

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 02/24/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review the facility failed to maintain proper infection prevention practices for one of three sampled residents (Resident 1) when a licensed nurse did not perform hand hygiene during wound care between changing gloves. This failure increased the potential to contaminate Resident 1's wound. A review of Resident 1's clinical record indicated Resident 1 was admitted in February 2026 with a diagnosis of aftercare following joint replacement surgery. A review of Resident 1's MDS (Minimum data set- an assessment tool) dated 2/16/26, indicated Resident had moderate cognitive impairment. During a concurrent observation and interview on 2/26/26 at 10:37 a.m. in Resident 1's room with Licensed Nurse (LN 1), Resident 1 was observed lying supine in bed with steri-strips to the left thigh. LN 1 was observed placing wound care supplies directly on Resident 1's bed without separation of the clean and dirty area. LN 1 was observed not performing hand hygiene between changing gloves at 10:37 a.m., 10:39 a.m., and 10:41 a.m. LN 1 confirmed that she did not have a separate clean and dirty section which increased the potential for Resident 1 to get infections through cross contamination. During an interview on 2/24/26 at 11:36 a.m. with Infection Preventionist (IP), the IP stated the expectation is to perform Hand hygiene before and after glove changes, sanitize non dedicated equipment after each use. IP stated expectation was to have a separate clean and dirty area during wound care to prevent cross contamination and spread of infections. During an interview on 2/24/26 at 11:49 a.m. with Director of Nursing (DON), the DON stated the expectation is for staff to perform hand hygiene after each glove change and to sanitize equipment after use. DON stated there should be a separate clean and dirty area for items during wound care changes to prevent cross contamination and prevent spread of infections. DON stated the expectation was to maintain infection control practices during direct patient care. During a review of facility Policy and Procedure (P&P) titled, .Hand Hygiene. , Revised October 2023, indicated, .Hand hygiene is indicated . immediately before touching a resident . after touch a resident . immediately after glove removal. During a review of facility Policy and Procedure (P&P) titled, . Wound Care Policy. dated 2/2026, indicated, . Use disposable cloth (paper towel is adequate) to establish clean field .</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:	Facility ID: 555442
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