STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555459	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gramercy Court	2200 Gramercy Drive Sacramento, CA 95825

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 46872 Based on interview and record review, the facility failed to provide safe pharmaceutical services for one of four sampled residents (Resident 1) when the Licensed Nurse left Resident 1's brimonidine eye drops (medication to treat vision loss by lowering pressure) in his room unsupervised. This failure had the potential for abuse or misuse of the medication and the potential for not meeting the resident's therapeutic needs or worsening of their medical conditions. Findings: Resident 1 was admitted to the facility July 2023 with multiple diagnoses which included need for assistance with personal care, primary open-angle glaucoma (eye disease that can cause vision loss) and insomnia due to other mental disorder. A review of Minimum Data Set (MDS, an assessment tool), dated 2/27/24, indicated a BIMS (Brief Interview of Mental Status, a cognitive assessment) of 9, meaning Resident 1 had moderately impaired cognition. During an interview on 4/3/24, at 11:17 a.m., with the Licensed Nurse (LN), the LN stated during the morning medication pass on 2/29/24, she had left Resident 1's brimonidine eye drops in his room while she stepped out. The LN further stated when she returned to Resident 1's room, the bottle of brimonidine eye drops were missing. The LN confirmed kitchen staff later had found the bottle of brimonidine eye drops on Resident 1's food tray. During an interview on 4/3/24, at 11:31 a.m., with the Certified Nursing Assistant (CNA), the CNA stated Resident 1 was confused and needed redirection. CNA stated Resident 1 would grab cups and place them into other cups. During an interview on 4/3/24, at 12:56 p.m., with the Nursing Supervisor (NS), the NS stated the policy was for staff to be present and watch the resident when administering medications. The NS confirmed medications should not be left in residents' rooms and it was not okay for the LN to leave a medication in Resident 1's room. During an interview on 4/3/24, at 1 p.m., with the Director of Nursing (DON), the DON stated the expectation was for staff to return medication to the medication cart after administration and should not be left at the bedside. The DON stated, I'm not sure what they [resident] can do with medications left in the room. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555459	A. Building B. Wing	04/03/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Order Summary Report, dated 4/3/24, Resident 1 had an order for Brimonidine Tartrate Ophthalmic Solution 0.2% (Brimonidine Tartrate) Instill 1 drop in both eyes two times a day for Bilateral Open Angle Glaucoma . During a review of Resident 1's Progress Note (PN), dated 2/29/24, the PN indicated, .1 eye drop bottle was only found at the time and the other patient eye drops were locked in the nurse's cart. During a review of the facility's policy and procedure (P&P) titled, Medication Storage, dated 01/21, the P&P indicated, Medication supply shall be accessible only to licensed nursing personnel .authorized to administer medications .medication supplies should remain locked when not in use or attended by persons with authorized access.