

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 02/05/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50351</p> <p>Based on interview, and record review, the facility failed to protect 3 of 6 sampled residents (Resident 2, Resident 4, and Resident 6) from abuse by peer residents for a census of 136 when;</p> <ol style="list-style-type: none"> 1. Resident 1 slapped Resident 2 in the face; 2. Resident 3 punched Resident 4 in the Thigh; and, 3. Resident 3 expressed verbal slurs to Resident 6. <p>This failure resulted in 3 sampled residents being abused by peer residents and had the potential to cause physical injury and negatively impact their psychosocial well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 1's Admission record , indicated Resident 1 was admitted in January 2025 with multiple diagnoses including Major depressive disorder (a disorder that causes persistent feelings of sadness and loss of interest) and Schizophrenia (a chronic mental condition that affects how a person thinks, feels, and behaves). <p>A review of Resident 1's Minimum Data Set (MDS-Federally mandated assessment tool), Cognitive Patterns, dated 1/15/2025, indicated Resident 1 had a Brief Interview for Mental Status (BIMS-tool to assess cognition) score of 15 out of 15 which indicated resident 1 was cognitively intact.</p> <p>During a concurrent observation and interview on 2/5/25 at 12:54 p.m. with Resident 1 in resident's room, Resident 1 was observed in wheelchair turning away from Department. Resident 1 stated does remember altercation last week with Resident 2. Resident 1 further stated, .I don't bug anyone I don't want anyone bugging me. It had to do something to make me mad . Resident no longer wanted to continue conversation regarding the altercation.</p> <p>A review of Resident 2's Admission Record , indicated Resident was admitted on [DATE] with multiple diagnoses including Dementia (a condition that affects memory, thinking, and behavior), Diabetes Mellitus (when the body can't regulate sugar from the blood into the cells properly) and Repeated falls.</p> <p>(continued on next page)</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
---	-------	-----------

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 02/05/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's MDS, dated [DATE], indicated Resident 2's BIMS score of 4 out of 15 which indicated severe cognitive impairment.</p> <p>During a concurrent observation and interview on 2/5/25 at 12:48 p.m. at Resident 2's bedside, Resident 2 was observed sitting in wheelchair and was unable to answer questions regarding how long had been admitted at facility. Resident 2 stated could not remember altercation with another resident.</p> <p>During a telephone interview on 2/5/25 at 1:47 p.m. with Licensed Nurse 4 (LN 4), LN 4 stated earlier in the day on 1/30/25, Resident 2 was confused and went into Resident 1's room and later that day Resident 1 yelled at Resident 2 in the hallway and Resident 1 slapped Resident 2 in the face.</p> <p>During a record review of Resident 2's ' summary of change of condition' note dated 1/30/25, the note indicated, .Witness saw (Resident 1) . punch at resident 3x [3 times] . resident was questioned . He could not recall incident .</p> <p>During a record review of Resident 2's progress notes dated 1/30/25, the progress notes indicated, .the other resident was able to make physical contact with (Resident 2) . before staff intervened .</p> <p>During a record review of Resident 1's progress note dated 1/30/25, the progress indicated, . resident opened up .stated, that man got me messed up touching my bag .just keep him away from me .</p> <p>2. A review of Resident 3's Admission Record indicated Resident 3 was admitted [DATE] with multiple diagnoses including Cellulitis (bacterial skin infection) of abdominal wall and diabetes Mellitus. The record indicated resident was currently not at facility.</p> <p>A review of Resident 3's MDS dated [DATE] indicated Resident 3's BIMS score of 15 out of 15 which indicated Resident 3 was cognitively intact.</p> <p>A review of Resident 4's Admission Record , indicated Resident 4 was admitted August of 2022 with multiple diagnoses including End Stage Renal Disease (Kidneys can no longer filter waste and excess fluids from the blood) and Chronic Respiratory Failure with Hypoxia (lungs are struggling to get enough oxygen into the blood).</p> <p>A review of Resident 4's MDS dated [DATE] indicated Resident 4 had a BIMS score of 5 out of 15 which indicated Resident 4 had severe cognitive impairment.</p> <p>During a concurrent observation and interview on 2/5/25 at 1:03 p.m. with Resident 4 at bedside, Resident 4 was observed laying supine in bed, Resident 4 stated, .You will die today . to Department. Resident 4 did not want to continue with the interview.</p> <p>A record review of Resident 3's summary of change of condition note dated 1/31/25 indicated, . [Resident 3] was seen grabbing [Resident 4's] thigh area with left hand and striking in a punching motion with his right hand to other resident thigh area . asked other resident if he was hit and resident stated yes . [Resident 3] continued to show verbal aggression to staff .</p> <p>During a telephone interview on 2/5/25 at 1:53 p.m. with Licensed Nurse 3 (LN 3), LN 3 stated that on 1/31/25, she saw Resident 3 at Resident 4's bed and Resident 3 punched Resident 4 in the thigh. LN 3 further stated Resident 3 had behaviors with their previous roommate during that shift.</p> <p>(continued on next page)</p>		

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 02/05/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. A review of Resident 6's admission record indicated Resident 6 was admitted in January 2025 with multiple diagnoses including difficulty in walking and muscle weakness.</p> <p>During a concurrent observation and interview on 2/5/25 at 3:26 p.m. in facility lobby, Resident 6 was observed sitting in wheelchair with family members present and resident requested family member to translate. Resident 6 stated he was not comfortable in previous room with roommate (Resident 3).</p> <p>During a review of Resident 3's progress note dated 1/31/25 indicated . [Resident 3] woke up from a nap around 1930 [7:30 p.m.] agitated because roommate [Resident 6] had visitors . stating I can't sleep because those taco vendors are in their talking so loudly (started mocking their language). If I wanted to go to Mexico, I would've moved to Mexico .</p> <p>During a record review of resident 6's progress notes dated 1/31/25, the progress note indicated . Patient found in tears and emotionally upset; according to pt [patient] and staff members who heard the interchange his roommate [Resident 3], was calling him names including nigger pt and all belongings moved into room .</p> <p>During a telephone interview on 2/5/25 at 2:15 p.m. with Licensed Nurse 5 (LN 5), LN 5 stated on 1/31/25, during medication administration Resident 3 was angry at his roommate (Resident 6) who had visitors. LN 5 further stated they did a room change because Resident 6 had a panic attack over the racial slurs yelled at him by Resident 3.</p> <p>During a review of Resident 6's Medication Administration Record (MAR) dated 1/1/25-1/31/25, the MAR indicated, . Hydroxyzine pamoate Oral Capsule 50 mg (Hydroxyzine Pamoate) Give 1 capsule by mouth one time only for anxiety for 1 day Start Date -1/31/2025- 2030 [8:30 p.m.]</p> <p>During a record review of Resident 6's care plan dated 1/31/25, the care plan indicated . Noted with impairment in psychosocial well-being related to verbal experience with former roommate .</p> <p>During an interview on 2/5/25 at 3:10 p.m. with Director of Nursing (DON), the DON stated Resident 6's room was changed after a discussion with nursing staff and the comments told to Resident 6 by Resident 3. DON further stated she did not know Resident 4 was moved with Resident 3 because Resident 4 had a history of verbal behaviors. DON further stated she was notified after the altercation between Resident 3 and Resident 4. The DON stated it was not permitted for a resident to abuse another resident.</p> <p>During a review of facility policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation Prevention Program , Revised September 2025, the P&P indicated, . Residents have the right to be free from abuse . verbal, mental, or . physical abuse .</p>		