

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 02/04/2025
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>42255</p> <p>Based on observation and interview, the facility failed to ensure medications were secure for a census of 118 when a medication/treatment cart was unlocked and unattended with prescription medications in it.</p> <p>This failure had the potential to expose residents, staff, and visitors to unauthorized access to medications resulting in possible injury or drug diversion.</p> <p>Findings:</p> <p>During an observation on 2/4/25 at 10:19 a.m. in the facility front lobby, the treatment cart was observed to be up against the wall, unattended and unlocked.</p> <p>During a concurrent observation and interview on 2/4/25 at 10:26 a.m. with the license Nurse (LN) 1, the LN 1 confirmed the treatment cart with prescription medications was unlocked. The LN stated, The cart should always be locked when not in use.</p> <p>During an interview on 2/4/25 at 12:15 p.m. with Director of Nursing (DON), the DON stated, I would expect all medication and treatment carts with prescribed medications to be locked when unattended for safety.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Medication Storage dated 3/1/2023, the P&P indicated, It is the policy of this facility to ensure .All drugs and biologicals will be stored in locked compartment (medication carts, cabinet, drawer, refrigerators, medication room).</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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