

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 08/06/2024
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 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>40841</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were stored locked for a census of 119 when two bags of medications were left unlocked and unattended on top of a cabinet.</p> <p>These failures had the potential for medication misuse and drug diversion.</p> <p>Findings:</p> <p>During an observation on 8/6/24 at 9:58 a.m. in the Director of Nursing's (DON) office, there were two bags with approximately 30-40 bottles and boxes of medications on top of the black cabinet that was left unlocked. The door was open and unlocked. The DON was not in the room, and there was a female staff entering the DON's office. There were other staff members walking outside of the hallway. There was a resident's room that consisted of three residents positioned in front of the DON's office.</p> <p>During an interview on 8/6/24 at 10:14 a.m. with the DON, the DON confirmed expecting the medications to be locked in a locked compartment or a locked room without resident access. The DON stated residents or staff could have taken and ingested the expired medications.</p> <p>A review of the facility's policy titled, Medication Storage, dated 3/1/23, stipulated, All drugs and biologicals will be stored in locked compartments .</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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