

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>09/05/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Acc Care Center                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7801 Rush River Drive<br>Sacramento, CA 95831 |                                                 |
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| F 0658<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of 34 sampled residents (Resident 102 and Resident 8) received treatment and care in accordance with professional standards of practice and comprehensive person-centered care plans, when:1.The facility did not follow Resident 102's physician's order for Speech Therapy evaluation and treatment (ST or SLP, a Speech Language Pathologist; an assessment and treatment of swallowing disorders) and did not follow ST recommendations from prior assessment;2. Resident 8's hold parameters for blood pressure (BP) medications were not followed as ordered; and,3. Resident 8's weight changes were not reported to the physician as orderedThese failures placed Resident 102 at risk for complications related to her swallowing and had the potential to affect Resident 102 and Resident 8's health and safety. Findings:</p> <p>1.A review of the admission Record indicated the facility admitted Resident 102 in 2024 with multiple diagnoses which included dementia (impairment of brain function including loss of memory and judgment) and dysphasia (difficulty or inability to swallow).</p> <p>A review of Resident 102's Minimum Data Set (MDS &amp;ndash; a federally mandated resident assessment tool) dated 7/7/25 indicated the resident's cognition was severely impaired.</p> <p>A review of Resident 102' Order Summary Report contained a physician order dated 6/26/25 which indicated, ST eval [evaluation] and treatment.</p> <p>A review of Resident 102's clinical records had no documented evidence that the physician order for speech therapy was followed. There was no documented evidence that the physician was informed that Resident 102 did not receive swallowing evaluation since 6/26/25 as prescribed.</p> <p>A review of Resident 102's clinical records revealed Speech Therapy Evaluation and Plan of Care that was completed 7/2/24. The ST evaluation indicated that Resident 102 had swallowing problem and had history of coughing and choking with meals. The ST documented that the resident was referred to ST services for dysphasia due to need for assistance with meals and risk for aspiration. Speech Therapy treatment was completed on 7/12/24 and the discharge summary indicated, To facilitate safety .it is recommended the patient uses the following strategies .during oral intake: general swallow techniques/ precautions .alteration of liquids/solids upright posture during meals.Supervision for Oral intake=Close supervision.</p> <p>A review of Resident 102's 'Risk for aspiration' care plan dated 7/2/24 indicated that the resident will not experience sign and symptoms of aspiration [aspiration is a major risk of dysphasia, where food or liquids enters the lungs which can lead to infection] given implementation of swallow strategies and environmental modifications (feed assist/supervision).</p> <p>During an observation on 9/2/25, at 9:25 a.m., Resident 102 was observed in her bed eating her (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>breakfast independently. The sign on the wall above the resident's head indicating 'Swallowing Guidelines' was observed hanging upside down and folded in half.</p> <p>During a concurrent observation and interview on 9/2/25, at 9:29 a.m., Certified Nursing Assistant CNA 1) lifted the sign and explained that the sign did not have the resident's name, but it listed Resident 102's son phone number. CNA 1 stated, It does say 1:1 assistance/supervision during meal. CNA 1 stated he was not aware of any swallowing precautions for Resident 102 and added, She always eats by herself, not sure why there is a sign that she needs assistance with feeding. Might be outdated. CNA 1 stated that the resident ate her meals in bed most of the time.</p> <p>During an interview with Restorative Nursing Assistant (RNA 3) on 9/3/25, at 10:20 a.m., RNA 3 stated, The resident always eats in her room independently. Not aware of any swallowing issues, not aware of aspiration precautions. Not seen her coughing or choking. Usually, nurses tell us if any changes in residents or any precautions.</p> <p>During phone interview with Speech Therapist (ST) on 9/3/25, at 4:23 p.m., the ST stated she could not recall if Resident 102 had swallow evaluation and treatment completed in the last 6 months. The ST added that the facility would contact her if the resident had ST evaluation ordered by physician but could not recall if she was contacted.</p> <p>During a concurrent interview and record review on 9/5/25 at 8:50 a.m., the Director of Nursing (DON) validated that Resident 102's physician ordered ST evaluation and treatment on 6/26/25. The DON stated, ST evaluation not done. Not sure what happened, obviously miscommunication.</p> <p>During a continued interview on 9/5/25 at 8:50 a.m., the sign with Swallowing Guidelines posted on the wall was discussed. The DON stated she was not aware of aspiration precautions for Resident 102 since her diet was changed from mechanical chopped to regular diet on 6/30/25. Upon reviewing ST evaluation completed 7/2/24 and ST discharge summary and swallowing recommendations related to aspiration precautions dated 7/12/24, the DON did not provide the answer if the 'Swallowing Guidelines' from previous ST evaluation dated 7/12/24 were to be followed. The DON did not provide documented evidence that the resident's 'Swallowing Guidelines' were discontinued.</p> <p>A review of the facility's policy titled, Dysphasia &amp;dash; Clinical Protocol, revised 9/17, indicated, The staff and physician will identify individuals with a history of swallowing difficulties or related diagnoses such a dysphasia. Based on information collected. the staff and practitioner, in conjunction with SLP [Speech Language Pathologist/ST] will define the situation carefully. will identify and document pertinent information. The staff and physician will identify and address any complications of swallowing disorders and their underlying causes.</p> <p>2. During a review of Resident 8's admission records, the records indicated Resident 8 was admitted to the facility in April 2025 with diagnoses that included atherosclerotic heart disease (reduction of blood flow due to a build-up of plaque in the arteries of the heart), heart failure, and hypertension (high blood pressure). Resident 8's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 8 was cognitively intact.</p> <p>During a review of Resident 8's care plan, dated 4/23/25, the care plan indicated, Resident admitted with cardiac instability r/t [related to] CHF [Congestive Heart Failure, a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling]. HTN [hypertension]. Minimize risks of cardiac complications. Medications as ordered.</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>During a review of Resident 8's Medication Administration Record (MAR), the MAR indicated an order for Carvedilol ( a medication that relaxes blood vessels and slows the heart rate to improve blood flow and decrease blood pressure) 6.25 mg (milligrams, a unit of measurement) two times a day for CHF, hold for SBP (systolic blood pressure, the pressure in the arteries when the heart contracts and pumps blood) less than 110 and/or HR (heart rate) less than 60. The MAR indicated Resident 8's carvedilol was given on the following dates with the corresponding blood pressures:</p> <ul style="list-style-type: none"> <li>- 7/7/25 &amp;ndash; 105/58 mmHg (millimeters of mercury, a unit of pressure measurement)</li> <li>- 7/13/25 &amp;ndash; 108/62 mmHg</li> <li>- 7/17/25 &amp;ndash; 104/55 mmHg</li> </ul> <p>During a review of Resident 8's MAR, the MAR indicated an order for Valsartan (used to relax blood vessels, which lowers the blood pressure and makes it easier for the heart to pump blood) 40 mg half tablet two times a day, hold if SBP is less than 105. The MAR indicated Resident 8's valsartan was given on the following dates with the corresponding blood pressures:</p> <ul style="list-style-type: none"> <li>- 7/14/25 &amp;ndash; 100/58 mmHg</li> <li>- 8/3/25 &amp;ndash; 102/67 mmHg</li> <li>- 8/8/25 &amp;ndash; 102/56 mmHg</li> <li>- 8/24/25 &amp;ndash; 97/59 mmHg</li> </ul> <p>During a concurrent interview and record review on 9/4/25 at 3:32 p.m. with the Director of Nursing (DON), the DON confirmed Resident 8 received carvedilol and valsartan outside the physician-ordered hold parameters on multiple days in July and August 2025. The DON stated the expectation was for staff to follow physician orders and stated that giving the medications could lead to Resident 8's BP to become too low.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Medication Administration-General Guidelines, dated 3/2018, the P&amp;P indicated, Medications are administered as prescribed in accordance with good nursing principles and practices.B. Administration.2) Medications are administered in accordance with written orders of the attending physician.</p> <p>During a review of the facility's P&amp;P titled Hypertension &amp;ndash; Clinical Protocol, dated 11/2018, the P&amp;P indicated, .1. In conjunction with the patient, family, and staff, the physician will establish targets for blood pressure treatment, monitoring, and reporting.4. The staff and physician will monitor for complications of blood pressure treatments.a. Over-treating blood pressure may increase the risk of significant side effects and complications, such as falling and fractures, especially in compromised or frail individuals.</p> <p>3. During a review of Resident 8's physician order, dated 7/17/25, the order indicated, Daily weights. Notify MD [Medical Doctor] of weight change of 2 lbs [pounds, a unit of weight measurement] or more in 24 hours, or 5 lb [sic] in 1 week every day shift.</p> <p>During a review of Resident 8's MAR for August 2025, the MAR indicated Resident 8's weight on (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>8/11/25 was 174.2 lbs and 180.4 lbs on 8/12/25 which had a 6.2 lbs difference in 24 hours. The MAR further indicated Resident 8's weight was 180.4 lbs on 8/20/25 and went up to 186 lbs on 8/25/25 which was 5.6 lbs difference in five days. The MAR also indicated that Resident 8 had a 4 lbs weight change in 24 hours with a weight of 186 lbs on 8/31/25 and 182 lbs on 9/1/25.</p> <p>During a concurrent interview and record review on 9/4/25 at 3:32 p.m. with the DON, the DON confirmed the physician's order for Resident 8's daily weight and for the physician to be notified for weight changes of 2 lbs in 24 hours and 5 lbs in a week. The DON confirmed there was more than 6 pounds difference on Resident 8's weight on 8/11/25 and 8/12/25 and could not find documentation of physician notification. The DON further confirmed Resident 8 had more than 5 lbs gain between 8/20/25 and 8/25/25 and when asked if there were any documentation on physician notification, the DON stated, I don't see anything around that date. The DON stated, Expectation is that they [staff] follow the doctor's order, [Resident 8] could have a significant change of condition and doctor might have put interventions and didn't give him [the doctor] the opportunity [to intervene].</p> <p>During a review of the undated document titled, Nursing Practice Act Rules and Regulations, the document indicated, Article 2. Scope of Regulation 2725 (b). The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require substantial amount of specific knowledge of the following: (4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition. and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures. (Nursing Practice Act Rules and Regulations Issued by Board of Registered Nursing - State of California Department of Consumer Affairs).</p> |                                                                                            |                                                 |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure adequate catheter care was provided for two of 34 sampled residents (Resident 4 and Resident 8) when: 1. Resident 4's straight catheter (intermittent catheter- use of thin, hollow tube to drain urine from the bladder) was not accurately documented, care planned and evaluated for continued use; and 2. Resident 8's suprapubic catheter (a tube inserted directly into the bladder to drain urine) care and monitoring were not done as ordered. These failures increased the risk for Resident 4 and Resident 8 to develop trauma and bladder infection.</p> <p>Findings:</p> <p>1.A review of the admission Record indicated Resident 4 was admitted [DATE] with diagnoses including cerebral infarction (ischemic stroke- blood flow to the brain is suddenly blocked) and malignant neoplasm of the prostate (cancer or uncontrolled growth of cells in the prostate [part of the male reproductive system located below the bladder]).</p> <p>A review of Resident 4's physician order dated 8/19/25 indicated an order for straight catheter every shift and to monitor for urinary retention and signs &amp; symptoms of urinary tract infection (UTI or bladder infection).</p> <p>A review of Resident 4's Medication Administration Record (MAR) for August indicated Resident 4's indwelling urinary catheter (foley catheter) was removed on 8/18/25 and a straight catheter was ordered on 8/19/25.</p> <p>Further review of Resident 4's MAR for August indicated the following:</p> <ul style="list-style-type: none"> <li>-straight catheter order was marked 2 or Drug Refused three times;</li> <li>-straight catheter was marked 5 or Hold/See Progress Notes nine times; and,</li> <li>-straight catheter was marked 9 or Other/See Progress Notes ten times.</li> </ul> <p>A review of Resident 4's 'Administration Note' dated 8/19/25 at 8:50 p.m. [20:50] indicated Resident 4 refused straight catheter three times and Resident 4 verbalized I don't want anything inserted in me right now. I've been doing good on my own.</p> <p>A review of Resident 4's 'Health Status Note' dated 8/25/25 at 6:46 a.m. [06:46] indicated, [Resident 4] is able to void on his own. Refused the straight cath [sic] on NOC [night] shift.No straight cath [sic] done. Message MD [Medical Doctor] to discontinue Q shift straight cath. The physician acknowledged said note on 8/27/25 and wrote Noted, Monitor and below the physician note was a signature from a licensed staff.</p> <p>A review of Resident 4's MAR for September indicated the straight catheter order had a check mark on 9/1 (all shifts) 9/2 (day and night shift) and 9/3 for day shift.</p> <p>During an interview on 9/3/25 at 8:43 a.m., Licensed Nurse 1 (LN 1) confirmed Resident 4 did not (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>have a catheter.</p> <p>A concurrent interview and record review was conducted with LN 1 on 9/3/25 at 2:18 p.m. The LN 1 confirmed she placed a check mark on Resident 4's straight catheter order on 9/2 and 9/3. LN 1 stated she did not perform straight catheter on those days since Resident 4 was able to urinate or void on his own and she did not document correctly. LN 1 further stated the order for straight catheter should have been discontinued and it was their responsibility to notify the physician if Resident 4 had been urinating without the use of catheter.</p> <p>A concurrent interview and record review was conducted with LN 2 on 9/4/25 at 3:39 p.m. The LN 2 stated if Resident 4's straight catheter order had 2, 5, and 9 marked in the MAR, this indicated the procedure was not performed. The LN 2 further stated, the physician should have been notified of Resident 4's voiding status.</p> <p>During a concurrent interview and record review on 9/5/25 starting at 9:30 a.m. with the Assistant Director of Nursing (ADON) the ADON stated Resident 4 pulled out his foley catheter and had blood in the urine. The ADON confirmed Resident 4 had no care plan for the straight catheter. The ADON stated the risk for infection is higher when a straight catheter is performed. The ADON further confirmed there were multiple episodes wherein Resident 4 did not require straight catheterization. The ADON further stated if she was the nurse caring for Resident 4, she would ask the physician to discontinue the straight catheter order to prevent trauma and infection. The ADON further stated the physician's response to the 'Health Status Note dated 8/25/25 was not clear, the licensed nurse who carried out the note should have clarified the physician's response. The ADON added she expected documentation in the MAR to be accurate and timely and straight catheter order should be individualized based on resident's need.</p> <p>A review of the facility's policy &amp; procedure (P &amp; P) revised March 2022, titled Care Plans, Comprehensive Person-Centered indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical and functional needs is developed and implemented for each resident. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p> <p>A review of the facility's P &amp; P revised August 2022 and titled Catheter Care, Urinary indicated, The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. Review the resident's care plan. Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter. Notify the supervisor if the resident refuses the procedure.</p> <p>A review of the facility's P &amp; P revised July 2017 and titled Charting and Documentation, indicated, All services provided to the resident. any changes in the resident's medical, physical, functional. shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Documentation .will be objective. complete, and accurate.</p> <p>2. During a review of Resident 8's admission records, the records indicated Resident 8 was admitted to the facility in April 2025 with diagnoses that included chronic kidney disease stage 3 (moderate kidney damage) and neuromuscular dysfunction of bladder (a condition where the nerves and muscles that control the bladder function are impaired, leading to abnormal urination).<br/>(continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>During a review of Resident 8's care plan, revised on 7/3/25, the care plan indicated, Resident has SUPRAPUBIC Catheter.observe for s/s [signs and symptoms] of infection or changes in skin around site.Provide suprapubic cath [sic] care.Suprapubic insertion site management daily and PRN [as needed].</p> <p>During a review of Resident 8's physician order, dated 4/13/25, the order indicated, MONITOR FOR SIGNS AND SYMPTOMS OF (FOUL SMELL, DISCHARGE, CLOUDY URING PRESENTATION) Document NUMERICAL VALUE FOR AMOUNT OF UTI INDICATIONS, FOUL SMELL, CLUDY [sic] URINE, DISCHARGE PRESENT every shift.</p> <p>During a review of Resident 8's Medication Administration Record (MAR), the MAR indicated the monitoring for signs and symptoms of UTI were not done on night shift of 7/4/25, and morning shifts of 7/10/25, 7/11/25, 8/5/25, 8/7/25, 8/21/25, and 8/29/25.</p> <p>During a review of Resident 8's physician order, dated 7/3/25, the order indicated, Suprapubic insertion site management: Cleanse with NS [normal saline, a mixture of salt and water], pat dry, cut a slit on calcium alginate [a dressing that promotes wound healing] and 4x4 bordered dressing and place around insertion site. every day shift for suprapubic catheter management.</p> <p>During a review of Resident 8's MAR for August 2025, the MAR indicated the insertion site management for Resident 8's suprapubic catheter was not done on 8/21/25 and 8/26/25.</p> <p>During an interview on 9/4/25 at 8:47 a.m. with Licensed Nurse 3 (LN 3), LN 3 confirmed Resident 8 had a suprapubic catheter in place and stated, Important to make sure we have eyes on insertion site, no sign and symptoms of infection, can be a breeding ground for bacteria, especially for suprapubic catheter.</p> <p>During a concurrent interview and record review on 9/4/25 at 3:32 p.m. with the Director of Nursing (DON), the DON confirmed Resident 8's suprapubic catheter insertion site care was not done on 8/21/25 and 8/26/25, and Resident 8's monitoring for signs and symptoms of UTI were not done on multiple days in July and August 2025. The DON stated the expectation was that staff follow physician orders. The DON further stated there was a risk of infection for Resident 8 because .we might miss them if were not monitoring them.</p> <p>During a review of the facility's policy and procedure titled Catheter Care, Urinary, revised 8/2022, the P&amp;P indicated, The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections.1. Observe the resident for complications associated with urinary catheters. Report unusual findings to the physician or supervisor immediately.e. if signs and symptoms of urinary tract infection or urinary retention occur.The following information should be recorded in the resident's medical record: 1. The date and time that catheter care was given.3. All assessment data obtained when giving catheter care.8. If the resident refused the procedure, the reason(s) why and the intervention taken.</p> |                                                                                            |                                                 |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication rate was below 5% for two of 34 sampled residents (Resident 110 and Resident 45) when:1) Licensed Nurse 1 (LN 1) administered the wrong dose of physician ordered medication;2) LN 1 prepared medication for administration with disregard for manufacturer specifications;3) LN 1 administered medication not in accordance with physicians order and manufacturer specifications; and,4) A medication was not available for timely administration by LN 8.As a result, 4 errors were identified out of 33 opportunities for error during the observation of medication administration; the facility medication error rate was 12.12%.Findings:1) During an observation on 9/2/25, at approximately 9:36 a.m., in the hallway outside Resident 110's room, LN 1 was observed preparing and administering 81 milligrams (mg, a unit of measurement) of enteric coated (a protective layer covering the tablet to prevent dissolving in the stomach) aspirin (a medication used to lower the risk of heart attacks and strokes) tablet for oral administration to Resident 110.During a record review of Resident 110's medication order dated, 8/27/25, indicated, Aspirin Oral Tablet Delayed Release 325 mg.During an interview with LN 1 on 9/2/25, at approximately 10:02 a.m., LN 1 stated s/he mistakenly administered 81 mg of enteric coated aspirin instead of the ordered 325 mg.During an interview with the Director of Nursing (DON) on 9/3/25 at approximately 2:20 p.m., DON stated LNs are expected to follow physician orders.During an interview on 9/4/25 at approximately 2:46 p.m. with the facility Consultant Pharmacist (CP), the CP stated, LNs are expected to follow physician orders. A dose higher than 81 mg promotes greater blood vessel health, maintenance, and greater stroke prevention.During a record review of the facility's Policy and Procedure (P&amp;P) for Medication Administration-General Guidelines, dated March 2018, the P&amp;P indicated, Medications are administered in accordance with written orders of the attending physician.2) During an observation of medication preparation and administration on 9/2/25 at approximately 9:20 a.m., in the hallway outside Resident 110's room, LN 1 was observed cutting and administering Resident 110's buprenorphine 2 mg / naloxone 0.5 mg sublingual film (a medication used to treat drug addiction or pain).A review of Resident 110's buprenorphine 2 mg / naloxone 0.5 mg sublingual film package label, the package label indicated, Do not cut, chew or swallow sublingual film.Reconciliation of the observation of medication administration with Resident 110's current Physician Orders indicated an order for buprenorphine 2 mg / naloxone 0.5 mg sublingual film, DISSOLVE [HALF] FILMS UNDER THE [TONGUE] IN AM AND HALF FILM IN THE PM.During an interview with LN 1 on 9/2/25 at approximately 10:03 AM, LN 1 stated the label specifies do not cut, chew, or swallow sublingual film. LN stated, the other half of the sublingual cut film is kept with the medication supply after it is cut to be administered for the next dose. During a record review of the manufacturer's medication package insert for Resident110's Buprenorphine 2 mg / Naloxone 0.5 mg sublingual film, revised June 2025, indicated, Buprenorphine and naloxone sublingual film must be administered whole. Do not cut.During an interview on 9/3/25 at approximately 2:22 p.m. with the DON, DON stated LNs should follow manufacturers' specifications on medications and ignoring manufacturers specifications can cause drug interactions and efficacy issues.During an interview on 9/4/25 at approximately 2:46 PM with the CP, the CP stated that LNs are expected to follow manufacturer specifications and that not following those specifications can result in efficacy and potency issues.3) During an observation of medication administration on 9/2/25, at approximately 9:38 a.m., in Resident 110's room, Resident 110 was observed in bed with his/her uneaten meal tray on his/her overbed table. The tray contained pancakes, cottage cheese, apple slices, glass of apple juice, and a glass of milk.During and observation of medication administration on 9/2/25 at approximately 9:42 a.m., LN 1 was observed administering methenamine hippurate (a medication used to used to help prevent and treat infections of the urinary tract) 1000 mg tablet orally to Resident 110.At approximately 9:48 AM, Resident 110 was observed refusing prescribed medicated mouthwash stating that s/he wanted it after (continued on next page)</p> |                                                                                            |                                                 |

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>breakfast.Reconciliation of Physician Orders for Resident 110's medication dated, 9/2/25, indicated, Methenamine Hippurate Oral Tablet 1 [gram]. Avoid citrus fruits and juices, milk/dairy.During an interview on 9/2/25 at approximately 10:15 a.m. with LN 1, LN 1 stated, s/he wasn't aware of the order to not administer the medication methenamine with milk or citrus.During an interview on 9/3/25 at approximately 2:25 p.m. with the DON, the DON stated LNs are expected to follow physician orders as well as manufacturers specifications.During an interview on 9/4/25 at approximately 2:46 p.m. with the CP, the CP stated that LNs are expected to follow physician orders as well as manufacturers specifications.According to an online publication on methenamine (oral route) - Side effects &amp; dosage, Drugs and Supplements by the Mayo Clinic, Mayo Foundation for Medical Education and Research (a nonprofit American academic medical center focused on integrated health care, education, and research), dated 2025, indicated, Avoid most fruits (especially citrus fruits and juices), milk and other dairy products, and other foods that make the urine less acid.During a record review of the facility's P&amp;P for Medication Administration-General Guidelines, dated March 2018, the P&amp;P indicated, Medications are administered in accordance with written orders of the attending physician.4) During an observation of medication administration on 9/2/25 at approximately 9:24 a.m., in the hallway outside Resident 45's room, LN 8 was observed not having Resident 45's lidocaine transdermal patch (a patch that delivers pain relieving medication through the skin) 5% (percentage, unit of measure) for administration.Reconciliation of the observation of medication administration with Resident 45's current Physician Orders dated 8/27/25 indicated, Lidocaine External Patch 5% . one time a day for lower back pain and Lidocaine External Patch 5% . one time a day for lower posterior neck pain.During an interview with LN 8 on 9/2/25 at approximately 9:26 AM, LN 8 stated that Resident 45's lidocaine 5% patch was not available for administration and that the medications should have been available for resident administration. During an interview on 9/3/25 at approximately 2:28 p.m. with the DON, the DON stated the expectation was for all medications to be available for administration for the medication pass.</p> |                                                                                            |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>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>Based on observation, interview, and record review, the facility to ensure medications were stored correctly, when:1) pharmaceutical products were not stored in the proper temperature range; and,2) a medication cart was left unlocked and unattendedThese failures had the potential for residents to receive medications with unsafe and reduced potency from improper storage and the potential for unauthorized residents, staff, and or visitors to misappropriate and or tamper with resident medications and supplies.Findings:1) During an observation in the facility's medication storage room on 9/3/25 at approximately 9:54 AM, after unlocking the medication refrigerator, Licensed Nurse 3 (LN 3) stated the temperature was 36 F (Fahrenheit, unit of measure) in the refrigerator which contained one box of four 20 mg methotrexate injections, two boxes of acetaminophen suppositories (medications you insert into your rectum), three boxes of hemorrhoid suppositories, one bag of hemorrhoid suppositories, and one bag of hydrocortisone suppositories. All of the medication packaging of the above medications included instructions to store at room temperature 68-77F.During a record review of the methotrexate injection package insert revised March 2020 indicated, , store at room temperature 68 to 77 F. During a record review of acetaminophen suppository package insert revised February 2016, indicated, , store at room temperature 68 to 77 F. During a record review of hemorrhoid suppository package insert Preparation H version 2.0, indicated, , store at room temperature 68 to 77 F. During a record review of hydrocortisone suppository package insert revised August 2023, indicated, , store at room temperature 68 to 77 F. During an interview on 9/3/25 at approximately 10:13 a.m. with the Assistant Director of Nursing (ADON) in the medication storage room, ADON stated that methotrexate injections and all the suppositories should be stored at room temperature in the medication carts as the potency and efficacy of these medications can be altered by storing them in the refrigerator at 36 degrees F. During an interview on 9/3/25 at approximately 2:30 p.m. with the Director of Nursing DON, DON stated storing medications at an improper temperature can lead to absorption and efficacy issues and it is best to follow manufacturer's instructions.During an interview on 9/4/25 at approximately 2:50 p.m. with the facility Consultant Pharmacist (CP), the CP stated that methotrexate injections and suppositories should be stored according to manufacturers' instructions at room temperature.During a record review of the facility's Policies and and Procedures (P&amp;P) titled, Medication Storage in the Facility, dated March 2018, the P&amp;P indicated, Medications requiring storage at room temperature are kept at temperatures ranging from 59 F to 86 F.2) During an observation on 9/3/25 at approximately 10:49 a.m., a medication cart was observed unattended and left unlocked in the hallway outside of a residents' room with privacy curtain drawn. No staff was observed using or monitoring the treatment cart.During an interview on 9/3/25 at approximately 10:54 a.m. with Licensed Nurse 9 (LN 9), LN 9 stated s/he the medication cart should be locked when unattended, I forgot to lock it. LN 9 stated there is an expectation to always lock the cart and close the laptop when they are left unattended.During an interview on 9/3/25 at approximately 2:33 p.m. with the DON, the DON stated that the expectation is that unattended medication carts are locked to prevent access to unauthorized residents, staff, and visitors. The [NAME] stated that if the medication cart is not within the line of sight of authorized staff, it is unattended.During a record review of the facility's Policy and Procedure (P&amp;P) titled, Medication Storage in the Facility, dated March 2018, the P&amp;P indicated, Medication. carts, and medication supplies are locked or attended by persons with authorized access.</p> |                                                                                            |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions and in accordance with professional standards for food service safety when: 1. Shelving surfaces on the food plating island, as well as in the walk-in refrigerator were observed to be discolored with white and/or rust-colored markings, indicating deterioration and potential contamination risk.2. Nonstick pans used in food preparation were visibly scratched, compromising the integrity of the cookware and increasing the risk of nonstick coating flaking into food.3. A manual can opener had missing metal on the tip, creating a potential physical contaminant hazard during food preparation. These failures had the potential to contribute to foodborne illness for the 93 residents who consumed meals prepared by the facility's kitchen.</p> <p>1</p> <p>1. During the initial kitchen tour on 9/2/2025 at 9:18 a.m., the metal shelving under the cook's station was observed with dull discoloration and loss of sheen.</p> <p>During this same kitchen tour on 9/2/2025 at 9:48 a.m., multiple shelves inside the walk-in refrigerator were observed with dark brown and/or rust colored markings</p> <p>During a return visit to the kitchen on 9/3/2025 at 9:16 a.m., the Plant Operations Manager, observed these same surfaces and confirmed that the surfaces were different in sheen and stated they cannot be cleaned properly anymore. He also observed the shelving inside the walk-in refrigerator and stated the shelving is likely not made for refrigerators, and acknowledged the rusted surfaces could not be sanitized.</p> <p>Review of the U.S. Food and Drug Administration (FDA) Food Code 2022, section 4-202.11 (A) indicated that multiuse food contact surfaces be smooth, free of breaks, cracks, and be accessible for cleaning.</p> <p>Review of the U.S. FDA Food Code 2022, section 4-101.19 indicated that non-food contact surfaces exposed to splash or food debris must also be corrosion resistant, smooth, and cleanable.</p> <p>Review of the FDA Food Code 2022, section 4-201.11 indicated that equipment and utensils must be durable, retain their original characteristics, and remain easily cleanable throughout their intended lifespan. If surfaces deteriorate—such as shelving with rust or discoloration—they may become difficult to clean and can harbor pathogenic microorganisms.</p> <p>2. During the initial kitchen tour on 9/2/2025 at 9:31 a.m., two nonstick fry pans were observed with scratches on the nonstick coating.</p> <p>Review of the U.S. FDA Food Code 2022, section 4-201.11 indicated that equipment and utensils must be durable, retain their original characteristics, and remain easily cleanable throughout their intended lifespan. If surfaces deteriorate . they may become difficult to clean and can harbor pathogenic microorganisms. Additionally, equipment must be constructed to prevent parts from breaking off and becoming physical contaminants or injury hazards.</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

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

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Review of the U.S. FDA Food Code 2022, section 4-101.18 indicated that non-stick coatings (e.g. frying pans) were to be used with utensils and cleaners that prevent scratching or scoring.</p> <p>3. During a visit to the kitchen on 9/3/2025 at 9:11 a.m., the can opener blade was observed with significant dark discoloration along the cutting edges, consistent with buildup or corrosion.</p> <p>Review of the U.S. FDA Food Code 2022, section 4-501.11 indicated that .(C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened. It further indicated that The cutting or piercing parts of can openers may accumulate metal fragments that could lead to food containing foreign objects and, possibly, result in consumer injury.</p> <p>Review of the U.S. FDA Food Code 2022, section 4-202.15 on Can Op</p> <p>Facility</p> <p>[NAME], Rajni (53015)</p> <p>Facility</p> <p>[NAME], [NAME] (52937)</p> |                                                                                            |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow and maintain an effective infection prevention and control program for a census of 93 when staff did not wear appropriate personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) for residents on enhanced barrier precaution (EBP, an infection control intervention designed to reduce transmission of drug-resistant organisms during high contact resident care activities). This failure decreased the facility's potential in preventing transmission of diseases among residents and staff. Findings: 1a. During an observation on 9/2/25 at 11:17 a.m. outside Resident 79's room, an EBP signage was observed posted by the door, and plastic drawers containing personal protective equipment (PPE) were observed by the entrance of the room. The Hospice Nurse (HN) was observed entering the room, did not wear PPE, pulled Resident 79's curtain and provided privacy. During an interview on 9/2/25 at 11:39 a.m. with the HN, the HN stated she checked Resident 79's skin and did wound care on the resident's right knee. The HN confirmed there was a signage posted by the door indicating Resident 79 was on EBP and confirmed she was not wearing PPE while providing direct care. The HN further stated that she was not aware that Resident 79 was on EBP. The HN added that it was important to wear PPE for infection control. 1b. During a concurrent observation and interview on 9/2/25 at 3:46 p.m. with Restorative Nursing Assistant 1 (RNA 1) outside Resident 68's room, an EBP signage was observed posted by the door, and plastic drawers containing PPE were observed by the entrance of the room. RNA 1 was observed waiting by the door of the room and stated she was waiting for Resident 68 who was inside the bathroom. The bathroom call light was observed lit up, and RNA 1 went inside the bathroom to assist Resident 68 without wearing PPE. During a follow-up observation and interview on 9/2/25 at 4:08 p.m. with RNA 1 in Resident 68's room, RNA 1 was observed assisting Resident 68 to use the bathroom. RNA 1 was observed not wearing PPE. RNA 1 confirmed she was not wearing PPE while assisting Resident 68 inside the bathroom and stated, I don't think we need to use the gown for her. I just need the gloves, but she can clean herself. RNA 1 stated PPEs were important to prevent spread of infection. During an interview on 9/2/25 at 4:14 p.m. with LN 5, LN 5 stated Resident 68 had an EBP signage posted, and gown and gloves were needed when providing direct care activities including assisting in the bathroom. During an interview on 9/4/25 at 1:06 p.m. with the Infection Preventionist (IP), the IP stated that for residents on EBP, staff are expected to wear gowns and gloves if they are doing high contact care activities including assisting with toileting and wound care. The IP further stated visitors and contractors were also expected to wear the proper PPEs if they were doing direct care to residents. The IP stated, Long term patients have increased risk for MDRO [multi drug-resistant organisms - organisms that have developed resistance to multiple drugs, making infections difficult to treat], colonization is pretty common in long term facilities. During an interview on 9/4/25 at 3:32 p.m. with the Director of Nursing (DON), the DON stated the expectation is to follow the protocols especially if there was an EBP sign posted. The DON further stated wearing the proper PPE was important for preventing the potential spread of MDRO. During a review of the facility's policy and procedure (P&amp;P) titled Policies and Practices - Infection Control, revised 7/2019, the P&amp;P indicated, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. 1. This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors. During a review of the facility's P&amp;P titled Enhanced Barrier Precautions, revised 8/2022, the P&amp;P indicated, 1. Enhanced barrier precautions (EBP) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. 2. EBPs employ targeted gown and glove use during high contact resident care activities. 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: c. transferring; d. providing hygiene; f. (continued on next page)</p> |                                                                                            |                                                 |

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555261                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>09/05/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Acc Care Center                                                                                |                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7801 Rush River Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                        |                                                                                            |                                                 |
| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | changing briefs or assisting with toileting;.h. wound care (any skin opening requiring a dressing).10.<br>Signs are posted in the door or wall outside the resident room indicating the type of precautions and<br>PPE required. |                                                                                            |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the needs were accommodated for 2 of 34 sampled residents (Resident 19 and Resident 2) who had impaired vision, when Resident 19's and Resident 2's call light (a device used to request assistance from facility staff) were not accessible. This failure resulted in Resident 19 and Resident 2 experiencing frustration and anxiety about not having needs met in timely manner and endangered their safety. Findings: 1. A review of the admission Record indicated the facility admitted Resident 19 in 2021 with multiple diagnoses which included lung disease, muscle weakness, and blindness. A Review of Resident 19's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 3/7/25 indicated the resident was cognitively intact. A review of the resident's MDS vision assessment indicated Resident 19's vision was severely impaired. During a concurrent observation and interview with Resident 19 on 9/2/25, at 9:15 a.m., the resident was in his bed with breakfast tray in front of him. Resident 19 was noted to be touching around the tray with his hands and explained that was he was unable to see due to blindness. Resident 19 stated he was unable to find coffee and was waiting for his Certified Nursing Assistant (CNA). Resident started touching the bed around him and under his pillow attempting to find his call light. Resident 19 added, I can't find it [call light]. It's very frustrating and it's not the first time that I can't find my call button. Resident 19 explained, If I can't find it, I yell out for help. They don't like it, but I have no choice. Sometimes it's a simple thing like I want coffee or water, but I'm scared if its emergency, something with my breathing and I can't find my call button, it's life or death situation. Resident 19's call light was observed hanging above his head on the right side of the bed frame, lowered all the way to the floor and not accessible to the resident. During a concurrent observation and interview on 9/2/25, at 9:21 a.m., with Restorative Nurse Assistant (RNA 2) in Resident 19's room, RNA 2 confirmed Resident 19's call light was not within reach. RNA 2 stated Resident 19 was alert and able to call for assistance and validated that the resident was legally blind. RNA 2 stated resident should always have his call light near him to call for assistance because he was at high risk for falls. A review of Resident 19's ?At risk for falls' care plan indicated the resident has vision problems and poor safety awareness. One of the interventions indicated, Encourage and remind to call staff for assistance. Call light within reach. A review of Resident 19's care plan titled, [The resident] has an ADL [Activities of Daily Living - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves] self-performance deficit initiated on 4/7/21 indicated interventions which included, Encourage the resident to use the call bell to call for assistance. Staff to described [sic] where are his belongings are located and emphasized to ask for staff assistance. A review of Resident 19's care plan titled, Resident has behaviors of calling/yelling staff's name repeatedly. Tends to yell for his needs, initiated 3/9/23 included interventions, Anticipate resident's need [sic]. Ask resident his needs before leaving the resident's room. Call light within reach. 2. A review of the admission Record indicated Resident 2 was admitted to the facility in 2024 with multiple diagnoses which included kidney failure with dependance on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed), anxiety disorder and legal blindness. Resident 2's clinical record indicated the resident spoke language other than English. A review of Resident 2's MDS dated [DATE] indicated that the resident's cognition was moderately impaired, and the resident had highly impaired vision. During an observation on 9/3/25, at 4:30 p.m., Resident 2 was observed in a specialized high back wheelchair parked parallel to her bed facing other side of the room. The resident was observed sliding down the wheelchair with her legs bent. The resident kept turning her head around and was talking in her native language. The resident rubbed her right hip, moaned and looked uncomfortable. Resident 2's call light was observed on the bed, about 3 feet away from resident's reach. A Licensed Nurse (LN 10) had the medication cart parked next to Resident 2's room entrance (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>and was preparing medications. During a concurrent observation and interview with LN 10 on 9/3/25, at 4:33 p.m., LN 10 stated she did not check on Resident 2 since the resident came back from dialysis around 4 p.m. Upon entering Resident 2's room, LN 10 stated, Ah, no, she looks very uncomfortable. She's tired, she needs to be in bed. LN 10 stated the resident was able to use her call light to ask for assistance and validated that the resident's call light was not within reach and the resident was unable to call for help. LN 10 stated Resident 2 was unable to see and was at risk for falls and should have her call light within reach at all times. A review of Resident 2's care plan titled, At risk for falls, initiated 12/24/24 contained the following interventions, Assist with ADL's and transfers. Call light within reach. Encourage and remind to call staff for assistance. A review of Resident 2's 'ADL self-care performance deficit' care plan initiated 12/24/24 indicated the resident required assistance with personal care and transferring. One of the interventions indicated, Encourage the resident to use the light to call for assistance. A review of the facility's 'Answering the Call Light,' policy dated 9/2022, indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Be sure that the call light is plugged in and functioning at all times. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor. During an interview with Director of Nursing (DON) on 9/5/25, at 10:20 p.m., the DON stated that call lights should be within resident's reach whether resident was in bed or in wheelchair so that the resident could communicate their needs, especially for residents who were at risk for falls. The DON agreed that if the call light was not accessible, residents' needs might not be met in a timely manner and had the potential to affect resident safety.</p> |                                                                                            |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure that one of 34 sampled residents, (Resident 42) was free of unnecessary psychotropic medications (drugs that affect the mind and brain, altering mood, perception, and behavior) when Resident 42 received quetiapine (an antipsychotic medication) used to treat schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar disorders (mental illnesses that are characterized by mood swings that range from the lows of depression to elevated periods of emotional highs) for an inadequate indication and contrary to the risk of adverse consequences of black box warning (a prominent, bold-faced warning placed on the labels of prescription medications to alert healthcare professionals and patients about serious risks associated with the drug) where the attending physician did not provide an adequate rationale for its use. This failure resulted in the potential for Resident 42 suffering adverse effects such as sedation, falls, abnormal involuntary movements, and death. Findings: Resident 42 was admitted to the facility on [DATE] from the hospital after suffering an intracranial hemorrhage (bleeding within the skull, or cranium, where the brain is located). Resident 42 had an admission history of stroke (a medical emergency that occurs when blood flow to the brain is interrupted), non-Alzheimer's (a disease characterized by progressive decline in mental abilities) dementia (any type of dementia not caused by Alzheimer's disease), difficulty walking, and muscle weakness. Resident 42 was at risk for falls and injury. After admission to the facility, Resident 42 was diagnosed with VASCULAR DEMENTIA (a type of cognitive decline caused by damage to the blood vessels in the brain), UNSPECIFIED SEVERITY, WITH OTHER BEHAVIORAL DISTURBANCE, UNSPECIFIED PSYCHOSIS (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION, INSOMNIA (trouble falling asleep or staying asleep) UNSPECIFIED, and REPEATED FALLS. A review of Resident 42's Physician Order, dated 3/7/2025, indicated an order for quetiapine 25 mg (milligram, unit of measure), 12.5 mg in the morning and 25 mg at bedtime. During a record review of Resident 42's Minimum Data Set (MDS-a resident assessment and classification tool), dated 2/12/24, MDS indicated Resident 42 had moderate cognitive impairment. MDS dated [DATE] and 8/15/25 indicated severe cognitive impairment. MDS 2/12/25, 5/19/25, and 8/15/25 indicated signs and symptoms of delirium (temporary state of mental confusion and disorientation that can cause significant changes in a person's behavior, thinking, and perception) were not present. MDS further indicated potential indications of psychosis (sensory experiences that occur without any external stimulus) were not present. MDS 2/12/25 indicated no Psychotic Disorder (other than schizophrenia) diagnosis. MDS dated [DATE] and 8/15/25 indicated an active diagnosis of a Psychotic disorder (other than schizophrenia). During a review of the Consultant Pharmacist's (CP) Medication Regimen Review (MRR) for 3/1/25 to 3/13/25, the MRR indicated a recommendation for quetiapine's indication to be changed to Behavioral and Psychological Symptoms of Dementia manifested by physical and verbal aggression. During a record review of Resident 42's Order Audit Report provided by the facility on 9/5/25, indicated an order for Trazadone (an antidepressant drug used to promote sleep) 50 mg at bedtime for inability to sleep related to insomnia on 4/30/24. Resident 42's Order Audit Report indicated an order for melatonin (a dietary supplement used to promote sleep) 3 mg at bedtime for inability to sleep on 12/13/24. Resident 42's Order Audit Report indicated an order for quetiapine 12.5 mg once a day and 25 mg at bedtime for mood and behavior regulation on 3/7/25. During a review of the CP's MRR for 4/1/25 to 4/12/25, the MRR indicated the pharmacist request for the attending physician to: review the quetiapine order and include a more detailed indication, confirm that the order is continuous, confirm dose reduction due to daytime drowsiness, to include targeted behaviors in the order as well as behavior monitoring, and to consult (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>on discontinuation of the quetiapine order. Resident 42 was diagnosed with Unspecified Psychosis on 4/26/25. During a review of the CP's MRR dated 7/31/25, the MRR indicated the pharmacist alerting Resident 42 had seven falls in two months at varying times of day, that the medications quetiapine, trazadone, blood pressure medications, the diuretic (medications that increase urine output) and gout (a form of arthritis) mediation and conditions that could be contributing to the falls. The MRR also indicated the CP's recommendation of a trial of reduced dosing of quetiapine. The MRR indicated the MD's response to discontinue Trazadone, Melatonin, and the diuretic with no rationale provided. During a record review of Resident 42's Order Audit Report provided by the facility on 9/5/25, indicated discontinuation of Trazadone and Melatonin on 8/1/25. During an interview on 9/4/25 at approximately 11:14 a.m. with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated Resident 42 is a fall risk. CNA 2 stated resident 42 is very friendly with the staff and sometimes yells out, but does not get verbally or physically aggressive. CNA 2 added Resident 42 slept well in bed at night and s/he tried to get out of bed when not tired. CNA 2 stated Resident 42 sleeps in his/her wheelchair during the day. CNA 2 was unaware of any sleep issues. During an observation of Resident 42 at the nurse's station on 9/4/25 at approximately 11:18 a.m., Resident 42 was observed sitting in his/her wheelchair outside of nurses station with magazines and a foreign language newspaper unopened in front of the resident. Resident 42 stated s/he had trouble deciding what to do. Resident 42 appeared awake, but drowsy and confused to place and person as s/he stated that LN 8 was his/her pastor. During an interview with the facility CP on 9/4/25 at approximately 3 p.m., the CP stated that quetiapine was prescribed for Resident 42 for psychosis. The CP was aware of the black box warning for quetiapine which was increased risk of death for dementia patients being treated with quetiapine. The CP stated Resident 42 was not taking any medications for insomnia as trazadone was discontinued on 8/1/25. During an interview with MD on 9/5/25 at approximately 9:56 a.m., MD stated h/she diagnosed Resident 42 with Vascular Dementia because Resident 42 has a history of vascular disease and [stroke] which are associated with Vascular Dementia. MD further stated h/she did not perform any diagnostic tests to confirm the diagnosis for Vascular Dementia. MD stated s/he assumed Resident 42 had vascular dementia and diagnosed Resident 42 with Unspecified Psychosis based on Resident 42 having active visual hallucinations and disorientation prior to taking quetiapine. MD stated s/he observed Resident 42 having active hallucinations and that some hallucination observations were documented in the physician and nurse practitioner notes. MD acknowledged the black box warning for quetiapine, involuntary movements and death. MD stated s/he had considered dementia medications, but Resident 42's dementia is less likely Alzheimer's in his opinion. MD stated the family wanted Resident 42 on quetiapine. MD stated that s/he had not received MRR recommendations from the consultant pharmacist. MD stated quetiapine promotes sleep as a side effect and is not aware of Resident 42 suffering from insomnia currently and that Resident 42 is not currently on medications for insomnia. MD stated that Resident 42 has not been referred to a psychiatrist. During a record review of quetiapine package insert, revised October 2013, the black box warning indicated, Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. [quetiapine] is not approved for elderly patients with dementia-related psychosis. and Warnings and Precautions, Cerebrovascular Adverse Reactions, Including Stroke, in Elderly Patients with Dementia-Related Psychosis. The quetiapine package insert indicated quetiapine is indicated for the treatment of schizophrenia and bipolar disorders and Quetiapine may induce orthostatic hypotension (low blood pressure), dizziness, and syncope (fainting) and may lead to falls. During a record review of Resident 42's Order Audit Report provided by the facility on 9/5/25, the report indicated the current active quetiapine order was prescribed on 4/26/25 for, Physical and verbal aggression related to Vascular Dementia Unspecified. During a record review of Resident 42's Preadmission Screening and Resident Review (PASRR- an assessment for serious mental illness, intellectual disability, developmental disability, or related condition(s)), dated 3/6/24 and 5/9/25, the PASRR assessments indicated negative for serious mental illness or (continued on next page)</p> |                                                                                            |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>intellectual/developmental disability and there was no need for screening and providing care and treatment for serious mental illness at that time. During a record review of Resident 42's orders, review indicated there was no order for monitoring for resident hallucinations. During a record review of Resident 42's physician and Nurse Practitioner (NP) progress notes from 1/2/25 to 3/12/25, the NP's progress notes indicated no documentation of observations of Resident 42 experiencing hallucinations. Both NP visit notes dated 3/3/25 and 3/7/25 indicated NP's plan to order and initiate quetiapine for Behavioral aggression/Dementia. The MD note dated 3/12/25 indicated continuing quetiapine as well as trazadone due to having less behaviors. During a record review of Resident's 42's Fall Care Plan dated 8/20/25, Resident 42 had 8 falls between 5/15/25 and 7/30/25. During a record review of the facility's Policy and Procedure (P&amp;P) titled, Antipsychotic Medications Use, revised July 2022, the P&amp;P indicated, Antipsychotic medications shall generally be used for the following conditions/diagnoses. Psychosis in the absence of dementia. And antipsychotic medications will generally only be considered if the symptoms are identified as being due to mania or psychosis (such as auditory, visual, or other hallucinations; delusions, paranoia or grandiosity).</p> |                                                                                            |                                                 |

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| <p>F 0744</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 34 sampled residents (Resident 17) received appropriate treatment and services for diagnosis of vascular dementia (impairment of brain function caused by damage to the blood vessels in the brain), by failing to offer non-pharmacological interventions and document the rationale prior to initiation of Seroquel (a psychotropic medication that affect brain activities associated with mental processes and behaviors and indicated for treating psychiatric conditions). In addition, there was no evaluation and rationale provided when Resident 17 was diagnosed with psychosis (a severe mental condition in which thoughts and emotions so affected that contact with reality is lost). These failures had the potential to expose Resident 17 to adverse side-effects (unwanted, uncomfortable, or fatal effects, including but not limited to sedation, increased risk for falls and negatively impact Resident 17's overall health and safety. Findings: A review of the facility's policy titled, Behavioral Assessment, Intervention and Monitoring, with the revision date of 3/19, indicated, The facility will provide all residents will receive behavioral health services as needed to attain or maintain the highest physical, mental and psychosocial well-being. The interdisciplinary team will thoroughly evaluate new or changing behavioral symptoms in order to identify underlying causes that may have contributed to the resident's change in condition, including: physical changes, infection, pain or discomfort, emotional changes, boredom, loneliness, anxiety. Non-pharmacological interventions will be utilized to avoid or reduce the use of antipsychotic medications to manage behavioral symptoms. A review of the admission Record indicated the facility admitted Resident 17 in 2023 with multiple diagnoses which included cerebral infarction (brain bleed) resulting in paralysis of the arm, leg, and trunk on the right side, and vascular dementia without behavioral disturbance. A review of Resident 17's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/13/25 indicated the resident scored 10 out of 15 on cognitive assessment, which indicated mild cognitive impairment. Resident 17's MDS further indicated the resident exhibited no indicators of psychosis, such as hallucinations (seeing or hearing things that are not there), delusions (an impression or belief not based on reality), and disorganized thinking. A review of Resident 17's care plan titled, The resident has impaired cognitive function/dementia or impaired thought processes r/t [related to] Dementia initiated 10/21/23 indicated the following interventions, Administer medications as ordered. Ask yes/no questions in order to determine the resident's needs. Cue, reorient and supervise as needed, discuss concerns about confusion, disease process. A review of Resident 17 clinical records contained a physician order, with a start date of 5/1/2024 for Seroquel Oral Tablet to give 12.5 milligrams (mg, unit of measurement) at bedtime for verbal aggression, and verbalization of wanting to die related to unspecified dementia. A review of Resident 17's nursing progress notes (NPN) dated 5/1/24, at 2:54 p.m., indicated, Noted to have disruptive behaviors. She has increased restlessness, verbal aggression toward staff, and verbalization of wanting to die. She reports that she does not have plans to hurt herself in any way. The NPN indicated the physician was notified and prescribed Seroquel and laboratory tests to rule out UTI (infection in the bladder and urinary tract). The NPN indicated that the physician directed nursing, While tests are pending, continue with Seroquel. If she has UTI, review antipsychotic dose with MD. If work up is negative, and resident is tolerating Seroquel, may consider dose adjustment. Resident 17's clinical record contained care plan initiated 5/1/24 and titled, The resident uses psychotropic medications (Seroquel) r/t [related to] Behavior Management for vascular dementia with behaviors. One of the interventions indicated to offer GDR (gradual dose reduction) every 6 months and as needed. A review of physician's (PHY) visit notes dated 6/8/24, at 4:34 p.m., indicated, Patient with anxiety with memory loss. sometimes behavioral disturbances. wandering through the facility at nighttime. A review of PHY visit notes dated 7/17/25 at 4:22 p.m., indicated, She [Resident 17] has dementia. She just needs simple reassurance. After the patient is reassured, (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0744</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>she is doing great. Smiling. She has memory loss but able to express her needs and wishes. She communicates effectively with me and other members of the facility. A review of Resident 17's clinical records indicated that on 7/29/24 Seroquel dose was increased to 25 mg orally at bedtime. Resident 17's clinical records did not contain physician documentation providing the rationale and explaining why the dose was increased. A review of the clinical records indicated that a new diagnosis of unspecified dementia with psychotic disturbance (the disorder presenting with hallucinations and delusions) was added to Resident 17's list of diagnoses on 9/13/24. There was no documented evidence Resident 17 received another physician's assessment or evaluation prior to 9/13/24. There was no documented rationale why Resident 17 was diagnosed with 'psychotic disturbance.' A review of PHY visit notes dated 1/16/25, at 3:30 p.m., contained history of Resident 17's medical conditions and diagnoses and did not contain history of mental illnesses including psychosis. The physician documented that the resident had no acute issues reported by nursing staff. A review of Resident 17's nursing progress notes from 2/5/25 through 2/20/25 did not contain documentation that the resident experienced hallucinations and/or delusional behaviors or any other symptoms of psychosis. There was no evidence the IDT evaluated for changes in Resident 17's behaviors that indicated signs and symptoms of psychosis. On 2/29/25 a new diagnosis of unspecified psychosis was added to Resident 17's diagnoses. During an observation on 9/2/25, at 9:30 a.m., Resident 17 was observed awake laying in her bed. Resident was pleasant, calm, and answered all questions appropriately. During an interview, Resident 17 mentioned that sometimes she felt very lonely. Resident 17 added, I'm blessed. My daughter usually calls me 1-2 times every day, and she visits me frequently. When Resident 17 was asked if she had any concerns with call light response, the resident stated, Sometimes have to wait, especially at nighttime. I start yelling and they come. During multiple observations on 9/3/25 at 10:40 a.m., on 9/4/25 at 11:04 a.m., and on 9/5/25 at 12:55 p.m., Resident 17 was observed to be pleasant, happy, and no verbal aggression or yelling was noted. During an interview on 9/5/25, at 9 a.m., Restorative Nursing Assistant (RNA 2) described Resident 17 as, Alert, forgetful. Has behaviors of yelling and screaming if she needs something. RNA 2 explained, Sometimes we do not understand what she's trying to say, [we] use communication book, but she gets frustrated and starts shouting more. During a continued interview, RNA 2 stated that sometimes Resident 17 refused personal care and when the staff attempted to explain to her, the resident would get upset and start yelling. RNA 2 stated that Resident 17 had no hallucinations, was not aggressive and not a danger to self or others. During an interview on 9/5/25, at 9:05 a.m., RNA 3 stated Resident 17 was alert and able to use call light and verbalize her needs. RNA 3 stated that Resident 17 had periods of screaming behaviors. RNA 3 added, Sometimes she feels lonely, starts calling where is everyone and starts screaming. Calling names screaming loudly. RNA 3 stated that reassuring the resident worked well and the resident would calm down. RNA 3 stated Resident 17 was not aggressive and not a danger to self or others. During an interview with Licensed Nurse (LN 7) on 9/5/25, at 9:15 a.m., when asked about Resident 17's behavioral disturbances, LN 7 stated, She's very restless and has anxiety. Attention seeking behaviors. If she sees someone walking by in the hall, she will start screaming and yelling for help. Verbally frustrated, not aggressive and not dangerous. LN 7 stated he had not seen Resident 17 being physically aggressive, having hallucinations, delusions, or other signs and symptoms of psychosis. A review of Resident 17's Medical Administration Record (MAR) indicated that the resident had been given antipsychotic medication Seroquel 25 mg every night from 7/29/24 to present for over a year. Resident 17's clinical record did not contain any documentation to show that there were any attempts to reduce the dose of Seroquel since the start of the medication on 5/1/25. Resident 17's clinical record did not indicate the resident was prescribed any Food and Drug (FDA) approved medications to treat dementia. A review of Resident 17's clinical records did not contain any documented evidence the resident had been referred to be seen by a psychiatrist (a medical doctor who specialize in mental health, able to diagnose and treat mental disorders). Resident 17's clinical records did not reveal that the</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0744</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Interdisciplinary Team (IDT, a group of healthcare disciplines who discuss resident care needs) had evaluated if Resident 17's behavioral symptoms may be related to unmet needs or other medical conditions. A review of the facility's 'Antipsychotic Medication Use,' policy dated 7/22, indicated, Residents will not receive medications that are not clinically indicated to treat a specific condition. The policy further explained the diagnoses for which antipsychotic medications will be used and vascular dementia was not included on the list. The policy indicated, Diagnoses alone do not warrant the use of antipsychotic medications. Antipsychotic medications will generally be considered if the following conditions are also met: The behavioral symptoms present a danger to the resident or others; AND The symptoms are identified as being due to mania or psychosis (such as auditory, visual hallucinations, delusions, paranoia. During a concurrent interview and record review with Director of Nursing (DON) on 9/5/25, commencing at 10:20 a.m., the DON acknowledged that Resident 17 had been receiving Seroquel, a medication to treat mental disorders. The DON reviewed hospital records and validated that the resident had no history of any mental disorder, including psychosis prior to admission. The DON stated that diagnosis of dementia with psychotic disturbance was added to resident's diagnoses on 9/13/24 and diagnosis of psychosis was added on 2/19/25. During a continued interview and record review on 9/5/25, at 10:20 a.m., the DON stated that Resident 17 has behaviors of yelling, repetitive requests and attention seeking, and verbal aggression. When the DON was asked if yelling was presenting danger to self or others, the DON replied, Not dangerous, [but] disruptive to others especially at night. The DON did not provide any answer if resident's yelling behaviors were related to unmet physical needs, medical conditions, or other dementia-related behaviors. The DON stated Resident 17 did not have hallucinations or delusions but had lots of behaviors prior to starting Seroquel. The DON stated she did not remember if IDT addressed resident's behaviors and if any non-pharmacological interventions were provided prior to antipsychotic medication. The DON added, If physician ordered, it was justified at that time. The DON agreed that antipsychotic medication exposed Resident 17 to adverse effects of Seroquel and increased the resident's risks for falls. The DON acknowledged that Resident 17 had multiple falls, including 7/23/24 fall with lacerations and bleeding to her nose and forehead, later diagnosed with nose fracture, 9/9/24 fall resulting in scalp laceration and cut to eye, and 9/25/24 fall resulting in laceration to forehead. During a continued interview and record review on 9/5/25, at 10:20 a.m., the DON was asked the rationale for diagnosis of psychosis added to Resident 17's list of diagnoses on 2/19/25. The DON reviewed Resident 17's clinical records, including physician visit notes dated 1/16/25 and 3/8/25 and stated she was unable to find any notes addressing psychotic behaviors. The DON added, I don't see any written rationale why [physician] wanted psychosis to be added to her diagnoses. The physician verbally told me to add psychosis. During a phone interview and concurrent record review with physician on 9/5/25, at 10:55 a.m., PHY confirmed that Resident 17's admission diagnoses did not include psychosis or other mental disorders. PHY was asked the rationale that Resident 17 was prescribed antipsychotic medication on 5/1/24. PHY explained, I did not see the resident, nurses called me and reported of behaviors- screaming, not sleeping at night, disruptive to other residents. that she would walk up to nursing station repeatedly. So we started Seroquel. PHY acknowledged that Resident 17 was diagnosed with UTI at the same time and agreed that UTI symptoms can be disruptive and mimic other conditions. PHY stated because Resident 17's dementia was minimal. she still has pretty good memory. can communicate very well, she was not prescribed other medications approved by Federal Drug Administration (FDA) for dementia. During a continued interview with PHY on 9/5/25, at 10:55 a.m., PHY was asked regarding increasing the Seroquel dose to 25 mg and Resident 17 being diagnosed with psychosis on 2/19/25. The PHY acknowledged that Resident 17 did not exhibit typical signs and symptoms of psychosis, including hallucinations, delusions, and paranoia. PHY explained, Nurses reported that resident had symptoms at night and I'm not here at night, I can't see it. I go with what nurses report. Nurses kept reporting that her screaming and calling for help continued, so the dose was increased. They document that she (continued on next page)</p> |                                                                                            |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>09/05/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Acc Care Center                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7801 Rush River Drive<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                 |
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| F 0744<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | has symptoms.I go what the nurses suggested to me. PHY stated, Yes, I am aware of black box<br>warning, aware of her multiple falls some with injuries.Agree that it is very important to have right<br>diagnoses for any medications, including psychotropics and we have to be very cautious with<br>psychotropic medications. A review of DailyMed, an online database that provides access to FDA<br>information and offers a comprehensive and up-to-date resources for healthcare professionals<br>accessed on 9/10/25 at <a href="https://dailymed.nlm.nih.gov/dailymed/">https://dailymed.nlm.nih.gov/dailymed/</a> indicated that Seroquel was not<br>approved for treatment of patients with dementia-related psychosis. The black box warning for use of<br>Seroquel indicated it increased mortality in elderly patients with dementia-related psychosis, and<br>suicidal thoughts and behaviors. |                                                                                            |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>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>Based on observation, interview, and record review, the facility failed to account for and reconcile administered controlled medication for one of five residents, Resident 111. This failure had the potential for accidental medication exposure to Resident 111 and had the potential for drug diversion. Findings: During an observation of medication storage on 9/3/25, at approximately 10:23 a.m., in the hallway outside of Resident 111's room, observed Licensed Nurse 4 (LN 4) perform narcotics count (the mandatory procedure of physically counting all controlled substances) for Resident 111's oxycodone (prescription opioid used to treat moderate to severe pain) 5 milligrams (mg, a unit of measurement). Eight oxycodone pills were left from a dispensed count of 15 pills with six administration entries logged in the medication cart narcotics log (for documentation of a narcotic administered) leaving one oxycodone 5mg pill unaccounted for. During an interview on 10:28 a.m. with LN 4, LN4 stated s/he administered the oxycodone earlier in the morning and that it is charted in the patient chart, but not in the narcotics log. LN 4 stated the expectation is to document medication administration and reconciliation immediately after administering the medication and failing to do so could result in a discrepancy on the medication reconciliation with oncoming staff. During a record review of Resident 111's Medication Administration Record (MAR), indicated oxycodone 5 mg being documented as administered by LN 4 on 9/3/25 at 6:55 a.m. During an interview with the DON on 9/3/25 at approximately 2:35 PM, DON stated, LNs should sign the narcotics log after popping the medication. During a record review of the facility's Policies and Procedures (P&amp;P) titled, Medication Administration-General Guidelines, dated March 2018, the P&amp;P indicated, The individual who administers the medication dose records the administration directly after the medication is given. During a record review of the facility's P&amp;P titled, Controlled Medication Storage, dated March 2018, the P&amp;P indicated, Current controlled medication accountability records are kept in the MAR or a separate Controlled Drug binder.</p> |                                                                                            |                                                 |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm<br/>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>Based on observation, interview and record review, Resident 19's allergy to onion was not accommodated when resident was served with mixed vegetables containing onion. This failure had the risk potential for an allergic reaction. Findings: During a review of the lunch meal tickets on 9/3/25 at 11:00 a.m., Resident 19's meal ticket indicated an allergy to onion. This meal ticket also indicated that the resident ate in his room and received food in bowls. Review of Resident 19's diagnosis indicated a history of being legally blind. During an observation of the lunch meal plating on 9/3/25 at 11:35 a.m., the menu included Orange Beef, [NAME] Rice, Oriental Vegetables (including peppers, onions, and broccoli), a roll and cookie. The [NAME] stated that barbequed chicken was available as an alternative to the main entree, but there was not another vegetable available. During a meal observation on 9/3/25 at 12:30 p.m. in Resident 19's room., a Certified Nursing Assistant (CNA) removed his meal tray from the cart. Upon request the CNA allowed the survey team to lift the lids of his meal bowls. One of Resident 19's bowls included mixed oriental vegetables containing onion. During an interview on 9/4/25 at 11:30 a.m. with the Certified Dietary Manager (CDM), the CDM stated that dietary staff are trained to look for food allergies which are listed on the banner of the meal ticket. The CDM expected the cooks to review the allergy list and plan modifications accordingly. The CDM also stated that the nursing floor would check the meal before giving the tray to the resident to ensure the meal does not contain allergens. During an interview on 9/3/25 at 3:30 p.m. with the Director of Nursing (DON), the DON stated that CNAs check meal trays when they are serving meals. The DON stated they should look not at the diet order and food preferences, but also for allergens. Review of facility provided policy Food Allergens and Intolerances (Med-Pass, Inc, Revised October 2008) indicated that Residents with food allergies and/or intolerances will be identified upon admission and steps will be taken to prevent resident exposure to the allergen(s). It further indicated under the section on Assessment and Interventions: in bullet 4 that Meals will be specially prepared for residents with severe food allergies so that cross-contamination with allergens does not occur. During a review of the U.S. Food and Drug Administration's Food Code, 2022 version, it indicated that Recent studies indicate that over 11 million Americans suffer from one or more food allergies. A food allergy is caused by a naturally-occurring protein in a food or a food ingredient . When these sensitive individuals ingest sufficient concentrations of foods containing these allergens, the allergenic proteins . elicit an abnormal immune response. A food allergic response is commonly characterized by hives or other itchy rashes, nausea, abdominal pain, vomiting and/or diarrhea, wheezing, shortness of breath, and swelling of various parts of the body. In severe cases, anaphylactic shock and death may result.</p> |                                                                                            |                                                 |