

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 06/12/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 1) received treatment and services in accordance with professional standards of practice when: 1a. Resident 1's Midodrine (medication to increase blood pressure) order for orthostatic hypotension (a sudden significant drop in the blood pressure after standing up from a sitting or lying position causing symptoms like dizziness or lightheadedness) was not consistently followed; and, 1b. Resident 1's Midodrine PRN (given as needed or requested) order was not clarified and carried out as ordered. These failures increased the potential for Resident 1 to experience dizziness and lightheadedness and potentially increase incidents for falls due to low blood pressure. A review of the admission Record indicated Resident 1 was admitted to the facility March 2026 with diagnoses including metabolic encephalopathy (altered brain function caused by chemical imbalance, epilepsy (sudden, uncontrolled electrical disturbance in the brain which can cause jerking movements, blank stares, and loss of consciousness), lack of expected normal physiological development in childhood (developmental delay), unsteadiness on feet, and dizziness. Resident 1's Brief Interview for Mental Status (BIMS- an assessment tool used to screen and identify memory, orientation, and judgement status) dated 3/11/26 was not completed due to Resident 1 was rarely/never understood. The staff assessment for mental status indicated Resident 1 had short-term and long-term memory problems. A review of Resident 1's undated care plan indicated Resident 1 was at risk for falls and/or injuries related to diagnoses including epilepsy and weakness and a care plan for actual fall on 3/13, 4/2, 4/23, 4/47 [sic], 5/3, and 5/14. The interventions included to evaluate postural hypotension, Midodrine medication adjustment and iMRR (interim medication regimen review-consultant pharmacist conducts thorough review of the medication and collaborates with the physician to make necessary medication adjustment). 1a. A review of Resident 1's Medication Administration Record (MAR) for the Midodrine order indicated Midodrine HCl (hydrochloride) 5 milligram (mg, unit of measurement) 1 tablet three times a day for orthostatic hypotension. Hold if SBP [systolic blood pressure- the top number in the reading and measures the pressure of the blood pushing against the artery walls when the heart beats] >130 [above 130], the order was dated 3/5/26. The following information below indicated the Midodrine order was not followed: - medication had a check mark (means medication was given) on 3/28 at 8 a.m. for SBP of 138; medication had check mark for SBP above 130 on 4/1 at 8 a.m. for SBP of 134, on 4/2 at 8 a.m. for SBP of 138, on 4/6 at 12 noon for SBP of 131, and on 4/22 at 8 a.m. for SBP of 132; and, -medication had check mark for SBP above 130 on 5/28 at 12 noon for SBP of 141, and on 5/30 at 8 a.m. for SBP of 155. 1b. A review of Resident 1's Change in Condition (COC) Fall note dated 4/27/26 indicated Resident 1 had a witnessed fall in the gym. The COC note further indicated During therapy [Resident 1] wearing gait belt, while therapist working on [Resident 1's] balance. [Resident 1] showed LOB [loss of balance and slid forward with [both] knees landed on the floor while therapist guarding [Resident 1's] head, and [Resident 1] ended [sic] on [left buttocks side sitting on floor. A review of Resident 1's Interdisciplinary Team (IDT) note dated 4/28/26 indicated Resident 1 had a witnessed fall on 4/28/26 [sic] and the new intervention implemented included iMRR. A review of the 'Consultant Pharmacist's Medication Regimen Review' dated 4/30/26 indicated recommendation to screen Resident 1 for postural hypotension, to review blood pressure (continued on next page)		

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(BP) since Resident 1 on Midodrine for hypotension management. The iMRR recommendations were acknowledged by the physician and the physician made written orders which included, Midodrine 5 mg 1 tablet TID every 8 hours PRN?? for BP below 100 and the order was noted on 5/5/26. A review of Resident 1's MAR for May indicated Resident 1 had an order for Midodrine HCl [hydrochloride] 5 mg 1 tablet every 8 hours as needed for hypotension admin [administer] if SBP < 130 [below 130] on 5/15/26. Resident 1's MAR for May did not indicate an order for Midodrine PRN on 5/5/26. A review of Resident 1's BP readings for May indicated Resident 1 had SBP readings below 130 from 5/15 to 5/28 and there was no Midodrine PRN administered. During a telephone interview on 6/18/26 at 2:07 p.m. with the Director of Nursing (DON), the DON stated if there was recommendation from the pharmacy consultant (PC), the facility inform the physician as soon as possible and it would depend on the physician if he/she agrees or disagree with the PC recommendation. During a follow up telephone interview on 6/23/26 starting at 2:13 p.m. with the Director of Nursing (DON), Resident 1's iMRR, MAR from March to May and progress notes were reviewed. The DON confirmed the check mark in the MAR indicated the medication was given and initialed by the licensed nurse. The DON stated Resident 1's iMRR was conducted on 4/30/26, the written orders from the physician were noted by the licensed nurse on 5/5/26 (6 days later) and Midodrine PRN order was clarified on 5/15/26 (10 days later). The DON further stated Resident 1's Midodrine was given when SBP was above 130 on 3/28, 4/1, 4/2, 4/6, 4/22, 5/28, and 5/30. The DON added Resident 1 did not receive Midodrine PRN from 5/15 to 5/28/26. The DON further added her expectation was for the licensed nurse to clarify the Midodrine PRN order if it was not clear. The DON was asked how she interpreted the Midodrine PRN order for Resident 1, the DON stated if the resident's BP remain low after the routine or scheduled Midodrine was given, then the PRN dose can be administered. A review of the facility's policy and procedure dated 4/3/26 and titled, Physician Orders and Telephone Orders indicated, All physician orders shall be documented in the medical record. Orders should be implemented promptly and accurately. If an order is unclear, incomplete, or appears to be a potential error, the nurse shall contact the ordering physician to clarify before implementing the order. The clarification and any modifications shall be documented.		