

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

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Form Approved OMB
No. 0938-0391

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 06/01/2026
NAME OF PROVIDER OR SUPPLIER Asbury Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 Fair Oaks Boulevard 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. Based on interviews and record reviews, the facility failed to administer medication for one of four sampled residents (Resident 1) when Resident 1's ordered medication, Propranolol hydrochloride (Propranolol HCl, a medication that helps slow down the heart and reduce the effects of stress hormones on the body), was not available during medication administration. This failure had the potential to cause Resident 1 to experience worsening tremors. Findings: A review of Resident 1's admission Record indicated that the resident was admitted on 4/26 with diagnoses of multiple fractures and autistic disorder (a developmental condition that affects communication, social skills, and behavior). A review of Resident 1's Order Summary Record (OSR) dated 4/14/26 indicated that Resident 1 had the capacity to understand choices and make health care decisions. The OSR also indicated that Resident 1 was ordered Propranolol HCl 10 mg (milligram, unit of measurement) by mouth twice a day for tremors. A review of Resident 1's Medication Administration Record (MAR) for May 2026 indicated that on 5/15/26 at 1600 (4 pm) and 5/16/26 at 1600, the Propranolol HCl was not given by Licensed Nurse (LN) 1 because the medication was not available. During a concurrent interview and record review on 6/1/26 at 11:36 a.m., LN 1 reviewed the MAR entries for 5/15/26 and 5/16/26. LN 1 stated that the 4 p.m. Propranolol HCl doses scheduled for 5/15/26 and 5/16/26 were not given because the medication was not available. LN 1 stated that she remembered calling the pharmacy to follow up on the delivery of the Propranolol HCl. LN 1 explained that the progress note she wrote on 5/15/26 at 7:02 p.m. indicated that the Propranolol HCl was still pending from the pharmacy. LN 1 also reviewed the progress note she wrote on 5/16/26 at 3:25 p.m., and verified that they called the pharmacy to ask why the Propranolol HCl had not been delivered and the pharmacy staff told LN 1 that they received the request on Tuesday but were only processing it that day. LN 1 also confirmed a note written on 5/16/26 at 7:13 p.m., indicating that the Propranolol HCl did not arrive in the first delivery as promised and that she called the pharmacy again. During an interview on 6/1/26 at 12:52 p.m., the Director of Nursing (DON) stated their expectation for nursing staff to order medications when there were seven tablets left in the medication bubble pack as a sign that refills were needed. The DON stated that they expected the pharmacy to deliver medications on time so they would be available during medication pass. A review of the facility's P&P titled, Pharmacy Services, dated 3/2018 indicated, Policy: Regular and reliable pharmaceutical service is available to provide residents with prescription and non-prescription medications, services, and related equipment and supplies. Procedures.D. The pharmacy provider agrees to perform the following pharmaceutical services, including: 6) Providing routine and timely pharmacy service seven days per week and emergency pharmacy service 24 hours per day, seven days per week. A review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 4/2019 indicated, Medications are administered in a safe and timely manner, and as prescribed. Medications are administered within one (1) hour of their prescribed time.		

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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