medication used to treat seizure disorder) without a physician's order; and,2. The facility failed to consistently monitor Resident 1 for adverse effects after she returned from the hospital.This failure had the potential to cause hypoglycemia (blood sugar below 70 which can cause shaking, sweating, and rapid heartbeat) and other adverse medication side effects which could negatively impact Resident 1s health and well-being.Findings:1. Resident 1 was admitted to the facility with diagnoses which included type 2 diabetes mellitus (DM2, a chronic disease in which the body does not make enough insulin which leads to high blood sugar levels).During an interview on [DATE], at 9:56 AM, with family member (FM) 1, FM 1 stated on [DATE], the facility Director of Nurses (DON) called FM 1 to report a change in Resident 1's condition. FM 1 further stated the DON notified them that Resident 1 was inadvertently given insulin. FM 1 stated the physician had given orders for Resident 1 to stay in the facility and have her blood sugar monitored every 30 minutes. FM 1 requested Resident 1 be transferred to the hospital for observation.During an interview on [DATE], at 1:56 PM, with licensed nurse (LN) 1, LN 1 stated she had not worked with Resident 1 prior to [DATE]. LN 1 further stated she started her medication pass in Resident 1 ?s room but was called away for an issue with another resident. LN 1 stated when she returned to the medication cart, she clicked next on the medication administration record (MAR) and administered the listed medications which included insulin and Depakote. LN 1 further stated when she opened the MAR for the next resident, she realized that she had administered the wrong medications to Resident 1. LN 1 stated she notified her supervisor and called Resident 1's physician and received an order to monitor Resident 1's blood sugar every 30 minutes. LN 1 further stated Resident 1's family called and requested Resident 1 be transferred to the emergency room for observation.During a review of Resident 1's clinical document titled, Change of Condition Evaluation, dated [DATE], at 5:22 PM, the document indicated, .Accidental Medication error.This started on [DATE].At start of med pass, this nurse was responding to another resident with an urgent COC [change of condition] Upon resuming, MAR [Medication Administration Record] discrepancy was identified and addressed immediately.Most Recent Blood Glucose.Blood Glucose 145 Date [DATE] 1740 [5:40 PM].Date and time of clinician notification [DATE] 17:50 [5:50 PM].Recommendation of Primary Clinician(s).Monitor mental status and BS [blood sugar] every 30 mins [minutes] for 4 hours. And monitor for s/s [signs and symptoms] of hypoglycemia or any other adverse effects.During a review of Resident 1's clinical document titled, [hospital name] HOSPITALIST DISCHARGE SUMMARY, the document indicated, .admit date : [DATE].discharge date [DATE]. REASON FOR ADMISSION.sent to emergency department with complaints of being given Depakote 500 mg (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555245 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER North Park Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2586 Butthmann Ave Tracy, CA 95376	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[milligram, unit of measure] and insulin 9 units around 1730 [5:30 PM]. Per records patient does not take these medications. Currently alert and oriented x 3 [oriented to person, place and time] however found to be hypoglycemic to 70's EN [sic] route patient has received oral glucose. Again blood glucose dropped down to 78.2. During a concurrent interview and record review on [DATE], at 3:28 PM, with the DON, Resident 1's clinical record was reviewed. The DON stated Resident 1 returned from the hospital on [DATE], at 9:20 PM, and the LNs were instructed to monitor Resident 1's blood glucose and mental status for increased confusion or worsening of her condition on every shift for the next 72 hours. The DON confirmed Resident 1's clinical record did not contain documentation of Resident 1's condition on the following dates and shifts: [DATE] night shift (10:30 PM- 7 AM) [DATE] am shift (6:30 AM - 3PM) and night shift [DATE] am shift, pm shift (2:30 PM- 11 PM) and night shift. The DON stated it was her expectation that Resident 1's condition, including her blood sugar and vital signs should have been monitored on every shift for 72 hours after her return from the hospital. The DON further stated the 72-hour monitoring and documentation was important to ensure Resident 1 remained safe and allowed the LN to catch any adverse reactions that may occur. The DON stated the monitoring was necessary to ensure the staff were able to meet Resident 1's care needs. During a review of a facility policy titled, Adverse Consequences and Medication Errors, revised [DATE], the policy indicated, .Residents receiving any medication that has a potential for an adverse consequence will be monitored to ensure that any such consequences are promptly identified and reported. Facility staff monitor the resident for possible medication-related adverse consequences, including mental status and level of consciousness, when the following conditions occur. Medication error, e.g., wrong or expired medication. The following information is documented in an incident report and in the resident's clinical record. factual description of the error. Residents condition is monitored for 24- 72 hours or as directed.		