

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Capital Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6821 24th Street Sacramento, CA 95822	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46242</p> <p>Based on observation, interview and record review, the facility failed to meet the professional standards of practice for Resident 1 when the nasal cannula (a device used to deliver oxygen to the nose) was not labeled with an open date (start of use) and the nasal cannula replacement order was scheduled for a longer interval than indicated on the facility's policy.</p> <p>These failures decreased the facility's potential to prevent the spread of infection.</p> <p>Findings:</p> <p>Resident 1 was most recently admitted to the facility in 2022 with diagnoses which included cirrhosis of the liver (a chronic liver damage from a variety of causes leading to scarring and liver failure), diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and chronic respiratory failure (a condition when blood has too much carbon dioxide or not enough oxygen).</p> <p>A review of Resident 1's Medication Administration Record (MAR), dated April 2024, indicated the following orders:</p> <p>Order initiated on 6/6/23 indicated, Change Oxygen tubing monthly every night shift every 28 day(s) for preventative measures. Marked as last administered on 4/8/24.</p> <p>Order initiated on 7/30/23 indicated, Oxygen at 2 LPM [liters per minute] via NASAL CANNULA continuous every shift. Marked as administered every shift.</p> <p>A review of Resident 1's undated Care Plan Detail [CP] indicated, The resident has oxygen therapy .The resident will have no s/sx [signs and symptoms] of poor oxygen absorption through the review date.</p> <p>During a concurrent observation and interview on 4/12/24 at 10:01 a.m. with Resident 1 in the resident's room, Resident 1 was observed with a nasal cannula in place and the tubing had no label to indicate the date when the nasal cannula was changed. Resident 1 stated the nasal cannula was changed once every one or two months.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555442	Facility ID: 555442 If continuation sheet Page 1 of 2

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/12/24 at 11:18 a.m. with the Infection Preventionist (IP) in the Resident 1's room, Resident 1's bed was observed empty with the nasal cannula laying on the bed and the tubing looped down to the floor. The IP confirmed the nasal cannula did not have a label which indicated the date it was changed and it should, and tubing should not touch the floor.</p> <p>In an interview on 4/12/24 at 12:13 p.m. the IP confirmed the facility policy required oxygen tubing to be changed every 7 days and Resident 1's order called for changes every 28 days. The IP stated current orders need to be updated to bring practices in line with facility policy. Not changing tubing timely increases risk of bacteria buildup and infections.</p> <p>A review of facility's policy titled Oxygen Administration Infection Prevention, dated 5/1/23, indicated, Change the oxygen cannula and tubing every seven (7) days, or as needed .Keep the oxygen cannula and tubing used PRN in a clean bag when not in use .</p>		