

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 04/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50312</p> <p>Based on observation, interview, and record review, the facility failed to ensure two out of 35 sampled Residents (Resident 110 and Resident 80) were assisted with nail care as part of their Activities of Daily Living (ADLs - normal daily functions required to meet basic needs) when;</p> <ol style="list-style-type: none"> 1. Resident 110 had long toenails; and, 2. Resident 80 had long fingernails with grayish substance underneath them. <p>These failures had the potential for Resident 110 and Resident 80 to have sustained a skin injury, and to possibly acquire an infection.</p> <p>Findings:</p> <p>1. During a review of Resident 110's Face Sheet (front page of the chart that contains a summary of basic information about the resident). The face sheet indicated she was admitted on [DATE] with diagnoses that included metabolic encephalopathy (a condition where the brain does not receive enough nutrients or oxygen to function properly), type 2 diabetes mellitus (high blood sugar levels due to the body's inability to use insulin effectively), dermatophytosis (fungal infection of the skin that may affect skin, hair, and nails), varicose veins of unspecified lower extremity with ulcer of unspecified site (type of leg ulcer that develops due to poor circulation and back pressure in the veins).</p> <p>During a review of Resident 110's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 4/7/25, indicated Resident 110 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 13 out of 15 which indicated Resident 110 had normal cognitive function (mental process of acquiring knowledge and understanding). A review of Resident 110's MDS Functional Abilities and Goals, dated 4/7/25, indicated Resident 110 was dependent on staff for shower/bathing self, required substantial/maximal assistance with toileting hygiene, putting on/taking off footwear, and personal hygiene. Resident 110 required partial/moderate assistance for lower body dressing, and supervision or touching for upper body dressing.</p> <p>During a review of Resident 110's care plan dated 3/6/25 for skin- the care plan indicated the resident is at risk for skin breakdown related to activity intolerance due to impaired ADL ability and impaired mobility.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 110's care plan dated 4/11/25 for occupational therapy - resident requires skilled therapy due to ADL deficit for bathing and grooming.</p> <p>During an observation on 4/21/25 at 2:15 p.m. in Resident 110's room, Resident 110 was lying on the bed with the left foot uncovered and the toenails were observed to be thick, long and started to curl over the toes.</p> <p>During a concurrent observation and interview on 4/23/25 at 11:28 a.m. with Resident 110 and Licensed Nurse (LN 4) in the Residents room, Resident 110 had long toenails that were curved. LN 4 asked Resident 110 if her toenails were bothering her and Resident 110 stated that she would like them to be trimmed. LN 4 stated that because of Resident 110's diagnosis of diabetes, the podiatrist (medical specialist who diagnoses and treats conditions affecting the foot, ankle, and related structures of the leg) would need to trim her nails the next time they came to the facility.</p> <p>During an interview on 4/23/25 at 12:18 p.m. with the Social Services Director (SSD), the SSD stated that the podiatrist comes to the facility every two months and Resident 110 was currently not on the list.</p> <p>During an interview on 4/23/25 at 12:20 p.m. with the Director of Nursing (DON), regarding long toenails, the DON stated that her expectation was that Resident 110 should see the podiatrist. Resident 110 is at risk for ingrown toenails, skin injury, and broken toenails if the toenails are not trimmed.</p> <p>47197</p> <p>2. A review of Resident 80's clinical record indicated Resident 80 was admitted August of 2022 and had diagnoses that included sequelae of cerebral infraction (aftereffects of stroke which can include various impairments, such as cognitive deficits, speech and language difficulties, and movement problems), muscle wasting and atrophy (loss of muscle mass and strength), diabetes mellitus and major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>A review of Resident 80's MDS, Cognitive Patterns, dated 1/30/25, indicated Resident 80 had a BIMS score of 13 out of 15 which indicated Resident 80 had an intact cognition (mental process of acquiring knowledge and understanding). A review of Resident 80's MDS Functional Abilities and Goals, dated 1/30/25, indicated Resident 80 required substantial/maximal assistance with upper body dressing and personal hygiene, was dependent on toileting hygiene, showering/bathing, lower body dressing and putting on/taking off footwear, and needed setup or clean-up assistance with eating and oral hygiene.</p> <p>A review of Resident 80's care plan intervention, dated 8/22/22, indicated, Assist with daily hygiene, grooming .as needed</p> <p>During a concurrent observation and interview on 4/21/25 at 10:15 a.m. with Resident 80, in Resident 80's room, Resident 80 had long fingernails with grayish substance underneath the fingernails. Resident 80 stated he wanted his fingernails to be trimmed and cleaned because they were not comfortable.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/21/25 at 10:50 a.m. with Certified Nurse Assistant (CNA) 1, in Resident 80's room, CNA 1 confirmed that Resident 80 had long fingernails with grayish substance underneath the fingernails. CNA 1 stated she would expect that Resident 80's fingernails to be trimmed and cleaned to prevent possible infection.</p> <p>During an interview on 4/22/25 at 9:48 a.m. with the Director of Staff Development (DSD), the DSD stated that residents' nail care was an implied task for nurses to monitor every day and to provide the care as needed. The DSD also stated that if a resident has diabetes, the nurses will do the nail care or if the nails were too long or too complicated, it should be referred and done by a podiatrist. The DSD further stated that if a resident has long fingernails, it would be a risk for skin injury and possible infection.</p> <p>During a concurrent interview and record review on 4/22/25 at 11:43 a.m. with the SSD, the list of podiatry referrals was reviewed. The SSD stated the podiatrist would visit the facility every 62 days and the last scheduled visit was on 2/28/25. The SSD confirmed that Resident 80 had not been referred for fingernail care. The SSD further stated that either the CNA or nurse could refer the resident to her so the resident would be referred for a fingernail care visit.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the DON, the DON stated that she would expect that nail care for residents would be done.</p> <p>A review of the facility's policy and procedures titled, Activities of Daily Living (ADL), Supporting, revised 3/2018, indicated, .2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (.grooming .) .</p>		

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 04/24/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47197</p> <p>Based on observation, interview and record review, the facility failed to ensure two out of 35 sampled residents (Resident 68 and Resident 77) received treatment and care in accordance with professional standards of practice, facility's policy and procedure (P&P), and physician's order when Resident 68 and Resident 77's wound treatment orders were not consistently done.</p> <p>This failure had the potential for Resident 68 and Resident 77's wounds to get worse and not achieve healing, and for the residents to not achieve their highest practicable well-being.</p> <p>Findings:</p> <p>1a. A review of Resident 68's clinical record indicated Resident 68 was admitted July of 2020 and had diagnoses that included peripheral vascular disease (PVD- a condition where blood flow to the arms, legs, and feet are restricted due to narrowed or blocked blood vessels), venous insufficiency (a condition where the veins in the legs don't effectively return blood back to the heart, leading to blood pooling in the legs), and major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>A review of Resident 68's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 4/4/25, indicated Resident 68 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 15 out of 15 which indicated Resident 68 had an intact cognition (mental process of acquiring knowledge and understanding). A review of Resident 68's MDS Skin Conditions indicated Resident 68 was at risk for developing pressure related ulcers or injuries.</p> <p>A review of Resident 68's care plan, revised 1/29/21, indicated, at risk for alteration in skin integrity . A review of Resident 68's care plan intervention, revised 2/5/24, indicated, Administer treatment per physician orders .</p> <p>During an interview on 4/21/25 at 9:41 a.m. with Resident 68, Resident 68 stated he has open wounds on his legs, but he was not getting his treatment every time.</p> <p>During an interview on 4/22/25 at 9:21 a.m. with Treatment Nurse (TN) 1, TN 1 stated Resident 68 has long term lower leg conditions were his legs get itchy, he scratches his legs and then he gets scattered open areas on his skin. TN 1 further stated Resident 68 was currently being treated with hydrocortisone cream (a medication used to reduce inflammation, itching, and swelling) and Aquaphor ointment (a medication used to treat or prevent dry, rough, scaly, itchy skin and minor skin irritation).</p> <p>A review of Resident 68's physician's order, dated 10/6/23, indicated, Hydrocortisone External Cream 1 % [percent- measurement of one part in every hundred] .Apply to Left Lower Leg topically every day shift for Chronic Ulcer of Lt [left] Lower Leg.</p> <p>A review of Resident 68's physician's order, dated 10/17/23, indicated, Hydrocortisone External Cream 1 % . Apply to Rt [right] Lower Leg topically every day shift for Chronic Ulcer of Rt Lower Leg Apply to peri-wound [skin surrounding a wound].</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 68's treatment administration records (TAR - a daily documentation record used by a licensed nurse to document treatments given to a resident) for March and April 2025 indicated the hydrocortisone cream orders for both left and right lower legs of Resident 68 were not done from 3/1/25 to 4/18/25 and from 4/20/25 to 4/22/25.</p> <p>A review of Resident 68's physician's order, dated 12/11/24, indicated, Aquaphor External Ointment .Apply to left leg chronic ulcer topically three times a day for chronic leg ulcer apply and exposed to air.</p> <p>A review of Resident 68's physician's order, dated 10/17/23, indicated, Aquaphor External Ointment .Apply to ulcer [on] right lower leg topically three times a day for chronic leg ulcer non pressure apply to the peri-wound and exposed to air.</p> <p>A review of Resident 68's TAR for March and April 2025 indicated the Aquaphor ointment orders for both left and right lower legs of Resident 68 were:</p> <p>-not done on 3/3/25, 3/4/25, 3/27/25, 4/12/25, and 4/13/25</p> <p>-only done once in a day on 3/1/25, 3/2/25, 3/5/25 to 3/26/25, 3/28/25 to 4/11/25, 4/14/25 to 4/18/25, and 4/20/25 to 4/22/25.</p> <p>-only done twice in a day 4/19/25.</p> <p>During a concurrent interview and record review on 4/23/25 at 9:55 a.m. with the Nurse Supervisor (NS) 1, Resident 68's clinical records were reviewed. NS 1 confirmed that Resident 68's wound treatment orders for his lower legs were not consistently done. NS 1 stated that nurses should follow wound treatments according to the physician's order and if the resident refused, it should have been documented. NS 1 further stated that the risk if the wound treatment orders for Resident 68 were not consistently followed was that the resident's wound might get worse.</p> <p>1b. A review of Resident 77's clinical record indicated Resident 77 was admitted July of 2024 and had diagnoses that included vascular parkinsonism (a movement disorder caused by damage to the blood vessels in the brain, leading to impaired movement and balance), adult failure to thrive (AFTT- a decline in older adults characterized by frailty, weight loss, reduced appetite, and cognitive and functional challenges), morbid obesity (a severe form of obesity), and overactive bladder (a condition where the bladder muscle contracts involuntarily, causing a sudden, strong urge to urinate that can be difficult to control).</p> <p>A review of Resident 77's MDS Cognitive Patterns, dated 4/4/25, indicated Resident 77 had a BIMS score of 15 out of 15 which indicated Resident 77 had an intact cognition. A review of Resident 77's MDS Skin Conditions indicated Resident 77 was at risk for developing pressure related ulcers or injuries.</p> <p>A review of Resident 77's care plan, revised 6/28/24, indicated, Resident is at risk for skin breakdown . A review of Resident 77's care plan intervention, dated 6/28/24, indicated, Administer treatments as ordered . Apply barrier cream as indicated .</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/21/25 at 9:57 a.m. with Resident 77, Resident 77 stated he has open sores on his back, but staff are not taking care of them properly. Resident 77 further stated the sores on his back are not getting better.</p> <p>During an interview on 4/22/25 at 9:24 a.m. with TN 1, TN 1 stated Resident 77 has MASD (Moisture-Associated Skin Damage- a term used to describe skin damage caused by prolonged contact with moisture, such as urine, stool, perspiration, wound exudate, or mucus) on his back. TN 1 further stated Resident 77 was ordered zinc oxide (a skin protectant) twice a day.</p> <p>A review of Resident 77's physician's order, dated 12/12/24, indicated, Zinc Oxide External Paste 20 % . Apply to Rear Lt Thigh topically every day and evening shift for MASD AND Apply to Rear Rt Thigh topically every day and evening shift for MASD AND Apply to Rt Buttock topically every day and evening shift for MASD.</p> <p>A review of Resident 77's TAR for March and April 2025 indicated the zinc oxide paste order for Resident 77's left and right thighs, and right buttock were:</p> <p>-not done on 3/3/25, 3/4/25, 3/27/25, and 4/13/25</p> <p>-only done once in a day on 3/1/25, 3/2/25, 3/5/25 to 3/26/25, 3/28/25 to 4/12/25, and 4/14/25 to 4/21/25.</p> <p>During a concurrent interview and record review on 4/23/25 at 9:55 a.m. with NS 1, Resident 77's clinical records were reviewed. NS 1 confirmed that Resident 77's wound treatment orders for his left and right thighs, and right buttock were not consistently done. NS 1 stated that nurses should follow wound treatments according to the physician's order and if the resident refused, it should have been documented. NS 1 further stated that the risk if the wound treatment orders for Resident 77 were not consistently followed was that the resident would be at risk to develop more skin issues.</p> <p>During an interview on 4/23/25 at 10:53 a.m. with the Director of Staff Development (DSD), the DSD stated that nurses must follow the frequency of wound treatment per the physician's order. The DSD also stated that if it was not documented, it would imply that it was not done. The DSD further stated that the risk if wound treatments were not consistently done was that either the resident would develop new skin issues or the resident's wound might get worse.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the Director of Nursing (DON), the DON stated that she would expect staff to follow the wound treatment frequency ordered by the physician.</p> <p>A review of the facility's P&P titled, Wound Care, revised 10/2010, indicated, .1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan to assess for any special needs of the resident .</p> <p>A review of the facility's P&P titled, Prevention of Pressure Injuries, revised 4/2020, indicated, Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable .Prevention .4. Use a barrier product to protect skin from moisture .</p>		

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 04/24/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47197</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe delivery of respiratory care consistent with the facility's policy and procedures (P&P) for one out of 35 sampled residents (Resident 78) Resident when, Resident 78 was provided with oxygen therapy without a physician's order.</p> <p>This failure had the potential to result in unsafe delivery of oxygen to Resident 78 and for Resident 78 to not achieve her highest practicable well-being.</p> <p>Findings:</p> <p>1. A review of Resident 78's clinical record indicated Resident 78 was admitted February of 2025 and had diagnoses that included chronic obstructive pulmonary disease (COPD- a group of diseases that causes airflow blockage and breathing-related problems), congestive heart failure (CHF- a serious condition in which the heart does not pump blood as efficiently as it should), and sleep apnea (a sleep disorder that causes people to stop breathing or breathe shallowly while they sleep).</p> <p>A review of Resident 78's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 3/28/25, indicated Resident 78 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 12 out of 15 which indicated Resident 346 had a moderately impaired cognition (mental process of acquiring knowledge and understanding). A review of Resident 78's MDS Health Conditions, dated 1/29/25, indicated Resident 78 experienced shortness of breath or trouble breathing when lying flat. A review of Resident 78's MDS Special Treatments, Procedures, and Programs, dated 3/28/25, indicated Resident 78 had was on oxygen therapy on admission and while she was a resident in the facility.</p> <p>A review of Resident 78's care plan, revised 3/12/25, indicated, has altered respiratory status/Difficulty Breathing r/t [related to] CHF, COPD. A review of Resident 78's care plan intervention, dated 3/12/25, indicated, Provide oxygen as ordered.</p> <p>During a concurrent observation and interview on 4/21/25 at 11:03 a.m. with Resident 78, in Resident 78's room, Resident 78 was seen sitting in her wheelchair, awake, and had an oxygen concentrator (machine) in her room connected to a nasal cannula (a medical device with two prongs that is connected to an oxygen source used to deliver supplemental oxygen directly into the nostrils). Resident 78 stated she uses her oxygen whenever she has some trouble breathing and she last used it yesterday (4/20/25).</p> <p>A review of Resident 78's active physician's orders did not indicate an order for Resident 78 to receive supplemental oxygen.</p> <p>During a concurrent interview and record review on 4/22/25 at 9:28 a.m. with Licensed Nurse (LN) 1, Resident 78's clinical records were reviewed. LN 1 stated that staff would administer oxygen to Resident 78 when she has difficulty breathing. LN 1 then confirmed that there was no active physicians order for Resident 78 to receive supplemental oxygen. LN 1 stated that staff needs to have an active physician's order for oxygen therapy before administering oxygen to a resident.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 78's Weights and Vitals Summary indicated that Resident 78 was on oxygen on the following dates:</p> <p>3/30/25 at 3:14 a.m.- 96.0% (percent- measurement of one part in every hundred) .Oxygen via Nasal Cannula</p> <p>4/2/25 at 4:15 a.m.- 96.0% .Oxygen via Nasal Cannula</p> <p>4/3/25 at 9:11 p.m.- 95.0% .Oxygen via Nasal Cannula</p> <p>4/8/25 at 8:12 p.m.- 96.0% .Oxygen via Nasal Cannula</p> <p>A review of Resident 78's progress notes, dated 4/16/25, indicated, Oxygen used: Yes .Oxygen administered via: Nasal Cannula .</p> <p>During an interview on 4/23/25 at 10:53 a.m. with the Director of Staff Development (DSD), the DSD stated that there should be an active physician's order for oxygen therapy before administering oxygen to a resident because it's a treatment and to safely administer oxygen to the resident. The DSD further stated that having a physician's order for oxygen therapy is a standard of practice.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the Director of Nursing (DON), the DON stated that she would expect to have an active physician's order for oxygen therapy before administering oxygen to a resident.</p> <p>A review of the facility's P&P titled, Oxygen Administration, revised 10/2010, indicated, Preparation. 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 2. Review the resident's care plan to assess for any special needs of the resident .</p>		

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 04/24/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>47197</p> <p>Based on interview and record review, the facility failed to ensure two out of 35 sampled residents (Resident 77 and Resident 141) received appropriate pain management services consistent with professional standards of practice, facility's policy and procedure (P&P), and physician's order when Resident 77 and Resident 141 pain medication orders were not consistently followed.</p> <p>This failure had the potential for Resident 77 and Resident 141 to develop medication dependence (the inability of the individual to function normally in the absence of the drug), overdose, not achieve pain relief, and not attain their highest practicable well-being.</p> <p>Findings:</p> <p>1a. A review of Resident 77's clinical record indicated Resident 77 was admitted July of 2024 and had diagnoses that included vascular parkinsonism (a movement disorder caused by damage to the blood vessels in the brain, leading to impaired movement and balance), and osteoarthritis (OA- a deteriorating disease that causes pain, stiffness, and swelling where two or more bones meet).</p> <p>A review of Resident 77's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 4/4/25, indicated Resident 77 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 15 out of 15 which indicated Resident 77 had an intact cognition (mental process of acquiring knowledge and understanding). A review of Resident 68's MDS Health Conditions indicated Resident 77 received 'as needed' pain medications and non-medication intervention for pain.</p> <p>A review of Resident 77's care plan, initiated 6/28/24, indicated, Pain: At risk for pain or discomfort due to . chronic Parkinson's, Osteoarthritis . A review of Resident 77's care plan intervention, initiated 6/28/24, indicated, Administer medication as ordered .</p> <p>During an interview on 4/21/25 at 9:57 a.m. with Resident 77, Resident 77 stated he often experiences pain, and he was taking pain medications for it.</p> <p>A review of Resident 77's physician's order, dated 3/17/25, indicated, Acetaminophen [a potent pain reliever] Capsule 500 MG [milligrams- unit of measurement] Give 1 tablet by mouth every 8 hours as needed for mild pain 1-3 [numeric pain scale from 1 to 10; 1-3 is mild pain, 4-6 is moderate pain, 7-10 is severe pain].</p> <p>A review of Resident 77's physician's order, dated 3/17/25, indicated, Ibuprofen [pain medication] Oral Tablet 200 MG . Give 600 mg by mouth every 6 hours as needed for moderate pain 4-6.</p> <p>A review of Resident 77's physician's order, dated 3/17/25, indicated, HYDROcodone-Acetaminophen [a medication for pain which contains a combination of hydrocodone; a controlled pain medication, and Acetaminophen] Oral Tablet 10-325 MG . Give 1 tablet by mouth every 4 hours as needed for Pain severe pain (7-10).</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 77's medication administration records (MAR- a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for the month of March and April 2025 indicated Resident 77 received acetaminophen which was indicated for mild pain on the following occasion:</p> <p>4/5/25 at 2:35 a.m.- pain level was 5 (moderate pain)</p> <p>A review of Resident 77's MAR for the month of March and April 2025 indicated Resident 77 received Hydrocodone-Acetaminophen which was indicated for severe pain on the following occasions:</p> <p>3/18/25 at 12:39 p.m.- pain level was 5 (moderate pain)</p> <p>3/21/25 at 12:41 p.m.- pain level was 6 (moderate pain)</p> <p>3/27/25 at 10:41 a.m.- pain level was 6 (moderate pain)</p> <p>4/2/25 at 2 p.m.- pain level was 6 (moderate pain)</p> <p>4/3/25 at 2:45 p.m.- pain level was 4 (moderate pain)</p> <p>4/4/25 at 12:31 p.m.- pain level was 4 (moderate pain)</p> <p>4/9/25 at 1:14 p.m.- pain level was 5 (moderate pain)</p> <p>4/10/25 at 2:37 p.m.- pain level was 5 (moderate pain)</p> <p>4/11/25 at 10:04 a.m.- pain level was 6 (moderate pain)</p> <p>4/16/25 at 1:18 p.m.- pain level was 4 (moderate pain)</p> <p>4/17/25 at 2:21 p.m.- pain level was 6 (moderate pain)</p> <p>4/18/25 at 12:54 p.m.- pain level was 6 (moderate pain)</p> <p>4/21/25 at 1:20 p.m.- pain level was 6 (moderate pain)</p> <p>4/2/25 at 1:08 p.m.- pain level was 6 (moderate pain)</p> <p>During a concurrent interview and record review on 4/23/25 at 9:55 a.m. with the Nurse Supervisor (NS) 1, Resident 77's clinical records were reviewed. NS 1 confirmed that Resident 77's pain medication orders were not consistently followed. NS 1 stated that nurses should follow the physician's order when administering pain medication.</p> <p>1b. A review of Resident 141's clinical record indicated Resident 141 was admitted February of 2025 and had diagnoses that included fracture (break in the continuity of a bone) of right and left lower legs, multiple fractures of bilateral (both sides) ribs, and osteoarthritis.</p> <p>(continued on next page)</p>

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 04/24/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 141's MDS Cognitive Patterns, dated 2/9/25, indicated Resident 141 had a BIMS score of 12 out of 15 which indicated Resident 141 had a moderately impaired cognition. A review of Resident 141's MDS Health Conditions indicated Resident 141 frequently experiences pain or hurting and has received scheduled and 'as needed' pain medications and non-medication intervention for pain.</p> <p>A review of Resident 141's care plan, initiated 2/6/25, indicated, Pain: Experiencing chronic pain discomfort due to: fracture(s) . A review of Resident 141's care plan intervention, initiated 2/6/25, indicated, Administer medications as ordered .</p> <p>During an interview on 4/21/25 at 1:30 p.m. with Resident 141, Resident 141 stated her pain medications were not given to her correctly.</p> <p>A review of Resident 141's physician's order, dated 2/6/25, indicated, Acetaminophen Oral Tablet 325 MG . Give 2 tablet by mouth every 4 hours as needed for Mild Pain (1-3) .</p> <p>A review of Resident 141's physician's order, dated 2/7/25, indicated, Norco Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Moderate pain (4-6) .</p> <p>A review of Resident 141's physician's order, dated 2/7/25, indicated, Norco Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 2 tablet by mouth every 4 hours as needed for severe pain (7-10) .</p> <p>A review of Resident 141's MAR for the month of March and April 2025 indicated Resident 141 received 1 tablet of Norco which was indicated for moderate pain on the following occasions:</p> <p>3/3/25 at 3:55 p.m.- pain level was 8 (severe pain)</p> <p>3/28/25 at 9:45 p.m.- pain level was 7 (severe pain)</p> <p>A review of Resident 141's MAR for the month of March and April 2025 indicated Resident 141 received 2 tablets of Norco which was indicated for severe pain on the following occasions:</p> <p>Pain level was 4 (moderate pain)- 1 time</p> <p>Pain level was 5 (moderate pain)- 17 times</p> <p>Pain level was 6 (moderate pain)- 57 times</p> <p>During a concurrent interview and record review on 4/23/25 at 9:55 a.m. with the NS 1, Resident 141's clinical records were reviewed. NS 1 confirmed that Resident 141's pain medication orders were not consistently followed. NS 1 stated that nurses should follow the physician's order when administering pain medication.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/23/25 at 10:53 a.m. with the Director of Staff Development (DSD), the DSD stated that nurses should always follow the physician's order when administering pain medications to resident. The DSD also stated that it would be a risk for medication overdose which could lead to medication dependence and addiction if a resident was given too strong medication. The DSD further stated that if a resident was administered too little medication, the resident would not achieve the expected level of pain relief.</p> <p>During a phone interview on 4/23/25 at 11:47 a.m. with the Consultant Pharmacist (CP), the CP stated he had noticed the issue of staff not consistently following physician's order when administering pain medications on his monthly medication review for April 2025. The CP further stated that he would expect staff to follow physician's order for pain management, and if not, there would be a risk of either medication dependence or inadequate pain relief.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the Director of Nursing (DON), the DON stated that pain medication orders should be followed.</p> <p>A review of the facility's P&P titled, Administering Pain Medications, revised 10/2022, indicated, Preparation . 1. Review the resident's care plan to assess for any special needs of the resident . General Guideline .1. The pain management program is .based on professional standards of practice, the comprehensive care plan . Steps in the Procedure .6. Administer pain medications as ordered .</p> <p>A review of the facility's P&P titled, Administering Medications, revised 4/2019, indicated, Medications are administered in a safe and timely manner, and as prescribed.</p>		

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 04/24/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17069</p> <p>Based on observation, interview and record review, the facility failed to provide pharmaceutical services according to policy and procedures to meet the needs of residents for a census of 158 when:</p> <ol style="list-style-type: none"> 1. The facility failed to accurately document and secure emergency medications (E-kit, a sealed container of essential medications and supplies designed for immediate use in emergency situations); 2. Dispose of expired E-Kit insulin (medication used to control blood sugar) and 3. Ensure the narcotic (substance used to treat moderate to severe pain) count was correct for Resident 37. <p>These failures had the potential for emergency medications to be unavailable when needed, the potential for not meeting the residents' therapeutic needs or worsening of their medical conditions, and potential for diversion of controlled medications.</p> <p>Findings:</p> <p>1a. During a concurrent observation and interview on [DATE] at 11:01 a.m. with the Assistant Director of Nursing (ADON) an inspection of the Medbridge Medication Room was conducted. The First Dose Oral Emergency Kit [E-Kit] was observed to have a red color-coded lock. The ADON stated when the emergency kits have been opened they are resealed with a red coded lock. The ADON was unable to provide documentation in the Emergency Kit Log about what medication was taken out of the emergency kit or the date.</p> <p>1b. During a concurrent observation and interview on [DATE] at 11:24 a.m. with the ADON of the Medication Cart in the 500 Hall, the First Dose Narcotic Emergency Kit was observed. The First Dose Narcotic Emergency Kit was observed to have a red color-coded lock. There were multiple white slips observed in the E-Kit, indicating the E-Kit had been opened by staff multiple times. The ADON was unable to provide documentation in the Emergency Kit Log what medications were taken out of the emergency kit or the dates.</p> <p>During an interview with the ADON on [DATE] at 9:28 a.m., the ADON stated her expectation would be for the Licensed Nurses (LN) to record the medication taken out of the Emergency Kits in the Emergency Kit Log Book and then fax the medication order form to the pharmacy to let them know the E-Kit needed to be replaced.</p> <p>During a review of the facility's policy and procedure titled, Emergency Pharmacy Service and Emergency Kit, revised [DATE], As soon as possible, the nurse records the medication use on the medication order form and notifies the pharmacy for replacement of the kit by transmitting the entire order for the resident and indicating that the first dose was used from the kit. The nurse flags the kit with a red color-coded lock to indicate need for replacement of kit .The nurse opening the kit also records use of the kit in the Emergency kit log book. The nurse records the date, time, resident name, medication name, strength, and dose.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a concurrent observation and interview on [DATE] at 11:01 a.m. with the ADON an inspection of the Medbridge Medication Room was conducted. An emergency kit, from Omnicare (a pharmacy), containing insulin was observed in the refrigerator with an Ekit expiration date: [DATE]. The ADON indicated the facility's current pharmacy is Pacific [NAME] Pharmacy and confirmed the insulin was expired.</p> <p>During an interview with the ADON on [DATE] at 9:28 a.m., the ADON stated she would have expected Omnicare to have taken the E-Kit once they were no longer the pharmacy providing service and should have been destroyed. The ADON stated they switched from Omnicare to Pacific [NAME] Pharmacy a couple of months ago.</p> <p>During a review of the facility's policy and procedure titled, Medication Labeling and Storage, Emergency Pharmacy Service and Emergency Kit, dated 2001, indicated, If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these item.</p> <p>3. During a concurrent observation, interview and record review on [DATE] at 8:25 a.m. with LN 5 an inspection of the Medication Cart 600 Hall Controlled Drug Record (medications that the use and possession of are controlled by the federal government) was conducted and reviewed. When LN 5 was asked how many of Resident 37's Percocet (narcotic pain medication) were left she stated there were four tablets left. Review of Resident 37's Controlled Drug Record indicated there were five tablets left. LN 5 confirmed the Controlled Drug Record indicated there were to be five tablets. LN 5 stated she saw the night nurse give the medication right before they left, in front of her, but she guessed they forgot to document it.</p> <p>During an interview with the ADON on [DATE] at 9:28 a.m., the ADON stated she would have expected the night nurse to document that the pain medication was given on the Controlled Drug Record.</p> <p>During a review of the facility's policy and procedure titled, Narcotics, Controlled Substances, and Preventing Drug Diversion, undated, indicated, At the end of each shift, the staff member responsible for medication completing his/her shift, and the staff member responsible for medications who is starting his/her shift, count all narcotic medications and confirm that the amount on hand matches what is listed on the Narcotic Count Sheet for each medication. Both staff members will sign a Narcotic Reconciliation Sheet confirm the accurate count of narcotics on hand.</p>		

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 04/24/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>17069</p> <p>Based on observation, interview, and record review, the facility failed to follow policy and procedure for the proper storage of drugs and biologicals for a census of 158 when:</p> <ol style="list-style-type: none"> 1. Loose pills were found in a medication cart, and; 2. A bottle of Drug Buster (medication disposal system) was observed with brown substance on the outside of the bottle and on the bottle of the drawer. <p>These failures had the potential for drug diversion and medication at risk of degradation.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 4/22/25 at 8:25 a.m. with Licensed Nurse (LN) 5, an inspection of the 600 Hall Medication Cart was conducted. Multiple loose pills were observed in the medication cart. LN 5 verified the loose pills in the cart. 2. During a further concurrent observation and interview on 4/22/25 at 8:25 a.m. with LN 5, an inspection of the 600 Hall Medication Cart was conducted. A white bottle of Drug Buster was observed with brown substance on the outside of the bottle and on the bottom of the drawer. LN 5 confirmed the brown substance on the outside of the Drug Buster bottle and on the bottom of the drawer. <p>During an interview with the Assistant Director of Nursing (ADON) on 4/24/25 at 9:28 a.m. she would have expected the LN to destroy the loose pills and to throw the Drug Buster bottle away if its contents were spilled outside the bottle.</p> <p>During a review of the facility's policy and procedure titled, Medication Labeling and Storage, dated 2001, indicated, The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p>		

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 04/24/2025
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>47197</p> <p>Based on observation, interview, and record review, the facility failed to provide food in accordance with the physician's prescribed diet for one out of 35 sampled residents (Resident 141) when Resident 141 who was on No Added Salt diet (NAS- a dietary restriction that limits the intake of salt) received a packet of salt during the 4/21/25 lunch meal.</p> <p>This failure had the potential to negatively affect Resident 141's medical condition and for Resident 141 not to achieve his highest practicable well-being.</p> <p>Findings:</p> <p>A review of Resident 141's clinical record indicated Resident 141 was admitted February of 2025 and had diagnoses that included multiple fractures (break in the continuity of bone), chronic kidney disease (a long-term condition where the kidneys gradually lose their ability to filter waste products and excess fluid from the blood), and hypertension (high blood pressure).</p> <p>A review of Resident 141's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 2/9/25, indicated Resident 141 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 12 out of 15 which indicated Resident 141 had a moderately impaired cognition. A review of Resident 141's MDS Nutritional Status, dated 2/9/25, indicated Resident 141 had a therapeutic diet (specific meal plan prescribed by a doctor and planned by a dietitian to treat or manage a medical condition) on admission and while she was a resident in the facility.</p> <p>A review of Resident 141's care plan intervention, revised 2/5/24, indicated, Provide diet as ordered .</p> <p>A review of Resident 141's active physician's order, dated 2/17/25, indicated, NAS diet, Regular texture, Thin Liquids consistency.</p> <p>A review of Resident 141's progress notes, dated 4/18/25, indicated, .Weight fluctuation anticipated d/t [due to] edema [swelling in parts of the body because of fluid trapped in tissues] present .</p> <p>During a concurrent observation and interview on 4/21/25 at 2:05 p.m. with Resident 141, in Resident 141's room, Resident 141 was observed eating her lunch meal and there was a packet of iodized salt observed in Resident 141's meal tray. Resident 141's meal ticket was checked and indicated NAS diet. Resident 141 stated she did not request the salt packet, and it was just served together with her meal.</p> <p>During a concurrent observation and interview on 4/21/25 at 2:06 p.m. with Certified Nurse Assistant (CNA) 2, in Resident 141's room, CNA 2 confirmed that Resident 141 was served with a salt packet even though her prescribed diet in her meal ticket indicated NAS diet. CNA 7 stated Resident 141 should not be given extra salt.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/22/25 at 12:38 p.m. with the Registered Dietician (RD), the RD stated a resident who was on NAS diet would receive a regular meal tray but with no extra salt packet in the tray. The RD also stated she would expect nursing staff to check the contents of meal tray before passing it to the resident. The RD further stated that not following the resident's prescribed diet would put the resident's health condition at risk to get worse.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the Director of Nursing (DON), the DON stated that the resident's prescribed diet should be followed.</p> <p>A review of the facility's policy and procedures (P&P) titled, Therapeutic Diets, dated 10/2017, indicated, Therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care .</p> <p>A review of the facility's P&P titled, DIET ORDERS, dated 2023, indicated, Diet orders as prescribed by the Physician will be provided by the Food & Nutrition Services Department.</p>		

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 04/24/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50312</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> 1a. Three steam table pans were stored wet, and one had food residue in the pan, b. The food processor and blender were both stored wet with food residue in them, with the lids on, <p>2. The dry storage area floor had debris on it.</p> <p>These failures had the potential to lead to food borne illness for the 152 Residents eating facility prepared meals.</p> <p>Findings:</p> <p>1a) During an observation and concurrent interview on 4/21/25 at 8:52 a.m., with the Dietary Supervisor (DS) during the initial kitchen tour, three steam table pans were found stored wet (wet nesting) in the ready to use area and one pan had food residue inside the pan. The DS stated she expected the steam table pans to be clean and air dried before storage.</p> <p>1b) During a continued observation and interview on 4/21/25 at 8:56 a.m., with the DS during the initial kitchen tour, the food processor and food blender were both stored with a lid on top, wet with food residue inside. The DS stated she expected the equipment to be dry and free of food residue. The DS further stated that if the steam table pans and kitchen equipment are not properly washed and dried there is a chance for food borne illness.</p> <p>Review of the facility provided policy titled Dishwashing (Healthcare Menus Direct, LLC., 20 23) included the statement that All dishes will be properly sanitized through the dishwasher. The dishwasher will be kept clean and in good working order 1. Gross food particles shall be removed by careful scraping and pre-rinsing in running water .5. Dishes are to be air dried in racks before stacking and storing.</p> <p>Review of the 2022 Federal Food and Drug Administration Food Code, section 4-601.11, titled, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, 1/18/23 version, indicated, .(C) Surfaces . shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p> <p>2) During an observation and interview on 4/21/25 at 9:58 a.m., with the DS during the initial kitchen tour, the dry storage area had food packets, a piece of plastic wrap, and paper on the floor. The DS confirmed that the floor needed to be swept.</p> <p>Review of the 2022 Federal Food and Drug Administration Food Code, section 3-305.11, titled, Food Storage, . FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination.</p>		

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 04/24/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34980</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices and procedures were followed for three of 35 sampled residents (Residents 48, 55, and 78) when:</p> <ol style="list-style-type: none"> 1. Resident 48's Incentive Spirometer (a device used to exercise the lungs) was left unlabeled and not covered. 2. Resident 55's Enhanced Barrier Precautions (EBP) were not followed. 3. Resident 78's Nasal Cannula (a device used to deliver oxygen through the nose) was left uncovered. <p>These failures had the potential to result in the spread of infection among residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 48's clinical record, indicated the facility admitted Resident 48 in 2017 with multiple diagnoses which included chronic respiratory failure. <p>A review of Resident 48's Minimum Data Set (MDS - an assessment tool used to guide care) Cognitive (having full understanding) Patterns, dated 3/4/25, indicated Resident 48 had a Brief Interview for Mental Status (a tool to assess a person's cognition) score of 13 out of 15 which indicated Resident 48 was able to understand.</p> <p>During a concurrent observation and interview on 4/21/24 at 9:37 a.m., an Incentive Spirometer (IS) was observed on a shelf between Resident 48 and their roommate. The IS was unlabeled and not contained in a protective covering. Resident 48 stated I think that's mine.</p> <p>During a concurrent observation and interview with Licensed Nurse 7 (LN 7) on 4/21/24 at 9:51 a.m., LN 7 verified the IS was not labeled or contained in a protective covering. LN 7 stated, The IS should be labeled with the residents' name and stored in a bag.</p> <p>A review of the Physician's Order dated 4/18/25, indicated an order for an Incentive Spirometer four times a day every Monday Tuesday, Wednesday, Thursday, and Friday until 5/9/25.</p> <p>During an interview with the Director of Nursing (DON) on 4/22/24 at 3:17 p.m., the DON stated, The IS should have been labeled with the resident's name and be stored in a bag.</p> <p>A review of the facility policy titled, Incentive Spirometry undated indicated, Label the spirometer with the patient's name. Place the mouthpiece in a storage bag .</p> <ol style="list-style-type: none"> 2. A review of Resident 55's clinical record indicated the facility admitted Resident 55 in 2018 with multiple diagnoses which included cellulitis (an infection of the skin and underlying tissues) of the lower left limb. <p>(continued on next page)</p>		

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 04/24/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 4/23/25 at 9:48 a.m., Certified Nursing Assistant 5 (CNA 5) was observed in Resident 55's room providing personal care to the Resident and not wearing any personal protective equipment (PPE). Next to the entrance to Resident 55's room, signage was posted indicating enhanced barrier precautions (EBP). The sign indicated to wear a gown and gloves for high-contact resident care activities prior to entering the room.</p> <p>During an interview with CNA 5 on 4/23/25 at 9:53 a.m., CNA 5 verified Resident 55 was on EBP, and she had not worn the required PPE while providing direct care to the Resident.</p> <p>A review of Resident 55's Plan of Care dated 4/15/25 indicated, Enhanced Barrier Precautions: Resident requires enhanced barrier precautions during high-contact resident care activities due to the presence of chronic wound . Interventions included, Utilize PPE (gown and gloves; face-shield as indicated) during high-contact resident care activities (e.g., dressing, bathing/showering, transferring, hygiene, linen changes, brief changes, toileting assistance, device care, wound care.).</p> <p>During an interview with the Infection Preventionist (IP) on 4/23/25 at 2:48 p.m., the IP stated, If a resident is on EBP and the staff is providing direct patient care they need to wear the appropriate PPE.</p> <p>A review of the facility policy and procedure P&P titled, Enhanced [NAME] Precautions undated indicated, EBP involves the use of personal protective equipment (PPE), specifically gowns and gloves, during high-contact resident care activities .</p> <p>47197</p> <p>3. A review of Resident 78's clinical record indicated Resident 78 was admitted February of 2025 and had diagnoses that included chronic obstructive pulmonary disease (COPD- a group of diseases that causes airflow blockage and breathing-related problems), congestive heart failure (CHF- a serious condition in which the heart does not pump blood as efficiently as it should), and sleep apnea (a sleep disorder that causes people to stop breathing or breathe shallowly while they sleep).</p> <p>A review of Resident 78's MDS Cognitive Patterns, dated 3/28/25, indicated Resident 78 had a BIMS score of 12 out of 15 which indicated Resident 346 had a moderately impaired cognition (mental process of acquiring knowledge and understanding). A review of Resident 78's MDS Health Conditions, dated 1/29/25, indicated Resident 78 experienced shortness of breath or trouble breathing when lying flat. A review of Resident 78's MDS Special Treatments, Procedures, and Programs, dated 3/28/25, indicated Resident 78 was on oxygen therapy on admission and while she was a resident in the facility.</p> <p>A review of Resident 78's care plan, revised 3/12/25, indicated, has altered respiratory status/Difficulty Breathing r/t [related to] CHF, COPD. A review of Resident 78's care plan intervention, dated 3/12/25, indicated, Provide oxygen as ordered.</p> <p>During a concurrent observation and interview on 4/21/25 at 11:03 a.m. with Resident 78, in Resident 78's room, Resident 78 was seen sitting in her wheelchair, awake, and had an oxygen concentrator (machine) in her room connected to a nasal cannula. Resident 78's nasal cannula was observed placed on top of Resident 78's oxygen concentrator and was uncovered. Resident 78 stated she uses her oxygen whenever she has some trouble breathing and she last used it yesterday (4/20/25).</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 4/21/25 at 11:09 a.m. with CNA 3, in Resident 78's room, CNA 3 confirmed that Resident 78's nasal cannula was placed on top of Resident 78's oxygen concentrator and was uncovered. CNA 3 stated the nasal cannula should be placed inside a bag when not being used.</p> <p>During an interview on 4/23/25 at 10:53 a.m. with the Director of Staff Development (DSD), the DSD stated respiratory tubing such as nasal cannulas should be placed inside an antimicrobial bag when not in use so the tubing would not be exposed to germs. The DSD further stated that the risk if a nasal cannula being not placed inside an antimicrobial bag when not in use was possible contamination of the nasal cannula which could lead to potential infection of the resident.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the DON, the DON stated nasal cannulas should be placed inside an antimicrobial bag when not in use.</p> <p>A review of the facility's P&P titled, Oxygen Administration, dated 10/2010, indicated, The purpose of this procedure is to provide guidelines for safe oxygen administration .Oxygen therapy is administered by way of an oxygen .nasal cannula .</p>

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 04/24/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>47197</p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light system was accessible for two out of 35 sampled residents (Resident 120 and Resident 85) when Resident 120 and Resident 85's call light buttons were observed not within reach.</p> <p>This failure had the potential to result in residents' needs not being met and prevent residents' communication for assistance when needed.</p> <p>Findings:</p> <p>1a. A review of Resident 120's clinical record indicated Resident 120 was admitted October of 2023 and had diagnoses that included dementia (a progressive state of decline in mental abilities), abnormalities of gait (manner of walking) and mobility, and muscle weakness.</p> <p>A review of Resident 120's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 2/18/25, indicated Resident 120 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 8 out of 15 which indicated Resident 120 had a moderately impaired cognition (mental process of acquiring knowledge and understanding). A review of Resident 120's MDS Functional Abilities, dated 2/18/25, indicated Resident 120 needed substantial/maximal assistance with toileting hygiene and putting on/taking off footwear, and needed partial/moderate assistance with showering/bathing, upper and lower body dressing, and personal hygiene. A further review of Resident 120's MDS Functional Abilities indicated Resident 120 needed supervision or touching assistance with rolling left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, toilet transfer, tub/shower transfer, and walking.</p> <p>A review of Resident 120's care plan intervention, dated 5/28/24, indicated, Reinforce need to call for assistance .as resident will accept for safety.</p> <p>During a concurrent observation and interview on 4/21/25 at 10:18 a.m. with Resident 120, in Resident 120's room, Resident 120 was observed lying in bed, awake, and his call light button was on the floor, on the bottom of his bedside drawer which was approximately 3 feet away from his bed. Resident 120 stated he did not know where his call light button was at.</p> <p>During a concurrent observation and interview on 4/21/25 at 11:58 a.m. with Certified Nurse Assistant (CNA) 1, in Resident 120's room, CNA 1 confirmed that Resident 120's call light button was on the floor, on the bottom of his bedside drawer. CNA 3 stated Resident 120 was able to use his call light button. CNA 1 further stated the call light button should be placed where Resident 120 could reach it so Resident 120 could call for assistance whenever he needed help.</p> <p>1b. A review of Resident 85's clinical record indicated Resident 85 was admitted February of 2025 and had diagnoses that included Alzheimer's disease (a progressive disease that destroys memory and other important mental functions causing memory loss and confusion), dementia, muscle weakness, and difficulty walking.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 85's MDS Cognitive Patterns, dated 2/23/25, indicated Resident 85 was rarely or never understood. A review of Resident 39's MDS Functional Abilities, dated 2/24/25, indicated Resident 39 was dependent on oral hygiene, toileting hygiene, shower/bathing, upper and lower body dressing, putting on/taking off footwear, and personal hygiene. A further review of Resident 85's MDS Functional Abilities indicated Resident 85 was dependent with sit to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, and toilet transfer.</p> <p>A review of Resident 85's care plan intervention, dated 2/21/25, indicated, Keep call light within reach.</p> <p>During an observation on 4/21/25 at 10:38 a.m. in Resident 85's room, Resident 85 was observed lying on her bed, awake, and her call light button was placed inside her bedside drawer which was approximately 4 feet away from her bed.</p> <p>During a concurrent observation and interview on 4/21/25 at 11:20 a.m. with CNA 4, in Resident 85's room, CNA 4 confirmed that Resident 85's call light button was placed inside her bedside drawer. CNA 4 confirmed that Resident 85 was able to use the call light button. CNA 4 stated that the call light button should be placed within Resident 85's reach so she could use it when she needed help.</p> <p>During an interview on 4/23/25 at 10:53 a.m. with the Director of Staff Development (DSD), the DSD stated call light buttons should be placed within the reach of the residents. The DSD further stated if the call light button is not within the residents' reach, the residents would not be able to call for assistance and their needs would not be provided.</p> <p>During an interview on 4/23/25 at 1:23 p.m. with the Director of Nursing (DON), the DON stated she would expect that call light buttons would be placed within the reach of the residents.</p> <p>A review of the facility's policies and procedures titled, Answering the Call Light, dated 9/2022, indicated, 5. Ensure that the call light is accessible to the resident when in bed .</p>