

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to ensure dignity was promoted for one of 19 sampled residents (Resident 22) when a Certified Nursing Assistant (CNA) stood up in front of the resident while assisting with her lunch meal.</p> <p>This failure had the potential to result in Resident 22 not attaining her highest practicable physical, mental and psychosocial well-being.</p> <p>Findings: o</p> <p>Resident 22 was admitted to the facility in late 2023 with diagnoses which included memory impairment and weakness.</p> <p>During a review of Resident 22's assessment titled, Functional Abilities and Goals, dated 6/25/24, the assessment indicated, Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth . supervision or touching assistance.</p> <p>During an observation on 8/5/24 at 12:50 p.m. in the facility dining room, CNA 1 assisted Resident 22 during lunch meal. CNA 1 stood up at the side of Resident 22 and put food in the resident's mouth with a spoon. Resident 22 turned her face away and tried to push away the hands of CNA 1.</p> <p>During an interview on 8/5/24 at 12:52 p.m. with CNA 1, when asked what the process for assisting the residents with meals was, CNA 1 stated, We sit down to not hurt our back and to feed them properly. I am aware that we should not stand up while assisting them.</p> <p>During an interview on 8/5/24 at 1:10 p.m. with Restorative Nursing Aide 1 (RNA 1), when asked what the process for assisting residents with meals was, RNA 1 stated, When we are feeding the residents, we are sitting beside the resident. We are not supposed to be standing up .because the residents don't feel comfortable, and that's for respect and dignity to the resident.</p> <p>During an interview on 8/7/24 at 3:33 p.m. with the Director of Nursing (DON), when asked what the expectation from the CNA's or the RNA's on assisting resident with meals was, the DON stated, [CNAs and RNAs] are supposed to be sitting down and not standing while providing assistance with feeding .I mean, no one wants to be hovered over .it should be inappropriate to be standing in front of the resident to maintain respect and dignity for the resident.</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: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Dignity, dated 2/21, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem .When assisting with care, residents are supported in exercising their rights. For example, residents are .provided with a dignified dining experience.</p> <p>During a review of the facility's P&P titled, Resident Rights, dated 8/09, the P&P indicated, Employees shall treat all residents with kindness, respect, and dignity.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement comprehensive care plans for two out of 19 sampled residents (Resident 148 and Resident 4), when:</p> <ol style="list-style-type: none"> 1. No activities care plan was developed or implemented for Resident 148; and, 2. No care plan was developed or implemented for a skin laceration with staples for Resident 4. <p>These failures had the potential to result in residents not attaining their highest practicable physical, mental and psychosocial well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Resident 148 was admitted in the middle of 2024 with diagnoses which included anxiety, depression, and difficulty walking. <p>During a review of Resident 148's Baseline Care Plan (BCP), dated 7/23/24, the BCP had no documented evidence of an assessment for activities and hobby preferences.</p> <p>During a review of Resident 148's Nursing Care Plan (NCP) dated 7/23/24, the NCP indicated, [Resident 148] is Spanish speaking and has a language barrier with staff .prefers to communicate in Spanish. There was no documented evidence for an activities care plan developed or implemented.</p> <p>During a concurrent observation and interview on 8/5/24 at 10:33 a.m. in Resident 148's room, Resident 148 was in bed, awake, alert, and staring at the walls. When asked how he was doing, Resident 148 answered in Spanish, I don't understand. I don't speak English.</p> <p>During a concurrent observation and interview on 8/5/24 at 10:45 a.m. in Resident 148's room with Licensed Nurse 1 (LN 1), LN 1 stated, [Resident 148] is alert and oriented and speaks Spanish .I have not seen him go to activities .I guess because he does not speak English.</p> <p>During an interview on 8/5/24 at 10:48 a.m. with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated, [Resident 148] is alert and oriented x4 .I have not seen any activities in the room .I know he is new and he speaks Spanish.</p> <p>During a concurrent observation and interview on 8/6/24 at 8:40 a.m. in Resident 148's room, with CNA 4, Resident 148 was in a wheelchair, awake and alert with no activity and the television turned off. CNA 4 was at the bedside, and stated, [Resident 148] does not go to activities. He just stays in his room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/7/24 at 12:15 p.m. with the Activity Assistant (AA), when asked about Resident 148's assessment and plan of care, the AA stated, Who's that? I don't remember that name. [Resident 148] is probably a new admit. It has been like 15 days or something. He is not in our list of activities we've been doing lately. With the last name, he has not been with activities .I don't see any [assessment or care plan]. I cannot find his name.</p> <p>During an interview on 8/7/24 at 12:54 p.m. with the Activities Director (AD), when asked about Resident 148's activities assessment and plan of care, the AD stated, I have not assessed the resident .That should have been done. It has been like more than two weeks and it hasn't been done.</p> <p>During an interview on 8/7/24 at 3:33 p.m. with the Director of Nursing (DON), the DON stated, The activities department would do a plan of care for activities .but there should be an assessment.</p> <p>42255</p> <p>2. Resident 4 was admitted to the facility in mid-2024 with diagnoses which included Parkinson's disease (disorder of the central nervous system that affects movement, often including tremors), osteoarthritis (joint break down), disorder of bone density and structure.</p> <p>During an interview and observation on 8/5/24 at 8:45 a.m. Resident 4 was seen with a splint on her left hand and stated in Spanish, I fell and cut my finger.</p> <p>During a concurrent interview and record review on 8/7/24 at 9:10 a.m. with Licensed Nurse (LN) 8, LN 8 reviewed Resident 4's records and confirmed there was no document assessment or care plan for the laceration. LN 8 stated, When residents return back from hospital the nurses receive the packet [discharge summary] and make sure we follow-up with the new orders, assessments, and care plans.</p> <p>During an interview on 8/7/24 at 1:46 p.m. with the DON, the DON stated, Resident 4 should have had the assessment and care plans completed for the new injuries so we can monitor for infection or worsening of the area.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 12/19, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objective and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to revise the comprehensive care plan for one of 19 sampled residents (Resident 71), when the nutrition care plan was not updated after an added intervention ordered by the physician.</p> <p>This failure had the potential to result in Resident 71 not attaining her highest practicable well-being.</p> <p>Findings:</p> <p>Resident 71 was admitted to the facility in early 2024 with diagnoses which included unspecified endocrine disorder (e.g. diabetes, abnormal blood sugar levels), hyperlipidemia (elevated levels of fat in the blood) and difficulty swallowing.</p> <p>During a review of Resident 71's Minimum Data Set (MDS, an assessment tool), dated 7/14/24, the MDS indicated Resident 71 had no memory impairment and needed partial assistance with activities of daily living.</p> <p>During a review of Resident 71's Nursing Care Plan (NCP), dated 7/19/24, the NCP indicated, Alteration in nutrition and at risk for weight loss related to poor meal intake. There was no documented evidence the NCP was revised or updated.</p> <p>During a review of Resident 71's Nursing Progress Notes (NPN), dated 8/1/24, the NPN indicated, [Resident 71] c/o [complained of] chills during night at times .verbal order of check glucose [blood sugar level] if signs of hypoglycemia [low blood sugar level] PRN [as needed].</p> <p>During a concurrent observation and interview on 8/5/24 at 10:18 a.m. on the hallway in front of Resident 71's room, Resident 71 wheeled herself, alert and verbally responsive, and stated, The food is lousy. Food has no flavor .It's always the same, no variety, no quality kind of thing, and not healthy.</p> <p>During a concurrent observation and interview on 8/6/24 at 8:50 a.m. in Resident 71's room, Resident 71 sat in a wheelchair awake and alert, and stated, I remember we talked yesterday. Again, the only problem I have is the food .Food has no variety, no quality kind of thing, not enough healthy food.</p> <p>During a concurrent observation and interview on 8/7/24 at 10:20 a.m. in Resident 71's room, when asked about her low blood sugar, Resident 71 stated, I did have chills one night last week. They did not check my blood sugar. I remember exactly the chills .the doctor wanted to check my blood sugar. I just felt my blood sugar was off. If anything, I am hypoglycemic [state of having low blood sugar] and that's what I've had in the past .Nobody told me to tell the nurse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/7/24 at 10:25 a.m. with Certified Nursing Assistant (CNA) 5, CNA 5 stated, [Resident 71] has problem with her food .she's a little bit weaker on her feet, and she has told me about low blood sugars .She is alert and oriented x4.</p> <p>During an interview on 8/7/24 at 10:27 a.m. with Licensed Nurse 2 (LN 2), LN 2 stated, [Resident 71] had chills and symptoms of hypoglycemia .She recently told me and I told the doctor that sometimes she feels jittery and had some chills .the doctor recently had me put an order in for PRN blood sugar checks if she had those symptoms. I did receive the order and I am aware of that. When asked if the order was put in as intervention in the Resident 71's nutrition care plan, LN 2 verified the intervention was not added in the care plan, and stated, I did not put any revision in the interventions to check blood sugars.</p> <p>During an interview on 8/7/24 at 3:33 p.m. with the Director of Nursing (DON), the DON stated, The nurse needs to do a new care plan or update and revise the existing care plan. If there's a new intervention, the nurses will review or revise the care plan .The expectation is for nurses to do an assessment and document in the care plan.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Comprehensive Care Plans, dated 3/1/2023, the P&P indicated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment .The comprehensive care plan will be reviewed and revised by the interdisciplinary team.</p> <p>42255</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>42255</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services in accordance with acceptable professional standards of quality for two out of 19 sampled residents (Resident 4 and Resident 65) when:</p> <ol style="list-style-type: none"> 1. An assessment was not found for a new laceration to Resident 4's index finger; and, 2. Oxygen was not provided per physican's orders for Resident 65. <p>These failures had the potential of worsening the residents' clinical conditions.</p> <p>Findings:</p> <p>1. Resident 4 was admitted to the facility in mid-2024 with diagnoses which included Parkinson's disease (disorder of the central nervous system that affects movement, often including tremors), osteoarthritis (joint break down), disorder of bone density and structure.</p> <p>During an interview and observation on 8/5/24 at 8:45 a.m. Resident 4 was seen with a splint on her left hand. And stated in Spanish, I fall and cut my finger.</p> <p>During a concurrent interview and record review on 8/7/24 at 9:10 a.m. with Licensed Nurse (LN 8), LN 8 reviewed Resident 4's computerized records and confirmed there were no documented assessments for the laceration. LN 8 stated, When residents return back from hospital the nurses receive the packet [discharge summary] and make sure we follow-up with the new orders, assessments and care plans.</p> <p>During an interview on 8/7/24 at 1:46 p.m. with the Director of Nursing (DON), the DON stated, Resident 4 should have had the assessment and care plans completed for the new injuries so we can monitor for infection or worsening of the area.</p> <p>48175</p> <p>2. During a review of Resident 65's admission record, Resident 65 was admitted to the facility during the late winter of 2018 with diagnoses which included pulmonary fibrosis (a disease in which there is scarring of the lungs that makes it difficult to breathe), major depressive disorder, and chronic cough.</p> <p>During a record review of Resident 65's Clinical Physician Order (CPO), dated 5/14/24, the CPO indicated, Oxygen Therapy at 2 liters per minute .</p> <p>During a review of Resident 65's Minimum Data Set (MDS-an assessment tool) Cognitive Patterns, dated 6/13/24, indicated a Brief Interview for Mental Status Score (BIMS-a tool to assess cognition) of 14 out of 15, which indicated cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview with Resident 65 on 8/5/24 at 9:07 a.m. sitting on the bed, Resident 65 was observed not sitting upright with oxygen running via nasal cannula (a device that delivers extra oxygen through a tube into your nose) at 2.5 L (liters, a unit of measurement) per minute due to pulmonary fibrosis. Resident 65 stated, My nostrils are crusty, dry and are irritated.</p> <p>During a concurrent observation and interview with LN 3 on 8/5/24 at 9:10 a.m. in Resident 65's room, LN 3 confirmed that Resident 65's oxygen ran at 2.5L per minute and stated, Let me double check the physician's order. LN 3 confirmed that the physician's orders indicated administering 2L per minute. LN 3 acknowledged the importance of following physician orders and ensuring that Resident 65 received the correct amount of oxygen ordered by the physician.</p> <p>During an interview with the DON on 8/6/24 at 9:10 a.m. the DON stated that LNs are expected to follow the physician's orders as indicated.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Administrating Medications, revised 4/19, the P&P indicated, Medications are administered .with prescriber orders .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>38528</p> <p>Based on observation, interview, and record review, the facility failed to ensure the communication needs were met for two of 19 sampled residents (Resident 148 and Resident 40), when there were no communication sheet or device accessible at the bedside for the staff to communicate with the residents.</p> <p>This failure had the potential to result in not meeting the resident's highest practicable well-being.</p> <p>Findings:</p> <p>1. Resident 148 was admitted in the middle of 2024 with diagnoses which included anxiety, depression, right hip pain, and difficulty walking.</p> <p>During a review of Resident 148's Baseline Care Plan (BCP), dated 7/23/24, the BCP indicated, Health and Safety History and Potential Risks: Communication Barriers/Devices/Interpreter.</p> <p>During a review of Resident 148's Nursing Care Plan (NCP) dated 7/23/24, the NCP indicated, [Resident 148] is Spanish speaking and has a language barrier with staff .Resident prefers to communicate in Spanish . The resident is able to communicate by: using communication board (located at bedside).</p> <p>During a concurrent observation and interview on 8/5/24 at 10:33 a.m. in Resident 148's room, Resident 148 was in bed, awake, alert and staring at the walls. When asked how he was doing, Resident 148 answered in Spanish, I don't understand. I don't speak English.</p> <p>During a concurrent observation and interview on 8/5/24 at 10:35 a.m. in Resident 148's room, with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated, [Resident 148] communicates in Spanish. CNA 2 verified there were no communication resources at the bedside for the staff to use, and stated, Some other residents have the communication boards and binders at their bedside. I don't see any communication board for him. That would help if there was one. He does not speak English at all.</p> <p>During a concurrent observation and interview on 8/5/24 at 10:45 a.m. in Resident 148's room with Licensed Nurse 1 (LN 1), LN 1 stated, [Resident 148] is alert and oriented and speaks Spanish. LN 1 verified and checked the resident's bedside, and stated, I have not seen a communication board or binder at the bedside. He is a new admit .There should be a communication binder so we can understand what he is saying when he needs something.</p> <p>During a concurrent observation and interview on 8/5/24 at 10:48 a.m. with CNA 3, CNA 3 stated, [Resident 148] is alert and oriented x4. He speaks Spanish .we communicate with him by signs and gestures, and sometimes it gets so difficult. CNA 3 verified there were no communication resources at the bedside, and stated, The other residents have them at the bedside .There should be always available communication resource at the bedside because you don't always guarantee somebody will translate for you.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/6/24 at 8:40 a.m. in Resident 148's room, with CNA 4, Resident 148 was in a wheelchair, awake and alert with no activity and the television turned off. CNA 4 verified there were no communication binders at the bedside, and stated, [Resident 148] speaks Spanish and he does not speak English at all .when nobody is here and I cannot understand what he's talking about. We have to have resources like communication book or binders, pictures at the bedside for him to point at, so we can understand him and provide better care to him.</p> <p>During an interview on 8/7/24 at 12:54 p.m. with the Activities Director (AD), the AD stated, The communication binder and other resources are at the bedside, or behind their bed and that's pretty standard.</p> <p>During an interview on 8/7/24 at 3:33 p.m. with the Director of Nursing (DON), when asked what the expectation for non-English speaking residents was, the DON stated, There is always communication boards .There should be a communication tool at the bedside as well for a quick reference in case of urgent need that you need to attend to. Each resident should have her or his own communication binder at the bedside.</p> <p>48175</p> <p>2. During a review of Resident 40's admission record, Resident 40 was admitted to the facility in the fall of 2019 with diagnoses which included dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) and cerebral infarction (lack of adequate blood supply to brain cells).</p> <p>During a review of Resident 40's Minimum Data Set (MDS-an assessment tool) Cognitive Patterns, dated 6/10/24, a Brief Interview for Mental Status Score (BIMS-a tool to assess cognition) of 6 out of 15 which indicated severe cognitive impairment.</p> <p>During the record review of Resident 40's care plan (CP), the CP indicated, Has a communication problem r/t [related to] cerebral intracranial hemorrhage and language barrier. Primary language is Taishanese . [Resident 40] .using a communication board .</p> <p>During a concurrent observation and interview with CNA 6 on 8/5/24 at 10:59 a.m. in Resident 40's room, CNA 6 looked by the bedside, confirmed there was no communication board and stated, .I am unsure if she was provided a communication board.</p> <p>During a concurrent observation and interview on 8/5/24 at 10:10 a.m. with LN 3 in Resident 40's room, LN 3 stated, I know she has a communication board, which should be here .I can't find one right now.</p> <p>During a concurrent observation and interview on 8/6/24 at 10:30 a.m. with the AD in Resident 40's room, the AD stated, I was not informed her communication board was missing, and she should always have one by the bedside.</p> <p>During a concurrent observation and interview on 8/7/24 at 11:10 a.m. with the Social Services Director (SSD) in Resident 40's room, the SSD stated, . there's none [communication board] by her bedside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/7/24 at 12:10 p.m. with the DON the DON stated, The expectation is that care plans should be followed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Translation and/or Interpretation of Facility Services, dated 5/17, the P&P indicated, The facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility.</p> <p>During a review of facility's P&P titled, Resident Rights, dated 3/23, the P&P indicated, If a resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate the information concerning rights and responsibilities in a language familiar to the resident will be made available and implemented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46995</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 19 sampled residents (Resident 63) received a specialty mattress used to treat a Stage 4 pressure injury (PI, injury to the skin and underlying tissue from prolonged pressure on the skin. Stage 4, full thickness skin loss, wound can extend to muscle and bone).</p> <p>This failure had the potential for the wound to worsen and increased pain.</p> <p>Findings:</p> <p>Resident 63 was readmitted to the facility in mid-2024 with diagnoses which included malnutrition, pressure injury of sacral region (tailbone) Stage 4, osteomyelitis (infection in the bone), right above the knee amputation, and rectal abscess.</p> <p>During a review of Resident 63's Braden Score [scale used to predict PI risk], dated 7/16/24, the Braden Score indicated Resident 63 was bedfast (confined to bed), and had very limited ability to change and control his body position.</p> <p>During a review of Resident 63's SKILLED NURSING FACILITY ORDERS FOR HOSPICE CARE, dated 7/16/24, the orders indicated, .continue with specialty bed- [brand name of low air loss mattress] .</p> <p>During a review of Resident 63's care plan (CP), dated 7/16/24, the CP indicated, The resident has pressure ulcer [PI] to sacrum .the resident requires pressure reducing mattress. The CP was updated on 8/7/24 and indicated, The resident requires Pressure (sic) relieving/reducing device- Low air loss mattress while in bed .</p> <p>During a concurrent observation and interview on 8/6/24 at 9:18 a.m. with Resident 63 in his bedroom, there was not any type of specialty mattress on his bed. Resident 63 stated, When I went to the hospital, they had me on an air mattress, when I came back, they did not .</p> <p>During an interview on 8/6/24 at 9:38 a.m. with Licensed Nurse (LN 6), LN 6 confirmed Resident 63 did not have a low air loss mattress on his bed. LN 6 stated, He is on hospice, so they need to provide a low air loss mattress. That is what I was told . When asked if Resident 63 would benefit from a low air loss mattress, LN 6 stated, Yes and I have recommended that to the [hospice nurse] . When asked if the facility had a low air loss mattress that could be used on Resident 63, LN 6 stated, Yes we do. When asked if there was any reason Resident 63 was not provided with a low air loss mattress since his admitted [DATE], LN 6 stated, It's just my understanding hospice needs to supply the mattress . When asked if Resident 63 had pain, LN 6 stated, He is in pain everywhere, even turning him is painful.</p> <p>During an interview on 8/6/24 at 9:49 a.m. with the Assistant Director of Nursing (ADON), the ADON was asked if a resident with a Stage 4 PI would receive a low air loss mattress, the ADON stated, Typically they would have one. When asked if [hospice company] did not provide a low air loss mattress timely, would the facility use one of their mattresses, the ADON stated, Yes. When asked if Resident 63 should have a low air loss mattress, the ADON stated, I would expect him to be on one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/7/24 at 10:13 a.m. with the Director of Nursing (DON), the DON confirmed Resident 63 had an order from the hospital for a specialty mattress, but did not have one on his bed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol, dated 4/18, the P&P indicated, .the physician will order pertinent wound treatments, including pressure reduction surfaces .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>48175</p> <p>Based on interview and record review, the facility failed to complete annual performance evaluations and staff competency in skills and techniques for five of five sampled Certified Nursing Assistants (CNAs; CNA 7, CNA 8, CNA 9, CNA 10, and CNA 11).</p> <p>This failure increased the risk of residents receiving poor-quality care from the CNAs.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 8/6/24 at 3:45 p.m. with the Director of Nursing (DON), the CNAs personnel records indicated the following dates of hire (DOH):</p> <p>CNA 7 - 11/16/04;</p> <p>CNA 8 - 11/22/22;</p> <p>CNA 9 - 11/9/15;</p> <p>CNA 10 - 7/20/15; and,</p> <p>CNA 11 - 8/1/1991.</p> <p>During a concurrent interview and record review on 8/6/24 at 5 p.m. with the DON, the DON confirmed, by looking at the performance evaluations and staff competency in skills and techniques documents, no performance evaluations nor staff competency in skills and techniques were completed in 2024.</p> <p>During a concurrent interview and record review on 8/6/24 at 5:20 p.m. with the Clinical Compliance Nurse (CCN), the CCN stated, We are having a hard time locating them [performance evaluations and staff competency skills].</p> <p>During a concurrent interview and record review on 8/7/24 at 9:20 a.m. with the Administrator (ADM), the ADM stated, The personnel records for the CNAs were reviewed, and confirmed there were no performance evaluation nor staff competency in skills and techniques were completed in 2024. The ADM stated, If the performance evaluations and staff competency in skills and techniques were not completed annually, the staff skills could be decreased, affecting the CNAs' competency in providing care for the residents.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Competency of Nursing Staff, revised 10/17, the P&P indicated, All nursing staff .requirements defined by State law .participate in a facility-specific, competency-based staff development and training program; and demonstrate specific competencies and skill sets .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49814</p> <p>Based on observation, interview, and record review, the facility failed to implement pharmaceutical policies and procedures for one out of five sampled residents (Resident 29), when calcium-vitamin D (a type of vitamin and mineral) was not available to be given to the resident during medication pass.</p> <p>This failure resulted in Resident 29 not receiving her morning medication as prescribed by the physician.</p> <p>Findings:</p> <p>During a medication pass observation on 8/5/24 at 8:22 a.m., with Licensed Nurse (LN 3), LN 3 prepared and administered Resident 29's medications which did not include calcium with vitamin D.</p> <p>During a review of Resident 29's Physician Orders (PO), dated 6/8/24, the PO indicated, Calcium-vitamin D 600-200 mg-u (milligram, unit of measure) give one tablet by mouth two times a day for supplement.</p> <p>During a review of Resident 29's Medication Administration Record (MAR), dated August 2024, the MAR indicated the morning dose of calcium-vitamin D was not administered on 8/5/24.</p> <p>During an interview on 8/5/24 at 1:15 p.m. with LN 3, LN 3 stated, The calcium with vitamin D for [Resident 29] was not ordered on time and it was not available for the medication pass.</p> <p>During an interview on 8/6/24 at 11:45 a.m. with the Director of Nursing (DON), the DON confirmed medications should be ordered on time and available to administer as ordered by the physician.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Storage in the Facility, dated 3/18, the P&P indicated, The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them .</p> <p>During a review of the facility's P&P titled, Medication Administration - General Guidelines, dated 3/18, the P&P indicated, Medications are administered in accordance with the written orders of the attending physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49814</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication error rate did not exceed 5% for one of five sampled residents (Resident 29), when:</p> <ol style="list-style-type: none"> 1. A Licensed Nurse (LN) crushed and administered the following uncrushable medications: oxybutynin ER (an Extended Release medication for overactive bladder) 100mg (milligram, unit of measure) and pantoprazole DR (a Delayed Release medication to reduce stomach acid) 20 mg; and, 2. An LN did not administer Resident 29's calcium-vitamin D (a combination of a vitamin and a mineral) 600-200 mg-u (milligram-unit, unit of measure) as ordered by the physician. <p>These failures resulted in three errors identified out of 33 opportunities during the observation of medication administration; the facility medication error rate was 9.09%.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a medication pass observation on 8/5/24 at 8:22 a.m., with LN 3, LN 3 crushed and administered all of Resident 29's medications together which included oxybutynin ER and pantoprazole DR tablets. LN 3 confirmed the medications were crushed prior to administering them to Resident 29. <p>During a review of Residents 29's Physician Orders (PO), dated 7/12/24, the PO indicated, Oxybutynin ER 10 mg, give one tablet by mouth once daily, and pantoprazole DR 20 mg, give one tablet by mouth daily.</p> <p>During a concurrent interview and record review on 8/5/24 at 1:15 p.m. with LN 3, the facility's document titled, Medications To Not Be Crushed, was reviewed. The document indicated that oxybutynin ER and pantoprazole DR should have not been crushed. LN 3 also confirmed that pantoprazole DR and oxybutynin ER were both on the list. LN 3 then stated, These medications should not be crushed because they can work faster in the body if they are crushed, and they can have more side effects.</p> <p>During an interview on 8/6/24 at 11:45 a.m. with the Director of Nursing (DON), the DON confirmed pantoprazole DR and oxybutynin ER were not crushable medications.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Administration - General Guidelines, dated 3/18, the P&P indicated, Medications are administered as prescribed in accordance with good nursing principles and practices .Long-acting or enteric-coated dosage forms should generally not be crushed; an alternative should be sought.</p> <ol style="list-style-type: none"> 2. During a review of Resident 29's PO, dated 6/8/24, the PO indicated, Calcium-vitamin D 600-200 mg-u give one tablet by mouth two times a day for supplement. <p>During a review of Resident 29's MAR, dated August 2024, the MAR indicated the morning dose of calcium-vitamin D was not administered on 8/5/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/5/24 at 1:15 p.m. with LN 3, LN 3 stated, The calcium with vitamin D for [Resident 29] was not ordered on time and it was not available for the medication pass.</p> <p>During an interview on 8/6/24 at 11:45 a.m. with the DON, the DON confirmed that the medication should have been ordered on time and available to administer as ordered by the physician.</p> <p>During a review of the facility's P&P titled, Medication Administration - General Guidelines, dated 3/18, the P&P indicated, Medications are administered in accordance with the written orders of the attending physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49814</p> <p>Based on observation, interview, and record review, the facility failed to implement their medication storage policy when:</p> <ol style="list-style-type: none"> 1. An expired vial of insulin was not removed from a medication cart; 2. A multi-dose inhaler did not have an open date label to determine its expiration date; and, 3. 16 pills were stored in a plastic cup without a proper pharmaceutical product label and expiration date. <p>These failures had the potential for residents to receive medications with unsafe and reduced potency from being used past their discard date and incorrect medications from inadequate labeling.</p> <p>Findings:</p> <p>1. During a concurrent observation and interview on [DATE] at 9:49 a.m., with Licensed Nurse (LN 1), at a medication cart, an expired 10 ml (milliliter, unit of measure) vial of Humulin R (a medication used to lower blood sugar level), with an expiration date of [DATE] was found in medication cart 2. LN 1 confirmed the insulin vial was expired and indicated this practice could lead to negative resident outcomes.</p> <p>During an interview on [DATE] at 11:45 a.m. with the Director of Nursing (DON), the DON confirmed that the expired insulin vial should have been removed from the active medication area.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Storage in the Facility, dated , d+[DATE], the P&P indicated, Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal .Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.</p> <p>2. During a concurrent observation and interview on [DATE] at 9:49 a.m., with LN 1, an inhaler of fluticasone propionate/salmeterol (a combination of two medications to help people with lung disorders breathe easier), 500mcg-50mcg (micrograms, a unit of measurement) was found without an open date. LN 1 indicated she was unable to confirm the expiration date without an open date.</p> <p>A review of the fluticasone propionate/salmeterol manufacturer box indicated to discard the product 30 days after opening.</p> <p>During an interview on [DATE] at 11:45 a.m. with the DON, the DON confirmed that inhalers should have had an open date and indicated that the open date was used to calculate the medication's shorter expiration date.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Dating of Containers When Opened, dated ,d+[DATE], the P&P indicated, Some medications require the container to be dated when opened and discarded a number of days after opening as defined by the manufacturer .Pacific [NAME] Pharmacy's Policies and Procedures do not require the facility to put a date opened on a bulk or house supply item when those items are opened unless (per manufacturer) there is a shortened expiration date after the product is opened.</p> <p>3. During a concurrent observation and interview on [DATE] at 9:49 a.m., with LN 1, a small clear plastic medication cup with 16 capsules were found with no label. LN 1 confirmed there was no label found to provide the needed information about the pills such as the name, strength, expiration date, and lot number.</p> <p>During an interview on [DATE] at 11:45 a.m. with the DON, the DON confirmed that medications should be kept in their original container with a verifiable expiration date.</p> <p>During a review of the facility's P&P titled, Medication Storage in the Facility, dated ,d+[DATE], the P&P indicated, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier .The provider pharmacy dispenses medications in containers that meet legal requirements, including standards set forth by the United States Pharmacopeia (USP). Medications are kept in these containers. Transfer of medications from one container to another is done only by the pharmacy .The facility must label drugs and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date .Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible .All drugs obtained by prescription shall be labeled in compliance with State and Federal laws governing prescription dispensing .The drugs of each patient shall be kept and stored in their originally received containers. No drug shall be transferred between containers.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47465</p> <p>Based on observation, interview, and record review, the facility failed to ensure the menu was followed for the therapeutic diet (a modification of a regular diet, tailored to fit the nutritional needs of a particular person normally prescribed by a physician) during the lunch meals on 8/5/24 and 8/6/2024 when:</p> <ol style="list-style-type: none"> Six residents (Resident 14, 20, 29, 34, 64, and 545) were on fortified (enriched with extra nutrients) diets who did not receive extra melted butter on the vegetables; Four residents (Resident 25, 31, 47 and 49) who were on small portion diets received the incorrect portion of salmon for their meals; Three residents were on Dysphagia Mechanical Soft (a modified texture diet is soft and moist for people who has chewing or swallowing issues) texture diet when: <ol style="list-style-type: none"> Resident 46 and 85 received the incorrect consistency for their meal; and, Resident 292 received an incorrect portion of broth for her meal; Resident 8 was on bite-size texture diet received ground (finely chopped) chicken instead of cut-up cubed chicken; and, The cook did not follow the recipe when preparing pureed (blended smooth) vegetables. <p>These failures had the potential to result in compromising the medical and nutritional status of 28 residents for a census of 91.</p> <p>Findings:</p> <ol style="list-style-type: none"> During an interview on 8/6/24 at 9:02 a.m., with the Food Services Director (FSD), the FSD stated that the fortified food for lunch today was add an extra one ounce (oz., a unit of measure) of melted butter on the bok choy (one type of leafy green vegetable). <p>During an observation of the meal distribution on 8/6/24, beginning at 11:26 a.m., observed [NAME] 1 (CK 1) did not pour one oz. of extra butter on six residents' (Resident 14, 20, 29, 34, 64, and 545) bok choy who were on a fortified diet.</p> <ol style="list-style-type: none"> During a concurrent observation and review of the facility daily spreadsheet (a display data sheet is indicated what food items, textures, and portions to be served for each prescribed diet) on 8/6/24 at 11:30 a. m., it indicated that small portion diets should receive two oz. of salmon. Observed CK 1 gave three oz. of salmon for four residents (Resident 25, 31, 47 and 49) who were on small portion diets. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/6/24 at 11:30 a.m., with CK 1 and the Food Services Supervisor (FSS), the FSS and CK 1 stated that all the salmon (ginger teriyaki and baked) were 3 oz. on each serving.</p> <p>3. Three residents were on dysphagia mechanical altered texture diet when:</p> <p>a. During a dining observation and the daily spreadsheet review on 8/5/24, at 12:30 p.m., in the dining room, observed Residents 46 and 85 were on dysphagia mechanical altered diets received puree chicken for their meals. On the daily spreadsheet, it indicated residents on dysphagia mechanical altered diet should receive ground chicken.</p> <p>During an interview on 8/6/24, at 1:04 p.m., with the Food Services Supervisor (FSS), the FSS reviewed the daily spreadsheet and confirmed the residents on dysphagia mechanical altered texture diet should get ground chicken instead of puree chicken and CK 1 did not follow the menu.</p> <p>b. During an observation of the meal distribution on 8/6/24, at 11:30 a.m., observed Resident 292 with dysphagia mechanical altered diet receive one oz. of broth poured onto salmon by CK 1. A concurrent review of the daily spreadsheet, it indicated dysphagia mechanical altered diet should have two oz. of broth on the salmon.</p> <p>4. During a dining observation on 8/5/24 at 12:30 p.m., in the dining room, found Resident 8 was on bite-size texture diet received ground chicken instead of cut-up cubed chicken.</p> <p>During an interview on 8/5/23 at 1:04 p.m., with the FSS, the FSS she stated bite-size texture diet should have had chopped or cubed chicken instead of ground chicken.</p> <p>During a concurrent interview and a review of the [Company name] Diet Manual on 8/7/24 at 10:52 a.m., with the Food Services Director (FSD). Bite-size texture diet was not found in the diet manual, the FSD stated bite-size texture was cut-up cubes of the food items and usually for the residents who could not cut their food during meal.</p> <p>5. During a concurrent observation and interview on 8/6/24 at 10:41 a.m., with CK 1, CK 1 was preparing the pureed vegetables. When CK 1 prepared the puree vegetables, observed the puree vegetables recipe was on the counter but did not see him review the recipe. Observed CK 1 pour the vegetables without measuring the servings with all the vegetable juice into the blender for processing, then he added the thickener (an additive that makes food thicker and helps people with swallowing problems safer to swallow) without any measurement. CK 1 stated from my experience, I know how much to put, and, I was not aware to drain the juice, when asked if he measured the serving of the vegetable and juice, and how much thickener were used.</p> <p>A concurrent review of the puree vegetables recipe which indicated .to drain the vegetables prior to blend . add 1 1/2 Tbsp (tablespoon, a unit of measure) of thickener for 15 servings of vegetable .and gradually add thickener if needed .to ensure mixture achieves moist mashed potato or pudding-like consistency .volume of liquid required may vary slightly, depending on the texture of the product .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A concurrent review of the daily spreadsheet for the lunch meal on 8/6/24, indicated puree vegetables (bok choy) were served to the residents with dysphagia mechanical altered diet and puree diet. A review of dietary document, titled Diet Order Tally Report-All Textures, printed on 8/5/24, it indicated there were nine residents on dysphagia mechanical altered diet and eight residents on pureed diet.</p> <p>During a concurrent food tasting, interview and recipe review on 8/6/24 at 12:32 p.m., with the Registered Dietitian (RD), the RD tasted the pureed bok choy and stated the puree bok choy was runny. She acknowledged how the [NAME] prepared the puree bok choy and stated the [NAME] needed to follow the recipe to make the right texture of puree. The RD also acknowledged the residents who were mentioned above received incorrect textures, incorrect measurements, and incorrect portion sizes for their diets, and she stated the staff and the [NAME] needed to follow the spreadsheet/recipe, and they had to check before delivering the meals to the residents.</p> <p>A review of facility document titled, [Company name] Diet Manual, dated June 2020, it indicated, a dysphagia mechanical altered diet must be shredded, ground, or chopped .Small portions .must be physician ordered. Care must be taken to assure resident's nutrient needs are being met; and Daily Spreadsheets - Display the specifics on how to serve meal items to those requiring a therapeutic diet.</p> <p>A review of the job description titled Care Center: Cook, it indicated, the essential job functions are . Measures and mixes food ingredients according to recipes and menus .and practices proper portion control according to prescribed diet .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42255</p> <p>Based on observation, interview, and record review, the facility failed to ensure food preferences were honored for four of 19 sampled residents (Resident 19, Resident 47, Resident 77 and Resident 3), when:</p> <ol style="list-style-type: none"> 1. Resident 19 had sausage on her meal plate and was not asked about her likes and dislike of food choices; 2. Resident 77 had scrambled eggs on her meal plate and not asked about her likes and dislikes; 3. Resident 47 dislikes were not honored; and, 4. Resident 3 preferences were not honored. <p>These failures had the potential to result in meal dissatisfaction and decreased meal intake that may lead to further compromised medical and nutrition status and/or weight loss of residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent interview and observation on 8/5/24 at 8:45 a.m. in Resident 19's room, her breakfast meal tray had sausage on the plate. Resident 19 stated, I don't like sausage, and they gave it to me any ways. I have never been asked what I like and dislike to eat. <p>During a review of Resident 19's Minimum Data Set (MDS, an assessment tool), dated 7/3/24, the MDS indicated Resident 19's memory was intact.</p> <p>During a review of Resident 19's Dietary Profile (DP), dated 7/2/24, the DP had no documentation of her likes and dislikes.</p> <p>During a concurrent interview and recorded review on 8/7/24 at 2:15 p.m. with the Food Services Director (FSD), the FSD confirmed the DP section for likes and dislikes was blank.</p> <ol style="list-style-type: none"> 2. During a concurrent observation and interview on 8/5/24 at 8:46 a.m. in Resident 77's room, her meal tray had scrambled eggs on the plate. Resident 77 stated, I have never liked scrambled eggs and they keep giving them to me. They have never asked me whether I like or not like my eggs scrambled. <p>During a review of Resident 77's MDS, dated [DATE], the MDS indicated Resident 77's memory was intact.</p> <p>During a review of Resident 77's DP dated 6/26/24, the DP had no documentation of her likes and dislikes.</p> <p>During a concurrent interview and recorded review on 8/7/24 at 2:16 p.m. with the FSD, the FSD confirmed the DP section for likes and dislikes was blank.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 8/7/24 at 1:46 p.m. with the Director of Nursing (DON), the DON stated, I would expect the dietary person do the dietary profile on admission and complete their preference sheet with good documentation.</p> <p>3. During a concurrent observation, interview and record review on 8/5/24 at 1:15 p.m. with the Medical Record Assistant (MRA), the MRA confirmed Resident 47's meal ticket indicated the resident did not like carrots. The MRA confirmed the meal tray was served with carrots and Resident 47 was not eating her meal.</p> <p>During an interview on 8/7/24 at 1:46 p.m. with the DON, the DON stated, I would expect the dietary staff to follow the slip [meal ticket] for accuracy.</p> <p>47465</p> <p>4. A review of Resident 3's admission record indicated she was admitted in 1/24 with diagnoses including dementia, diabetes, and vitamin deficiency.</p> <p>During a current observation, interview and record review on 8/5/24 at 12:51 p.m., with Resident 3, Resident 3's tray ticket (a ticket including resident's diet, date, allergies, specific food and beverage items, dislikes, likes) indicated Resident 3 should have a Healthshake (high protein supplement) and Udon (Japanese noodles) soup with her meal. A Healthshake and Udon soup was not present with Resident 3's meal, there was a tomato soup present. Resident 3 stated the tomato has no taste and she likes Udon soup it's good Japanese soup. A concurrent interview with Restorative Nursing Aide 1 (RNA 1), RNA 1 confirmed that the Healthshake and soup weren't present.</p> <p>During an interview on 8/5/24 at 1:00 p.m., with the Food Services Supervisor (FSS), the FSD also confirmed that Resident 3 did not receive the Healthshake and Udon soup.</p> <p>During an interview at 8/6/24 at 3:18 p.m., with the Registered Dietician (RD), the RD stated her expectation is that kitchen and the staff would honor the resident's preferences.</p> <p>During a record review on 8/7/24 at 12:40 p.m., titled Orders, physician's orders indicated that Resident 3 had orders for a High Protein Supplement two times a day on 1/22/24 and Japanese Udon noodle soup for lunches and dinners on 1/31/24. A review of the Nutritional assessment dated [DATE] and completed by the RD indicates resident is underweight with poor to fair food intake.</p> <p>During a review on 8/7/24 at 12:40 p.m., Resident 3's care plan indicated Honor food preferences and provide diet and supplements as ordered.</p> <p>The facility's policy and procedure (P&P) for Residents' food preferences was requested and the facility was not able to provide the policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47465</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> 1. There were metal pans and cooking pans found stored away in the clean and ready-to-use storage areas: <ol style="list-style-type: none"> a. Several various sizes metal sheet pans were found stacked wet with white substances and food debris on the inside and outside surfaces of the pans. b. Three various sizes of cooking pans were found stored wet, had food debris, significant scrapes on the cooking surfaces and black greasy substances on the cooking surfaces. 2. Ice machine in the kitchen was not clean. 3. There were outdated food items found in the resident's food refrigerator located in the family room. <p>These failures had the potential to lead to foodborne illness for a total of 89 out of 91 residents who received facility prepared foods.</p> <p>Findings:</p> <p>During an observation of the kitchen on [DATE] at 9:12 a.m., there were several metal pans and cooking pans found stored in the clean and ready-to-use areas:</p> <ul style="list-style-type: none"> - Ten of ,d+[DATE] metal sheet pans were stacked wet. - Seven of ,d+[DATE] metal sheet pans were stacked wet. - Two of ,d+[DATE] metal sheet pans found white food debris on inside and outside surfaces. - One small sized black frying pan appears to have dried food particles. - One medium sized frying pan appears to have multiple scrapes and four soiled black patches that are greasy to touch. - One large black frying pan appears to have multiple scrapes, multiple water droplets that are brown and oily to touch. <p>During an interview on [DATE] at 9:14 a.m., with the Food Services Supervisor (FSS), she confirmed the conditions of the pans and stated the dishes and pans needed to be completely dried, without food debris or grease before being stored away. The FSS added the staff should check them before putting them away in the storage areas and the damaged pans should be discarded.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 - Many</p>	<p>During an interview at [DATE] at 3:18 p.m., with the Registered Dietician (RD), the RD stated her expectation was that pans needed to be clean and completely dried before being stored away, and the cooking pans with scrapes and black substances were not acceptable and needed to be replaced.</p> <p>During a review of the FDA Food Code 2022 Section ,d+[DATE].11 Equipment and Utensils, Air-Drying Required., indicated, Stacking wet items such as pans prevents them from drying and may allow an environment where microorganisms can begin to grow.</p> <p>During a review of the facility's policy and procedure titled, Sanitization, indicated, All utensils .and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning.</p> <p>2. During an observation of the ice machine on [DATE] at 10:57 a.m., it was noted there were slimy pink and black substances found on the ice baffle (a device that deflects ice in an ice storage bin to ensure even distribution and prevent clogs.) upon opening the ice bin door. Those substances could be removed when wiped with a paper towel.</p> <p>Upon opening the top (machinery) part of the ice machine, the following conditions were found:</p> <p>black and slimy pink substances were found on the inside of the water curtain (controls the flow of water to help the machine produce uniform ice cubes),</p> <p>black and slimy pink substances were found at the top and right and left sides of the rims of ice making panel (a panel where the ice cubes make and push out)</p> <p>significant black and slimy substances on the bottom of the evaporator unit (the unit where water freezes into ice cubes)</p> <p>All the substances were found were easily removed when wiped away with a paper towel.</p> <p>During an interview on [DATE] at 10:57 a.m., with the Plant Operations Manager (POM), the POM confirmed the presence of the pink and black slimy substances. He stated the maintenance department was responsible to do a deep cleaning (a thorough cleaning and sanitizing process with chemical solution and running chemical cycles) of the ice machine monthly. The POM stated he was new to his position and never performed any deep clean to the ice machine.</p> <p>A concurrent review of the ice machine cleaning log indicated the last deep clean was completed on [DATE].</p> <p>During an interview at [DATE] at 3:18 p.m., with the Registered Dietician (RD), the RD stated her expectation is that the ice machine needed to be clean.</p> <p>During a review of the facility's policy and procedure titled, Sanitization, indicated, Ice machines and ice storage containers will be drained, cleaned, and sanitized per manufacturer's instructions and facility policy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 - Many</p>	<p>According to the FDA Food Code 2022, on section ,d+[DATE].11 Equipment Food-Contact Surface and Utensils, it stated equipment like ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms (a living thing that is so small it must be viewed with a microscope, such as bacteria or algae).</p> <p>3. During an observation of the residents' food refrigerator located in family room in nurse station on [DATE] at 9:20 a.m., there were outdated food items observed:</p> <ul style="list-style-type: none"> - One unopened carton of 1.75 liter of orange peach mango juice with expired date of [DATE]. - One opened ,d+[DATE] gallon of 2% milk with no opened date and a best by date of [DATE]. - One container of sliced banana and watermelon dated [DATE]. - One 4-pack of 11 oz protein supplement dated had a written date (received date) of [DATE] and had a best by date of [DATE]. <p>During a concurrent observation and interview on [DATE] at 10:06 a.m., with the Director of Nursing (DON), the DON confirmed that the food items were out of date, stated the best before or best by date, she considered expired and outdated food needed to be discarded</p> <p>During an interview at [DATE] at 3:18 p.m., with the Registered Dietician (RD), the RD stated that the refrigerator was nursing staff responsibility to monitor.</p> <p>During a review of the facility's policy and procedure titled, Foods Brought by Family and Visitors, revised [DATE], indicated, The nursing staff will discard perishable foods on or before the 'use by' date.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42255</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper infection practices were followed for three out of 19 sampled residents (Resident 47, Resident 63, and Resident 35) when:</p> <ol style="list-style-type: none"> 1. Resident 47's oxygen and nebulizer tubing were not dated; 2. Licensed Nurses (LN) touched multiple items after performing a bandage change on Resident 63 who had Methicillin-resistant Staphylococcus aureus (MRSA, a bacteria that is resistant to many antibiotics) in his wound; and, 3. Unlabeled and undated oxygen tubing and face mask were found by Resident 35's bedside. <p>These failures had the potential to spread infection.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Resident 47 was admitted to the facility mid-2024 with diagnoses which included cirrhosis of the liver (damaged liver tissue), hypertension (high blood pressure), renal failure, and diabetes (uncontrolled blood sugar). <p>During a concurrent observation and interview on 8/5/24 at 8:45 a.m. with Licensed Nurse (LN) 9, LN 9 confirmed Resident 47's oxygen and nebulizer tubing were not labeled or dated, and stated, I think all tubing should be dated.</p> <p>During an interview on 8/7/24 at 1:46 p.m. with the Director of Nursing (DON), the DON stated,</p> <p>All tubing should be labeled and dated . I would expect someone would make sure they are labeled while doing treatments [breathing treatment].</p> <p>During a review of a facility's policy and procedure (P&P) titled, Prevention of Respiratory Infections dated 11/11, the P&P indicated, Change the oxygen cannula and tubing every seven (7) days, or as needed .store the circuit in plastic bag, marked with date and resident's name, between uses.</p> <p>46995</p> <ol style="list-style-type: none"> 2. Resident 63 was readmitted to the facility in mid-2024 with diagnoses which included pressure injury of sacral region (tailbone) Stage 4(PI, injury to the skin and underlying tissue from prolonged pressure on the skin. Stage 4, full thickness skin loss, wound can extend to muscle and bone.), osteomyelitis (infection in the bone), and rectal abscess. <p>During a review of Resident 63's Order Summary Report [OSR], Active Orders As Of: 8/7/24, the OSR indicated, Enhanced Barrier Precaution [gown and glove use during high contact care for residents known to have multi drug resistant organisms] .every shift for MRSA, sacrococcygeal [tailbone] .wound.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 - Few</p>	<p>During a review of Resident 63's care plan (CP), dated 7/16/24, the CP indicated, Resident requires isolation/precautions TYPE: Enhanced Barrier Precaution REASON: related to MRSA and sacrococcygeal . wound .</p> <p>During a review of Resident 63's SKILLED NURSING FACILITY ORDERS FOR HOSPICE CARE, dated 7/16/24, the orders indicated, Infectious Disease Precautions: MRSA .</p> <p>During an observation on 8/6/24 at 11:03 a.m. of Resident 63's sacral wound bandage change with LN 6, and LN 7, LN 7 removed the soiled bandage, changed gloves, and began to clean Resident 63's wound. LN 7 sprayed wound cleanser into the wound and used her gloved hand to clean and dry the wound bed. LN 7 placed a new bandage onto the wound and without changing her gloves, used a pen provided by LN 6 to initial and date the bandage. LN 6 took the pen and placed the pen into her pants pocket without sanitizing it. Wearing soiled gloves, LN 7 touched the bedside table, moved a water glass, put all trash into a bag, then removed her gloves and washed her hands.</p> <p>During an interview on 8/6/24 at 11:22 a.m. with LN 6 and LN 7, LN 7 confirmed she did not change her gloves after cleaning Resident 63's wound. LN 6 confirmed she did not sanitize her pen after LN 7 used it. When asked why it was important to change gloves and sanitize items touched, LN 7 stated, To stop transmission of organisms.</p> <p>During an interview on 8/7/24 at 10:13 a.m. with the DON, the DON confirmed the hospital orders for Resident 63 indicated MRSA. When asked if it was acceptable to touch multiple items with soiled gloves, the DON stated, I would have expected hand hygiene .Especially if there is MRSA, we don't want to contaminate and spread.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, dated 10/23, the P&P indicated, This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections .hand hygiene is indicated .after contact with blood, body fluids, or contaminated surfaces .</p> <p>During a review of the facility's P&P titled, Policies and Practices - Infection Control, dated 7/19, the P&P indicated, This facility's infection control policies and practices are intended to facilitate maintain a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections .</p> <p>48175</p> <p>3. During a review of Resident 35's admission record, Resident 35 was admitted to the facility in late winter of 2018 with diagnoses which included chronic obstructive pulmonary disease (a lung disease causing restricted airflow and breathing problems), and bronchitis (a condition that develops when the airways in the lungs, become inflamed and cause coughing).</p> <p>During a review of Resident 35's Minimum Data Set (MDS-an assessment tool) Cognitive Patterns, dated 5/16/24, indicated a Brief Interview for Mental Status Score (BIMS-a tool to assess cognition) of 0 out of 15, which indicated severe cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 - Few</p>	<p>During a concurrent observation and interview on 8/5/24 at 11:14 a.m. with LN 3 in Resident 35's room, LN 3 confirmed that Resident 35's oxygen tubing and face mask were unlabeled and undated. LN 3 stated, .I must have forgotten to label and date them .</p> <p>During an interview on 8/6/24 at 9:15 a.m. with the Infection Preventionist (IP), the IP stated, When the licensed nurses change the oxygen tubing or face masks .label and date any equipment immediately.</p> <p>During an interview on 8/6/24 at 9:37 a.m. with the DON, the DON stated, The expectation is that the licensed nurses should follow the physician's orders as indicated, as these orders are crucial for the resident's well-being and safety.</p> <p>During a review of the facility's P&P titled Policies and Practices-Infection Control, revised 11/11, the P&P indicated, This facility's infection control policies and practices . maintain a safe, sanitary and comfortable environment to help prevent and manage the transmission of diseases and infections .Provide guidelines for the safe cleaning and reprocessing</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>40830</p> <p>Based on observation, interview and record review, the facility failed to ensure equipment was maintained in safe operating condition when the dishwashing machine's required minimum temperatures and sanitizer concentration levels were not reached.</p> <p>This failure placed 89 out of 91 residents who received food from the facility kitchen at risk for food borne illness.</p> <p>Findings:</p> <p>During an interview with the Dietary Aide (DA) 2 on 8/5/24, at 9:40 a.m., she stated the wash and rinse water temperatures for the dishwashing machine should be at 120 degrees Fahrenheit (F) and the concentration for the sanitizer should be 100 PPM (part per million, a unit to measure the sanitizer concentration). The Food Service Supervisor (FSS) joined the interview and stated the dishwashing machine was new and installed a few weeks ago, and the machine company technician gave an in-service to some staff. FSS stated DA 2 did not get the in-service because she was on vacation.</p> <p>A follow up observation, interview and record review of the dishwashing machine operation with the DA 3 and the FSS were conducted on 8/5/24, at 10:30 a.m.</p> <p>Review of dishwashing machine log, it indicated the instruction stated the wash and rinse water temperatures should be at least 120 degrees F and the sanitizer concentration should be between in a range of 50-100 PPM. The log also indicated the recorded wash temperature was 124 degrees F and rinse water temperature was 123 degrees F, and the sanitizer concentration was 100 PPM on 8/5/24 at the breakfast time.</p> <p>An observation of DA 3 demonstrated to operate the dishwashing machine and observed the temperature gauge (a device for measuring the temperature attached to the dishwashing machine to monitor the temperatures during the washing and rinsing cycles) for wash and rinse water temperatures which did not reach 120 degrees F respectively. DA 3 used the test strip to test the concentration of the sanitizer but the strip did not have color change which indicated no sanitizer detected. DA 3 stated she started working at 5:30 a.m. and started the machine and it was functioning well. The FSS verified and reviewed the temperature gauge and confirmed the wash and rinse water temperatures did not reach 120 degrees F. The FSS tested the sanitizer concentration again and the test strip still did not change color. She stated the dishwashing machine worked fine earlier. The FSS stated to stop using the dishwashing machine and started using manual dishwashing with the three-compartment sink. She also added she would call the company to check the machine.</p> <p>During a follow up check of the dishwashing machine on 8/5/24, at 11:45 a.m., the surveyor's thermometer was placed inside one of the dishwashing cycles during dishwashing and holding thermometer indicated a temperature of 102 degrees F at the plate level.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the dishwashing machine company technician (DMCT) on 8/5/24, at 1:45 p.m., he stated it was possible the hot water pressure was not enough to let the dishwashing machine to reach the required temperature when the whole facility was using hot water at the same time. He stated the staff needed to prime (the process to remove the bubbles) the tubing of the sanitizer if there was none detected on the test strip.</p> <p>During a follow up interview with the Food Service Director (FSD) on 8/6/24, at 10:35 a.m., she stated the dishwashing machine was tested a few times in the morning at 5:30 a.m. and the water temperatures still did not reach 120 degrees F.</p> <p>A review of the facility policy and procedure titled, Dishwashing Machine Use, revised 3/2010, it showed, .the operator will monitor the gauge frequently during dishwashing machine cycle. Inadequate temperatures will be reported to the supervisor and corrected immediately .If chemical sanitation concentrations do not meet requirements, cease use of dishwashing machine immediately until the PPM are adjusted .</p> <p>According to Federal Drug and Administration (FDA) Food Code 2022, Section 4-204.115 Warewashing Machines, Temperature Measuring Devices, it showed, The requirement for the presence of a temperature measuring device in each tank of the warewashing machine is based on the importance of temperature in the sanitization step. In hot water machines, it is critical that minimum temperatures be met at the various cycles so that the cumulative effect of successively rising temperatures causes the surface of the item being washed to reach the required temperature for sanitization. When chemical sanitizers are used, specific minimum temperatures must be met because the effectiveness of chemical sanitizers is directly affected by the temperature of the solution.</p> <p>In addition, on Section 4-204.117, Warewashing Machines, Automatic Dispensing of Detergents and Sanitizers, it showed, The presence of adequate detergents and sanitizers is necessary to effect clean and sanitized utensils and equipment. The automatic dispensing of these chemical agents, plus a method such as a flow indicator, flashing light, buzzer, or visible open air delivery system that alerts the operator that the chemicals are no longer being dispensed, ensures that utensils are subjected to an efficacious cleaning and sanitizing regimen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Acc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Rush River Drive Sacramento, CA 95831	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>48175</p> <p>Based on observation, interview, and record review, the facility failed to ensure the required in-service training and competency in skills and techniques for seven out of seven sampled facility employed Certified Nursing Assistants (CNAs; CNA 7, CNA 8, CNA 9, CNA 10, CNA 11, CNA 12, and CNA 13) and two out of two Contracted Certified Nursing Assistants (CCNA; CCNA 14 and CCNA 15), when:</p> <p>1. Four of seven CNAs (CNA 8, CNA 9, CNA 10, and CNA 11) and one of two CCNAs (CCNA 14) had no abuse prevention training. Two out of seven CNAs (CNA 7 and CNA 13) and two out of two CCNAs (CCNA 14 and CCNA 15) had no dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) management training.</p> <p>These failures had the potential to result in CNAs and CCNAs not identifying and reporting abuse nor being able to provide effective and competent care for residents.</p> <p>Findings:</p> <p>1. During a concurrent interview and record review on 8/6/24 at 5:10 p.m. with the Director of Nursing (DON), the DON confirmed she could not find the missing training documentation to support the abuse prevention or dementia management training for the CNAs and CCNAs.</p> <p>During a concurrent interview and record review on 8/6/24 at 5:25 p.m. with the Clinical Compliance Nurse (CCN), the CCN stated, The facility used contracted staff through a staffing agency, and the contracted nursing staffing agency was expected to provide CCNAs with mandatory training documentation to the facility to review before scheduling the CCNAs to perform resident care. The CCN stated, I will check with the regional office and get back to you. The CCN did not provide the requested information.</p> <p>During a concurrent interview and record review on 8/7/24 at 9:25 a.m. with the Administrator (ADM), the ADM stated, After reviewing the CCNAs personnel records, I could not find any abuse prevention or dementia management mandatory training documentation for 2024. The ADM stated, If the abuse prevention or dementia management and the required in-services were not completed annually, the staff skills and competency could be decreased, which could affect the CNA's competency in providing care for the residents.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Competency of Nursing Staff, revised 10/17, the P&P indicated, All nursing staff .requirements defined by State law .participate in a facility-specific, competency-based staff development and training program; and demonstrate specific competencies and skill sets .Competency in skills and techniques .preventing abuse, neglect and exploitation .dementia management .conducted upon hire, annually .</p>		