

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 04/29/2026
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain an effective pest control program when pests were noted inside the rooms of two of three sample residents (Resident 1 and Resident 2).This failure had the potential to jeopardize the residents' living conditions, their health and safety. A review of Resident 1's clinical record indicated Resident 1 was admitted [DATE] with a diagnosis of encounter for surgical aftercare.A review of Resident 1's MDS (Minimum Data Set- an assessment tool) dated 2/5/26 indicated Resident 1 was cognitively intact.During an observation and interview on 4/29/26 at 11:08 a.m. with Resident 1 in Resident 1's room, a live roach was observed on the floor and a live brown spider 1 inch in length was observed on the sliding door in the resident room. Two (2) roaches were observed on a trap under Resident 1's bed and two 1-inch black spiders and a roach were observed under a wooden cabinet on a trap in Resident 1's room. Resident 1 became angry and stated she felt hurt and uncomfortable by having to sleep with pests in her room. Resident 1 stated the facility is not clean and bugs are found in her room often.During a concurrent observation and interview on 4/29/26 at 11:08 a.m. with Activities Assistant (AA) in Resident 1's room with Resident 1. AA confirmed a live 1-inch brown spider was present in Resident 1's room. AA further confirmed the presence of pests including: One (1) live roach on the floor, 2 roaches on a trap under Resident 1's bed, 1 roach and 2 spiders under a wooden cabinet on a trap by the sliding door in Resident 1's room.A review of Resident 2's clinical record indicated Resident 2 was admitted [DATE] with a diagnosis of essential hypertension. A review of Resident 2's MDS dated [DATE] indicated Resident 2 was cognitively intact. During an observation and interview on 4/29/26 at 11:44 a.m. with Resident 2 in Resident 2's room, Resident 2 was observed sitting in her wheelchair. Resident 2 stated on Saturday (4/25/26) a roach crawled onto her foot while she was in bed and then crawled away in the room. Resident 2 stated she felt uncomfortable in the facility. During an interview on 4/29/26 at 12 p.m. with Licensed Nurse 1 (LN 1), LN 1 confirmed the presence of pests in Resident 1's room via photographic record review. LN 1 stated the presence of pest is unsanitary and a resident can get an allergic reaction from a bug bite if spiders are present in the Resident's room. LN 1 further stated the presence of pests in Resident 1's room can make the resident feel uncomfortable with care at the facility.During an interview on 4/29/26 at 1:39 p.m. with Director of Nursing (DON), the DON stated the expectation is for residents' rooms to be clean and free of pests.During a review of facility policy and procedure (P&P) titled, .Pest. dated, indicated, .facility maintains an ongoing pest control program to ensure the building is kept free of insects and rodents.</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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