

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER Citrus Heights Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 7807 Uplands Way Citrus Heights, CA 95610	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate assistive eating and drinking utensils to one out of five sampled residents (Resident 2) when Resident 2 was not provided a specialized drinking cup and plate guard (a curved, removable rim that snaps onto the edge of a dinner plate to prevent food from being pushed off, assisting with independent dining) during the 4/14/26 lunch meal. This failure had the potential to result in Resident 2 not being able to properly and safely eat and drink and had the potential for nutrition and hydration problems. Findings: A review of Resident 2's clinical record indicated Resident 2 was admitted December of 2023 and had diagnoses that included Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), polyneuropathy (a condition characterized by damage to multiple peripheral nerves causing numbness, burning pain, and muscle weakness), and muscle weakness. A review of Resident 2's Minimum Data Set (MDS- an assessment tool used to guide care) Cognitive Patterns, dated 3/7/26, indicated Resident 2 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 11 out of 15 which indicated Resident 2 had a moderately impaired cognition (mental process of acquiring knowledge and understanding). A review of Resident 2's MDS Functional Abilities, dated 3/7/26, indicated Resident 2 needed supervision or touching assistance with eating. A review of Resident 2's care plan, revised 12/27/24, indicated, Nutritional Risk: [Resident 2] has the potential for altered nutrition and/or hydration status related to .hx [history] of malignant neoplasm [cancer] of large intestine, muscle wasting [loss of muscle tissue] .chronic pain .weakness .A review of Resident 2's care plan, revised 2/6/25, indicated, Weight Loss: [Resident 2] is at risk for weight loss [x] Resident has an actual significant weight loss [x] 5% [percent- measurement of one part in every hundred] in 1 month patterned/persistent weight loss monthly related to reported weakness in her hands and arms poor appetite. A review of Resident 2's NUTRITIONAL RISK REVIEW, dated 9/8/25, indicated, .She [Resident 2] continues to receive .divided plate, plate guard, and sippy cup for meals .RD Recommendations .Noted with weight loss x3 and x6 months [within 3 months and within 6 months], however not clinically significant .A review of Resident 2's NUTRITIONAL RISK REVIEW, dated 3/6/26, indicated, .She [resident 2] continues to receive .divided plate, plate guard, and sippy cup for meals .RD Recommendations .Noted with weight loss x3 and x6 months, however not clinically significant .During a concurrent observation and interview on 4/14/26 at 12:37 p.m. with Resident 2 in Resident 2's room, Resident 2 was observed not touching her lunch meal on her bedside table. Resident 2 was also observed to have shaky hands. On the corners of Resident 2's meal tray were beverages which included two cups of reddish beverages in a regular 8 fl oz. (fluid ounce- unit of measurement) drinking cups which were still full, and a small can of ginger ale with a white straw. Resident 2 was provided with a divided plate but not with a plate guard. Resident 2 stated she could not hold the regular cups because of her shaky hands, that was why she was not able to drink her beverages. Resident 2 further stated she would like to have a better cup so she could hold her drinks steadier and it would not spill. A review of Resident 2's lunch meal ticket, dated 4/14/26, indicated, .Adaptive Equip [adaptive equipment- any tool, device, utensil, or machine that is used to help with (continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>any task associated with daily living]: .Plate Guard, Sippy Cup [a specialized drinking cup designed to be held more steady in several ways for people with tremors or reduced coordination] (x4) .During a concurrent observation and interview on 4/14/26 at 12:40 p.m. with Certified Nurse Assistant (CNA) 2 in Resident 2's room, CNA 2 confirmed that Resident 2 was not provided with a plate guard and sippy cups. CNA 2 stated Resident 2 has shaky hands so she should be provided with a plate guard and sippy cups so she could eat and drink safely and properly.During an interview on 4/14/26 at 1:52 p.m. with Licensed Nurse (LN) 1, LN 1 stated Resident 2 has tremors and muscle weakness. LN 1 also stated that Resident 2's meal ticket should have been followed and that Resident 2 should have been provided with plate guard and sippy cups so she could drink and eat well. LN 1 further stated that nurses would normally check the resident's meal tray first to make sure the tray contents are appropriate and complete before being given to the resident.During a concurrent interview and record review on 4/14/26 at 3:12 p.m. with the Registered Dietician (RD), Resident 2's clinical records were reviewed. The RD confirmed that Resident 2 has been losing weight. The RD also confirmed that Resident 2 needed assistive utensils when eating. The RD stated that there were no indicated refusals on Resident 2's care plan and no reported changes on Resident 2's functioning so she should continue to receive plate guard and sippy cups every meal. The RD also stated that she would expect the indicated assistive utensils in the meal ticket to always be provided to the residents. The RD further stated that assistive utensils are provided to residents to improve their meal and liquid intake.During an interview on 4/14/26 at 3:56 p.m. with the Administrator [ADM], the ADM stated she would expect the assistive eating and drinking utensils to be provided to the residents if it was indicated in their meal tickets.A review of the facility's policy and procedure titled, SELF-FEEDING DEVICES, dated 2023, indicated, POLICY: Residents will receive self-feeding devices to maintain or improve their ability to eat or drink independently .PROCEDURE .2. Devices commonly used .will be kept in stock .3. The Food & Nutrition Services Department will store self-feeding devices. Residents needing devices will receive them with each meal or snack, on their meal trays. Tray cards and diet profile will record which device is needed .COMMONLY USED SELF-FEEDING DEVICES .PLATE GUARD .</p>		