

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Asbury Park Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 Fair Oaks Blvd. 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>36624</p> <p>Based on interview and record review, the facility failed to report the result of the 5-day investigation within the required timeframe for two residents (Resident 1 and Resident 2) when Resident 1 scratched Resident 2.</p> <p>This failure decreased the facility's potential to provide appropriate corrective actions to safeguard the health and safety of the residents.</p> <p>Findings:</p> <p>A review of Resident 1's progress note, dated 5/31/24 at 10:09 a.m. indicated, At [9:15 a.m.] [Resident 1] had gotten into an altercation with her room mate [sic] [Resident 2] approached [Resident 1] exclaiming 'get out of here! Get out of here!' [Resident 2] then swiped her hand towards [Resident 1]. In response [Resident 1] grabbed [Resident 2]'s hand and swiped her own hand towards [Resident 2]'s chest, making contact with her skin and leaving a wound of 3 prominent scratch marks on her chest .</p> <p>The facility was unable to provide the California Department of Public Health (CDPH) with documented evidence the facility submitted a summary of the investigation within 5 working days of the incident and the appropriate corrective actions the facility took for the incident.</p> <p>During an interview and record review on 6/12/24 at 12:44 p.m., with the Director of Nursing (DON), the DON validated a 5-day follow-up investigation summary was submitted within the required timeframe.</p> <p>A review of the facility's policy and procedure titled Abuse, neglect, exploitation and Misappropriation prevention program, revised April 2021, indicated, Investigate and report any allegations within timeframes required by federal requirements.</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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