STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48445 Based on interview and record review, the facility failed to ensure informed consents were obtained from authorized resident representative for one of 31 sampled residents (Resident 97) when Resident 97's consent to treat, Physician Orders for Life-Sustaining Treatment (POLST - a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end-of life), and psychotropic medication (drugs that affect brain activities associated with mental processes and behaviors) consents were not signed by Resident 97's Responsible Party (RP). This failure increased the potential for Resident 97's RP to not be informed of the risks and benefits of treatment and medication. Findings: During a review of Resident 97's admission records, the records indicated Resident 97 was admitted in January 2024 with diagnoses that included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and dementia (a progressive state of decline in mental abilities). The records further indicated Resident 97's RP was the spouse. Resident 97's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 97 had severe cognitive impairment. During a review of Resident 97's Care Plan Conference Notes, dated 1/9/24, the notes indicated, Per physician's order, resident DOES NOT HAVE THE capacity to make his own decisions. Spouse remains responsible party (RP). During a review of Resident 97's Consent to Treat, dated 1/5/24, the consent indicated verbal consent was obtained from a name not listed on Resident 97's clinical record and was signed by two nurses. During a review of Resident 97's Physician Orders for Life-Sustaining Treatment (POLST), dated 1/5/24, the POLST indicated the form was signed by the same name not listed on Resident 97's clinical record. The form further indicated the verbal consent was obtained from Resident 97's daughter in law. During a review of Resident 97's Informed Consent, dated 5/21/24, the consent indicated Resident 97's consent for Seroquel (a psychotropic medication) was obtained verbally from Resident 97's son. (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
	555673	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 97's Informed Consent for Psychotropic Medication Use, dated 11/4/24, the consent indicated Resident 97's consent for Seroquel was obtained verbally from Resident 97's son. During an interview on 1/9/25 at 8:44 a.m. with Licensed Nurse 1 (LN 1), LN 1 stated, During admission we have consents and get them sign by RP if they are here .If they are not here, we ask for verbal consent .It has to be responsible party .We have their name on the facesheet .It's important so we can provide the care they need. During an interview on 1/9/25 at 8:49 a.m. with the Assistant Director of Staff Development (ADSD), the ADSD stated, If resident is not able to sign the nurse will call the RP .If verbal, should be signed by two nurses .It's going to be the RP because families, they tend to [NAME], we can only give info to the RP because they are in charge for everything .We are not allowed to give info to anybody .If the name is not on the chart we can't give the information .They can't sign any document if they are not the RP .If the family member told us the RP gave them authority, we still verify and document. During a telephone interview on 1/9/25 at 1:19 p.m. with Resident 97's RP, the RP stated, I'm the responsible party for the resident. When asked if there are any other person deciding for Resident 97's care, the RP stated, Just me. During a concurrent interview and record review on 1/9/25 at 5 p.m. with the Nurse Supervisor/Admission Nurse (NS), the NS stated, If the resident has capacity they sign it, if not we contact the responsible party .It can be over the phone then 2 nurses sign .The RP is on the chart or admission paper or hospital facesheet . The NS confirmed Resident 97's clinical records indicated Resident 97's RP was the spouse. The NS further confirmed Resident 97's admission consents and POLST were signed but not by the RP and stated, To be honest with you I can't remember .Maybe [RP] ask [daughter in law] to sign but there's no documentation .It could be a problem. During a concurrent interview and record review on 1/10/25 at 2:11 p.m. with the Director of Nursing (DON) and Nurse Consultant (NC) .The DON stated, For consents, we reach out for responsible party, it is indicated on their chart, not just any other person. The NC stated, Usually the hospital tells us who the RP, sometimes it is indicated as emergency contacts. The NC verified Resident 97's RP was the spouse and that Resident 97's admission consents, POLST and psychotropic medication were signed but not by Resident 97's RP and stated, We can't figure out how it happened .The expectation is, as the RP, she should have signed the consents upon admission .For psychotropic medications, it should be the RP .I'm not sure why they didn't call the RP .If emergency we can, but with consents, it has to be the responsible party .The RP has the decision making capacity whether they want to do or not to do the treatment .Issue is not honoring resident or RP rights. During a review of the facility's policy and procedure (P&P) titled Resident Representative, revised 2/2021, the P&P indicated, The facility treats the decisions of the resident representative as the decisions of the resident .2. If the resident is determined to be incompetent under the laws of the state .the rights of the resident will devolve to and will be exercised by the resident representative appointed to act on the resident's behalf . (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled Requesting, Refusing, and or Discontinuing Care or Treatment, revised 2/2021, the P&P indicated, Residents and resident representatives have the right to request, refuse and/or discontinue treatment .1. Resident/representatives are informed (in advance) of: a. the care that will be furnished or made available to the resident based on his or her assessment and plan of care; b. the risks and benefits of the proposed care, treatment, treatment alternatives or treatment options . During a review of the facility's P&P titled Psychotropic Medication Use, dated 7/2022, the P&P indicated, Residents (and/or representatives) have the right to decline treatment with psychotropic medications. a. The staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives. b. The prescribing physician will obtain informed consent from the resident/and or representative for use of any psychotropic medication .c. The facility staff will verify with the resident and/or representative that informed consent was obtained by the prescribing physician prior to initiating psychotropic medications. Verification of informed consent should be documented in the medical record.

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 01/10/2025
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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 50750 Based on observation, interview, and record review, the facility failed to protect and keep secure, when not in use, confidential resident health data and records for a census of 132. This failure had the potential to expose and disclose personal and confidential health information to unauthorized individuals. Findings: During an observation on 1/7/25 at 4:30 p.m. in hallway 2A. Medication Cart 2A's computer was observed unattended and with a resident profile open in-between resident rooms facing out towards the resident hallway. During an interview on 1/7/25 at approximately 4:31 p.m. with Licensed Nurse 7 (LN 7), LN 7 stated he was aware the computer was left unlocked and unattended with resident records accessible. He stated resident records should never be left open and accessible to unauthorized individuals and that doing so would be a violation of their confidentiality. During an interview on 1/8/25 at 10:58 a.m. with the Director of Nursing (DON), the DON stated that it was her expectation that nursing staff ensured resident records were not visible to any unauthorized staff. During a review of the facility's policy and procedure (P&P) titled, Electronic Medical Records, dated March 2014, the P&P indicated, .Only authorized persons who have been issued a password and user ID code will be permitted access to the electronic medical records system .

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 01/10/2025
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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident’s representative in writing how long the nursing home will hold the resident’s bed in cases of transfer to a hospital or therapeutic leave. 43247 Based on interview and record review, the facility failed to provide written notice of bed hold for one of 31 sampled residents (Resident 15) when Resident 15 was transferred to the hospital and Resident 15's Responsible Party (RP) was not provided written notice of bed hold for return to the facility. This failure had the potential for Resident 15's RP to not be informed of Resident 15's right to return to the facility. Findings: A review of Resident 15's Admission Record indicated Resident 15 was initially admitted to the facility in August 2022 with multiple diagnoses including end stage renal disease (loss of kidney function, kidneys cannot remove waste from the body) with dependence on dialysis (treatment that removes waste and excess fluid from the body), chronic respiratory failure (lungs cannot get enough oxygen into the blood or eliminate carbon dioxide), and heart failure (heart does not pump blood as well as it should). The Admission Record indicated Resident 15 was readmitted to the facility in January 2025. A review of Resident 15's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 11/1/24, indicated Resident 15 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 5 out of 15 that indicated Resident 15 was severely cognitively impaired. A review of Resident 15's Order Summary Report indicated order dated 1/7/25 Resident does not have capacity to make his/her own decisions. A review of Resident 15's Order Audit Report, indicated order dated 12/26/24 .Transfer to acute 12/26/2024 for further evaluation one time only for 7 Days may hold bed up to 7 days . A review of Resident 15's Progress Note, dated 12/26/24, indicated .PT [patient] went to dialysis at 0800 [8:00 a.m.]. Pt was sent out of dialysis to [name of acute care hospital] .for hypotension and infected catheter site. MD [medical doctor] notified, nurse attempted to contact RP but the call went to voicemail . A review of Resident 15's clinical record indicated Transfer and Bed Hold Form(s), that reflected Resident 15's RP consent to bed hold were received for discharges on 7/23/24, 9/12/24, and 10/22/24. The clinical record did not contain documentation that Resident 15's RP was notified of or consented to bed hold for transfer to hospital on 12/26/24. (continued on next page)

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 01/10/2025
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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/9/25 at 4:20 p.m. with the Director of Nursing (DON), the DON acknowledged that Resident 15's clinical record did not reflect that Resident 15's RP was notified of bed hold for Resident 15's transfer to the hospital on 12/26/24. The DON stated the Transfer and Bed Hold Form should have been completed when nurse was notified of Resident 15's transfer to the hospital and the Progress Note, dated 12/26/24, did not indicate RP was notified of bed hold. A review of the facility's Policy and Procedure (P&P) titled Bed-Holds and Returns, revised 3/22, indicated . All residents/representatives are provided written information regarding the facility bed-hold policies .at the time of transfer (or, if the transfer was an emergency, within 24 hours) . A review of the facility's P&P titled Transfer or Discharge, Facility-Initiated, dated 10/22, indicated .Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification . Notice of Transfer or Discharge (Emergent or Therapeutic Leave) .Residents who are sent emergently to an acute care setting, such as a hospital, are permitted to return to the facility . Notice of Facilities Bed-Hold and Return policies are provided to the resident and representative within 24 hours .When a resident is transferred or discharged from the facility. the following information is documented in the medical record . That an appropriate notice was provided to the resident and /or legal representative .

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 01/10/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50351 Based on observation, interview, and record review, the facility failed to follow professional standards of quality as stipulated by their admission policy and procedure to ensure accuracy of admission medications for one of 31 sampled residents (Resident 487) when a psychotropic (drugs that affects brain activities associated with mental processes and behavior) medication order was not carried over upon admission. This failure resulted in Resident 487 not receiving psychotropic medication for eight days and increased the potential for Resident 487 to experience emotional distress. Findings: A review of Resident 487's admission record, indicated Resident 487 was admitted [DATE] with multiple diagnoses including aftercare following joint replacement surgery. A review of Resident 487's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 1/3/25, indicated Resident 487 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 15 out of 15 indicating the resident was cognitively intact. A review of Resident 487's Hospital History and Physical (H and P) dated 12/30/24, indicated History of depression (a mental health condition that involves persistent feelings of sadness, hopelessness, and loss of interest in activities) and indicated current outpatient medications included Citalopram (Celexa, medication used to treat depression) 20 mg (milligram, a unit of measurement) take 1 tablet by mouth daily. A review of Resident 487's record titled, SNF [skilled nursing facility, from hospital] orders, dated 12/30/24 indicated, Citalopram 20 mg Take 1 tablet daily. During a review of Resident 487 Physician's progress note dated, 12/31/24, there was no Celexa order documented. During a review of Resident 487's clinical record on 1/7/25, there was no documented order for Celexa since admission. During a concurrent observation and interview on 1/7/25 at 4:34 p.m. with Resident 487, Resident 487 was observed shaking and crying when talking to surveyor with visible sweat running down face and arms. Resident 487 stated, she was not receiving her Celexa medication. Resident 487 continued to cry and further stated she was going through antidepressant withdrawal symptoms. Resident 487 stated she was not given Celexa for over a week now, and she told the facility staff about the medication. Resident 487 verbalized she currently felt jerking feelings, nausea, dizziness when trying to get out of bed and felt tired, and she wanted her Celexa. (continued on next page)

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 01/10/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a follow up interview on 1/8/25 at 8:52 a.m. with Resident 487, she stated her withdrawal symptoms including the dizziness, nausea, muscle pain, terrible headache had started on 1/7/25. Resident 487 further stated she had asked the nurses multiple times to ask the physician for the medication. Resident 487 further stated felt dizziness and heaviness, heard ringing in her ears and the symptoms were constant and did not go away. Resident 487 added, .not having my Celexa is interfering with my recovery and causing me harm. During a concurrent interview and record review on 1/8/25 at 9:02 a.m. with Licensed Nurse 2 (LN 2), LN 2 confirmed the order for Citalopram was not listed under resident medications. LN 2 further confirmed order for monitoring antidepressant medication side effects and order for monitoring target behaviors for depression were present with dates of 12/30/24. During a concurrent interview and record review on 1/8/25 at 4:24 p.m. with Nurse Supervisor (NS), the NS stated her responsibilities included reviewing admission records, entering admission orders, and notifying the pharmacy. NS confirmed she was the admitting nurse for Resident 487 and further confirmed there was a discharge order for Celexa from the hospital and it was missed upon admission. During a concurrent interview and record review on 1/10/25 at 9:55 a.m. with the Director of Nursing (DON), the DON stated the admission process was to review orders from the hospital and the orders were reconciled with the admitting physician. The DON further stated when residents arrive, the orders are reviewed and nursing staff input the orders and notify pharmacy. The DON confirmed Resident 487's Celexa was missed and further confirmed the medication was not given for over 8 days. During a review of the facility's policy titled, Reconciliation of Medications on Admission, revised July 2017, the policy indicated, .1. Medication reconciliation is the process of comparing pre-discharge medications to post-discharge medications by creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care. 2. Medication reconciliation reduces medication errors . 4. Medication reconciliation helps to ensure that medications, routes and dosages have been accurately communicated to the Attending Physician and care team .

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 01/10/2025
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)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36681 Based on observation, interview, and record review, the facility failed to ensure one of 31 sampled residents (Resident 51) received necessary foot care when toenails were long and thick. This failure increased the potential for Resident 51 to experience pain and infection. Findings: A review of the Admission Record indicated Resident 51 was initially admitted [DATE] with diagnoses including type 2 diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic chronic kidney disease (high blood sugar levels damage the kidney's ability to function). A Brief Interview for Mental Status (BIMS- an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) indicated Resident 51 was cognitively intact with a score of 15 out of 15. A review of Resident 51's physician order dated 12/16/24 indicated, May receive podiatry care [the foot doctor examines the foot and ankle to correct problems identified] Q [every] 2 months and treatment as needed. In an interview on 1/7/25 at 10:52 a.m., Resident 51 stated her toenails were long and she had not seen the podiatrist (a person that diagnose and treat any foot or ankle problem) since admission. A concurrent observation and interview was conducted on 1/8/25 starting at 8:34 a.m., with Certified Nursing Assistant 2 (CNA 2) inside Resident 51's room. Resident 51's toenails on both feet were long and thick. The CNA 2 stated she saw Resident 51's toenails about a month ago and she wrote need clipping. Resident 51 stated her toenails had not been trimmed since she was admitted . A follow-up interview was conducted on 1/8/25 at 8:41 a.m. with CNA 2. The CNA 2 stated the skin around Resident 51's toes were dry, toenails were long and thick, and toenails need to be clipped. The CNA 2 further stated every time she gives a shower to residents, she checks the nails and if nails were long, she puts a note in the shower sheet. In an interview on 1/9/25 at 11:55 a.m., the Assistant Director of Staff Development (ADSD) stated all concerns written in the shower sheet would be directed to the person responsible. The ADSD further stated the licensed nurse had to sign the shower sheet and had to notify the Social Services Director (SSD) for issues with toenails. A review of the shower sheets for December indicated Resident 51 had refused showers on 12/7, 12/11, and 12/31/24. The shower sheet dated 1/7/25 indicated toenails need clipping. (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a concurrent interview and record review on 1/9/25 starting at 3:55 p.m., the SSD stated she made sure residents receive ancillary services like podiatry. The SSD further stated she never received a note or order from the nurse regarding Resident 51's toenails being long. The SSD confirmed the form used by podiatry dated 8/28/24 indicated on the next visit. The SSD stated Resident 51 goes to dialysis on Monday, Wednesday, and Friday and resident was on dialysis on 8/28/24 (Wednesday). The SSD further stated on the SSD assessment dated [DATE], Resident 51 requested to be seen by the podiatrist. A concurrent observation and interview was conducted with Nurse Supervisor (NS) on 1/9/25 at 4:23 p.m., inside Resident 51's room. When NS saw Resident 51's toenails, the NS stated resident needed podiatrist for nail care. The NS described Resident 51's toenails had overgrowth and possible fungus (cause toenails to become thick, brittle, discolored, and separated from the nail bed). In a concurrent interview and record review on 1/9/25 at 4:37 p.m., the NS stated it was another licensed staff who conducted the admission and readmission for Resident 51. The NS confirmed Resident 51's admission and readmission notes did not include the condition of the toenails. In a follow-up interview on 1/10/25 at 11:30 a.m., the SSD stated the facility had no documented evidence Resident 51's podiatry was rescheduled when resident was not seen by podiatrist on 8/28 and/or 10/30 as scheduled. The SSD further stated she checked the facility's internal communication and she did not receive a note regarding Resident 51's needing podiatry care. In an interview on 1/10/25 at 11:38 a.m., the Director of Nursing (DON) stated her expectation was for the licensed nurse (LN) to take a look at resident's toenails and if there was a note from the CNA in the shower sheets, then the LN will notify the SSD. A review of the facility's policy revised February 2018 and titled, Fingernails/Toenails, Care of indicated, The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections .do not trim the nails of diabetic residents .Stop and report to the nurse supervisor if .nails are too hard or too thick . Resident may be referred to facility contracted podiatry services if facility is unable to trim toenails.

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 01/10/2025
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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 48445 Based on interview and record review, the facility failed to ensure an ongoing communication and collaboration for the development and implementation of the dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) care plan by the facility and dialysis staff for one of 31 sampled residents (Resident 36), when Resident 36' s anemia (a condition where the body does not have enough healthy red blood cells) medication was not communicated with the dialysis clinic and was signed as given at dialysis. This failure resulted in the facility not being aware of Resident 36's current anemia management and decreased the facility's potential to monitor Resident 36 for the medication's effectiveness and side effects. Findings: During a review of Resident 36's admission record, the record indicated Resident 36 was admitted in October 2024 with diagnoses that included end-stage renal disease (ESRD, irreversible kidney failure), dependence on renal dialysis, and anemia. Resident 36's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 36 had intact cognition. During a review of Resident 36's care plan, revised on 11/27/24, the care plan indicated, The resident has anemia r/t [related to] ESRD .Give medications as ordered. Monitor for side effects, effectiveness . During a review of Resident 36's physician order, dated 12/5/24, the order indicated, Dialysis Mon Wed Fri check in time 9am Chair time 9:15am-12:30pm . During a review of Resident 36's Medication Administration Records (MARs), dated December 2024 and January 2024, the MARs indicated, Epoetin Alfa [a short-acting, lab-made version of erythropoietin (EPO), a hormone the kidneys naturally produce to stimulate red blood cell production in the bone marrow] Injection Solution 4000 UNIT/ML [milliliters, a unit of measurement] .Inject 1 syringe subcutaneously [given in the fatty tissue under the skin] every day shift every Mon, Wed, Fri for ANEMIA TO BE GIVEN AT DIALYSIS CENTER .START DATE 11/29/2024 . The MARs indicated the medication doses were signed every Monday, Wednesday, and Friday and were coded as given at dialysis. A review of Resident 36's dialysis communication sheets for December 2024 and January 2025 indicated Resident 36 did not receive Epoetin Alfa during dialysis. During a review of Resident 36's dialysis communication sheet, dated 12/20/24, the sheet indicated Resident 36 received Mircera (Epoetin beta - a long-acting erythropoiesis-stimulating agent used for the treatment of anemia) 175 mcg (micrograms, a unit of measurement). During an interview on 1/9/25 at 10:08 a.m. with Licensed Nurse 1 (LN 1), LN 1 stated, For epoetin, we document it as given at dialysis .When they come back it's written on the dialysis communication form . (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 1/10/25 at 12:37 p.m. with the Dialysis Nurse (DN), the DN confirmed Resident 36 received dialysis every Mondays, Wednesdays, Fridays, and on anemia protocol. DN further stated Resident 36 received Mircera 175 mcg every two weeks and that Epoetin Alfa was discontinued on 4/5/2023 and started on Mircera after. During a joint interview and record review on 1/10/25 2:11pm with the Director of Nursing (DON) and Nurse Consultant (NC), the NC stated, Generally dialysis will communicate meds, what they give .Since its one of the routine meds that they are giving, they don't always communicate. The DON confirmed the nurses are signing the Epoetin Alfa off. The NC reviewed dialysis communication sheets and stated, I could not find epo [Epoetin Alfa] and we will verify with dialysis if it was actually being given .We need to be aware of the meds they are on, for continuity of care. During an interview on 1/10/25 at 3:50 p.m. with the DON, the DON stated, We called dialysis, spoke with [DN], [dialysis company] only uses Mircera .[Resident 36] takes 175mg every 2 weeks and she's been on this since 10/30/24 and since admission [to the facility] .Acute dialysis uses [Epoetin Alfa] in the hospital but the clinics use Mircera . During a review of the facility's policy and procedure (P&P) titled Anemia - Clinical Protocol, revised 11/2018, 1. The nursing staff and physician will identify individuals with a history of anemia; for example, recent hospitalization with postoperative anemia, anemia associated with chronic renal failure .2. Nursing assessment will include: k. All current medications, any recent changes in medications and allergies . During a review of the facility's P&P titled End-Stage Renal Disease, Care of a Resident with, revised 9/2010, the P&P indicated, Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care .4. Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including: a. how the care plan will be developed and implemented; b. how information will be exchanged between the facilities .

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 43258 50517 50750 Based on observation, interview, and record review, the facility failed to ensure: 1. Accurate accountability and effective storage of controlled medications (those with high potential for abuse or addiction) when random controlled medication audits for three out of four residents (Residents 58, 65, and 69) did not reconcile. The medications were signed out of the Controlled Drug Record (CDR, an inventory sheet that keeps record of the usage of controlled medications) but were not documented accurately on the Medication Administration Record (MAR) to indicate they were given to the residents. 2. Medication accountability when two out of four medication carts' controlled drug sign-in/sign-out sheets (a sheet used to reconcile inventory of controlled medications in the medication cart by the outgoing and incoming nurse during a shift change) were missing signatures of the outgoing and incoming nursing shift; 3. An efficient system was in place to accurately document and secure emergency medications (E-Kit) for a census of 132. 4. Medications were secured safely when multiple bottles containing crushed and partially crushed medications, including controlled medications were found to be retrievable in three out of four medication carts (Med Cart). These failures resulted in the facility not having accurate accountability of controlled medications and potential for abuse or misuse of these medications, the potential for emergency medications to be unavailable when needed, and the potential for not meeting the residents' therapeutic needs or worsening of their medical conditions. Findings: 1. Resident 69 had a physician's order dated 11/27/23, for tramadol (a medication to treat pain) 50 milligrams (mg, a unit of measurement), 1 tablet by mouth every 6 hours as needed for moderate pain and 2 tablet by mouth every 6 hours as needed for severe pain. The CDR indicated 2 tablets were signed out on 12/29/24 at 7:50 a.m. and 2 tablets on 12/30/24 at 8:48 a.m. The MAR did not indicate tramadol was administered to Resident 69 on these dates or times. (continued on next page)

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 01/10/2025
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 58 had a physician's order dated 12/12/24, for oxycodone (a medication to treat pain) 5 mg, 1 tablet by mouth every 4 hours as needed for moderate pain and give 2 tablets by mouth every 4 hours as needed for severe pain. The CDR indicated 2 tablets were signed out on 1/3/25 at 9 p.m. The MAR did not indicate oxycodone was administered to Resident 58 on that date or time. The CDR indicated 2 tablets were signed out on 1/5/25 at 8 p.m. and 2 tablets on 1/6/25 at 11:16 a.m. The MAR indicated only 1 tablet was administered on 1/5/25 and 1 tablet on 1/6/25 to Resident 58. Resident 65 had a physician's order dated 8/30/24, for tramadol 50 mg, 1 tablet by mouth every 12 hours as needed for moderate to severe pain and 1 tablet by mouth at bedtime for pain management. The CDR indicated 1 tablet was signed out on 12/6/24 at 5 p.m. but the MAR did not indicate tramadol was administered to Resident 65 on that date or time. During an interview on 1/8/25 at 11:03 a.m. with the Director of Nursing (DON), the DON stated nursing staff were expected to document administered doses of controlled medication on both the MAR and CDR. DON stated it was important to document administered doses on the MAR to inform the next nurse as to when a medication was last administered and the CDR was for accountability of how much controlled medication was in the medication cart. During a review of the facility's policy and procedure (P&P) titled, IIA-7 Controlled Medications, dated 3/2018, the P&P indicated, .When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR): 1) Date and time of administration 2) Amount administered. 3) Signature of the nurse administering the dose, completed after the medication is actually administered . 2. During a concurrent interview and record review on 1/7/25 at 4:55 p.m. with Licensed Nurse 7 (LN7), the Shift to Shift Narcotic Count Verification for Controlled Drug Record (CDR), dated 1/2025 for Medication Cart 2A was reviewed. The sign-in/sign-out sheet indicated nine missing signatures. LN 7 confirmed the finding and stated the outgoing and incoming nurses were to both sign between shift changes to confirm the count of the controlled medications. During a concurrent interview and record review on 1/7/25 at 5:08 p.m. with LN 8, the Shift to Shift Narcotic Count Verification for Controlled Drug Record (CDR) dated 1/25 for Medication Cart 1C was reviewed. The sign-in/sign-out sheet indicated five missing signatures. LN 8 acknowledged there were missing signatures, including his own, and stated he should have signed the sheet at the beginning of his shift. During an interview on 1/8/25 at 11:03 a.m. with the DON, the DON stated the nurses were expected to do a shift-to-shift controlled medication count. She stated the nurses were expected to sign the sign-in/sign-out sheet every single shift and every single date should have been filled out. During a review of the facility's P&P titled, Controlled Substance, dated 4/19, the P&P indicated, .Controlled substances are reconciled upon receipt, administration, disposition and at the end of each shift . 11. At the End of Each Shift: a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. During an inspection of the Medication Storage Room at Station 2 on 1/7/25 at 12:46 p.m. with LN 5, the E-kit containing controlled medications was observed with a red tag (indication the E-kit had been opened by the facility). The E-kit log inside indicated 1 tablet of oxycodone 5 mg was removed on 1/7/25. An inspection of the list of contents affixed to the outside of the E-kit indicated it was provided to the facility with 8 oxycodone 5 mg tablets, 1 that was documented on an E-kit log was removed, which left 1 tablet undocumented and unaccounted for. During an interview on 1/7/25 at 12:48 p.m. at Station 2 Medication Storage Room with LN 5, LN 5 confirmed there were 6 tablets of oxycodone left in the E-kit. LN 5 stated the nurse incorrectly documented on the E-kit removal log that 2 tablets were removed. During an inspection of the Medication Storage Room at Station 2 on 1/7/25 at 12:53 p.m. with LN 5, the E-kit inside the medication storage refrigerator was observed with a red lock. Two E-kit logs inside indicated that two Ativan (a medication used for anxiety and certain other conditions) 2 mg/ml vials were removed on 11/4/24 and 12/17/24. LN 5 stated nursing staff were expected to re-order and replace the E-kit immediately after it was opened. LN 5 stated if the E-kit was not re-ordered and replaced right away there could be a possible delay in care for the residents. During an interview on 1/8/25 at 11:01 a.m. with the DON, the DON stated that nursing staff were expected to ensure the E-kit logs were filled out accurately and replacements were requested right away. She stated the refrigerated E-kit should have been checked by nursing staff and replaced. During a review of the facility's P&P titled, IC-3 Emergency Pharmacy Service and Emergency Kits, dated 3/2018, the P&P indicated .G. As soon as possible, the nurse records the medication use on the medication order form and notifies the pharmacy for replacement of the kit . I. The nurse opening the kit also records use of the kit in the Emergency kit log book. The nurse records the date, time, resident name, medication name, strength, and dose . opened kits are replaced with sealed kits within 72 hours of opening . 4. During an inspection of Med Cart 2A on 1/7/25 at 4:40 p.m. alongside LN 7, an amber vial was identified. Inside the vial there were partially crushed medications, dry cotton on top, and powdery dry substance on the bottom. When asked what the vial was LN 7 stated the vial is used for drug destruction of controlled and non-controlled medications. The directions on the amber vial indicated, Drug destruction container. Please crush all meds. For refused doses, loose tablets found in drawers, and contaminated tablets solution from partially used ampules. All medication must be rendered unusable prior to placing in vial. During an inspection of Med Cart 2B on 1/7/25 at 5 p.m. alongside LN 4, an amber vial was identified. Inside the vial was dry cotton, opened capsules, whole medication tablets, partially crushed medications, and powdery dry substance on the bottom about a quarter full. LN 4 stated any kind of medication could go inside the vial so long as it was crushed. LN 4 opened the vial and a white puff of medication powder was observed going into the air. LN 4 confirmed there were whole pills in the container and agreed the disposed medications could easily be retrieved and had potential for unwanted exposure to nursing staff when the vial was opened. (continued on next page)

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 01/10/2025
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an inspection of Med Cart 1A on 1/8/25 at 10:37 a.m. with LN 3, an amber vial was identified inside the controlled drugs drawer. Inside the vial were dry cotton, opened and unopened capsules, powdery dry substance on the bottom, and partially crushed medication tablets. LN 3 stated the vial was used for drug disposal. She confirmed the contents inside the vial were not all unusable. During an interview on 1/8/25 at 11:08 a.m. with the DON, the DON stated if a resident refused a controlled drug two nurses were to waste the medication and sign the CDR, then waste the medication in the vial. She stated nurses were expected to crush medications or open capsules and make them as irretrievable as they could before disposing in the vial. During a review of the facility's P&P titled, IE-5 Medication Destruction, the P&P indicated, .C. All non-controlled drugs that are eligible for disposal are placed in an approved waste container . E. Controlled medication destruction is done in the presence of a pharmacist and a registered nurse employed by the facility . G. All controlled drugs are placed in an approved waste container . The container shall be sealed and scheduled for destruction .J. Unintentional Wasting of Medication Doses . 2. If a single dose of medication is accidentally contaminated or is otherwise unusable . the following policies and procedures will apply . b. Controlled drugs-discarding shall be witnessed by one other licensed person . These are the same drugs for which the facility is required to maintain accountability and be destroyed by an RN and pharmacist .

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 01/10/2025
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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 43258 50517 50750 Based on interview and record review, the facility failed to ensure the consultant pharmacist (CP) identified and reported to the facility irregularities related to the medication regimen for one of 31 sampled residents (Resident 128) during the Medication Regimen Review (MRR). This failure resulted in inadequate monitoring and had the potential for medications not being optimized for best possible health outcome. Findings: A review of Resident 128's medical record indicated Resident 128 was admitted to the facility in 12/9/24 with diagnoses including Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), schizophrenia unspecified (a mental illness that is characterized by disturbances in thought) and diabetes (a chronic disease that affects how the body uses sugar for energy). A review of Resident 128's medical record indicated the following physician's order for Seroquel (an antipsychotic medication to treat mental illness): -Seroquel 25 mg (milligrams, a unit of measurement): give 1 tablet by mouth one time a day for depression (a constant feeling of sadness and loss of interest, which stops you doing your normal activities) m/b (manifested by) verbalization of being sad, dated 12/9/2024, discontinued on 12/10/2024; -Seroquel 25 mg: give 1 tablet by mouth one time a day for mood disorder m/b episodes of anger outburst, dated 12/10/2024, discontinued on 1/6/2025; and, -Seroquel: give 225 mg by mouth at bedtime for depression m/b nightmares, dated 1/4/2025, discontinued on 1/6/2025. A review of facility's MRRs dated December 2024 indicated the CP did not complete a MRR for Resident 128. During an interview on 1/9/2025 at 1:35 p.m. with Pharmacy Manager (PM), PM confirmed CP did not complete a MRR for Resident 128. PM stated It was the responsibility of the CP to ensure a MRR was completed for all residents. During a concurrent interview and record review on 1/9/2025 at 4:01 p.m. with Director of Nursing (DON), MRRs dated December 2024 were reviewed. The DON confirmed there was no MRR for Resident 128. (continued on next page)

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 01/10/2025
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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Medication Regimen Reviews, dated May 2019, the P&P indicated, .The consultant pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication . Medication regimen reviews are done upon admission .

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 01/10/2025
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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50750 Based on observation, interview, and record review, the facility failed to ensure three of 31 sampled residents (Resident 7, Resident 128, and Resident 25) were free from unnecessary psychotropic medication (drugs that affects brain activities associated with mental processes and behavior) when: 1. Resident 7 received Seroquel (an antipsychotic to treat mental illness) without implementation of non-pharmacological (non-drug) interventions in an effort to lower the dose or discontinue the medication; and 2. Resident 128 received Seroquel without an adequate indication for its use. 3. Resident 25's behavior order was different from the behavior being monitored for the use of Lorazepam (anti-anxiety medication) and there was no documented evidence of non pharmacological interventions used when behavior occurred. These failures had the potential to result in unnecessary use of medication. Findings: 1. A review of Resident 7's medical record indicated Resident 7 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). A review of Resident 7's physician's orders, dated 10/30/24, indicated quetiapine (generic name for Seroquel) 25 milligrams (mg, a unit of measurement), give one tablet by mouth at bedtime for bipolar disorder manifested by yelling and screaming to others. A review of Resident 7's care plan dated 8/1/17 indicated, The resident uses antipsychotic medication r/t [related to] bipolar disorder . administer antipsychotic medications (Seroquel) . A review of Resident 7's same care plan dated 8/1/17 indicated non-pharmacological interventions were not implemented for the resident in an attempt to use the lowest effective dose or discontinue the use of Seroquel. During an interview on 1/8/2025 at 2:45 p.m. with the Director of Nursing (DON), DON stated non-pharmacological interventions were care planned and implemented for residents on psychotropic medications. She stated nursing staff were expected to use non-drug interventions to meet resident needs, and to not just use medication alone. During a concurrent interview and record review on 1/8/2025 at 3:22 p.m. with the DON, Resident 7's care plan, dated 6/17/2017 was reviewed. DON confirmed Resident 7's care plans did not include non-pharmacological interventions for her diagnosis of bipolar disorder. (continued on next page)

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 01/10/2025
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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled, Psychotropic Medication Use, dated July 2022, the P&P indicated, .Non-pharmacological approaches are used . to minimize the need for medications . 2. A review of Resident 128's medical record indicated Resident 128 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and schizophrenia (a mental illness that is characterized by disturbances in thought). A review of Resident 128's discharge summary from outside facility dated 12/8/24 indicated, Seroquel 150 mg: give 1 1/2 tablet by mouth at bedtime for depression. A review of Resident 128's initial facility order for Seroquel dated 12/10/24 indicated, Seroquel 25 mg: give 1 tablet by mouth one time a day for depression (a constant feeling of sadness and loss of interest, which stops you doing your normal activities). A review of Resident 128's medical record indicated the following physician's orders with changed indication for the use of Seroquel: -Seroquel 50 mg: Give 3 tablet at bedtime for schizophrenia for 3 days and then take 2 tabs for 3 days then take 1 tab for 3 days .follow taper, ordered 1/8/2025, start date 1/14/2025, end date 1/17/2025; -Seroquel 200 mg: Give 1 tablet by mouth at bedtime for Schizophrenia manifested by hallucinations (to seem to see, hear, feel, or smell something that does not exist)/delusions (having false or unrealistic beliefs) for 3 days, ordered 1/8/2025, start date 1/8/2025, end date 1/11/2025; -Seroquel 150 mg: Give 1 tablet by mouth at bedtime for schizophrenia manifested by hallucinations and delusions for 3 days, ordered 1/8/2025, start date 1/11/2025, end date 1/14/2025; and, -Seroquel 50 mg: Give 1 tablet by mouth at bedtime for schizophrenia manifested by hallucinations and delusions for 3 days ordered 1/8/2025, start date 1/17/2025, end date 1/17/2025. During an interview on 1/9/2025 at 11:16 a.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated she had never observed Resident 128 yelling or hallucinating. During an interview on 1/9/2025 at 11:20 a.m. with Licensed Nurse 1 (LN 1), LN 1 stated she had only observed Resident 128 to have episodes of crying but never any hallucinations or delusions. A review of Resident 128's Nurse Progress note dated 1/6/2025 indicated, .resident requested to DC [discontinue] Seroquel . A review of Resident 128's Social Services note dated 1/7/25 indicated, .resident would like to discuss her schizophrenia diagnosis . 'I do not have schizophrenia' . A review of Resident 128's Physician Visit note dated 1/7/25 indicated, .she [Resident 128] was not taking Seroquel at home . patient [Resident 128] is psychiatrically stable . Denies current or past psychotic symptoms . no evidence of delusions . (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/9/2025 at 10:57 a.m. with Resident 128 in Resident 128's room, she stated she suffered from depression but not schizophrenia. She stated it bothered her a lot when she found out she was misdiagnosed with schizophrenia. She stated she knew others in her personal life who suffered from the mental disorder, but she certainly did not have the same condition. During a concurrent interview and record review on 1/9/25 at 12:02 p.m. with the DON, Resident 128's progress notes from the time of her admission to current were reviewed. DON confirmed there was no documented evidence from physician or nursing staff indicating Resident 128 experienced any hallucinations or delusions. During a review of facility's P&P titled, Antipsychotic Medication Use, dated February 2024, the P&P indicated, Residents will not receive medications that are not clinically indicated to treat a specific condition . 1. Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective. 2. The attending physician and other staff will gather document information to clarify a resident's behavior, mood, function, medical condition, specific symptoms, and risks to resident and others .1. Residents who are admitted from the community or transferred from a hospital and who are already receiving antipsychotic medications will be evaluated for the appropriateness and indication for use . 9. Resident diagnosis is based on a comprehensive assessment and evidence-based criteria and is consistent with professional standards, such as the Diagnostic and Statistical Manual of Mental Disorders . 36681 3. A review of the Admission Record indicated Resident 25 was admitted with diagnoses including bipolar disorder (sometimes called manic-depressive disorder; mood swings that ranges from the lows of depression to elevated periods of emotional highs), current episode manic severe with psychotic features (thoughts and emotions are so affected that contact is lost with reality). A Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 10/30/24 indicated Resident 25 had severe cognitive impairment. A review of Resident 25's care plan dated 10/25/24 indicated Resident 25 used anti-anxiety medication manifested by inability to relax. The interventions included to monitor feelings of impending doom, repetitive physical movements, disrobing and provide non-pharmacological interventions for anxiety. A review of Resident 25's electronic Medication Administration Record (EMAR, a daily documentation record used by licensed nurse to document medications and treatments given to a resident) for October 2024 indicated an order dated 10/25/24 for Lorazepam (anti-anxiety medication) 1 mg (milligram, unit of measurement) 1 tablet by mouth three times a day for generalized anxiety disorder M/B (manifested by) inability to relax. Resident 25 had six documented episodes of inability to relax. A review of Resident 25's EMAR for November 2024 indicated Resident 25 had a change in the behavior order for Lorazepam to generalized anxiety disorder M/B feeling of impending doom. The behavior monitoring in the EMAR was not changed on 11/27 to reflect the new behavior order. Resident 25's behavior monitoring was still for inability to relax. Resident 25 had 7 documented episodes of inability to relax. (continued on next page)

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 01/10/2025
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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 25's EMAR for December 2024 indicated Resident 25 had one documented episode of inability to relax. During an observation conducted on 1/7/25 at 10:15 a.m., Resident 25 was lying in bed on her right side and her eyes were closed. In an interview on 1/9/25 at 8:11 a.m., Certified Nursing Assistant 3 (CNA 3) stated Resident 25 was verbally responsive and was not cognitively there. The CNA 3 further stated when Resident 25 was awake she would lick her hands, spits on everything around her, put herself on the ground, and remove her clothes. The CNA 3 added Resident 25 easily calms down when staff talked to her. During an observation conducted on 1/9/25 at 8 a.m., Resident 25 was lying in bed on her right side and her eyes were closed. In a concurrent interview and record review on 1/9/25 at 5:09 p.m., Licensed Nurse 4 (LN 4) stated Resident 25 was being monitored for anxiety manifested by inability to relax. The LN 4 further described Resident 25 as restless, rocks back and forth, brings her legs up, and resident was constantly moving. The LN 4 confirmed the Lorazepam order indicated for feeling of impending doom. The LN 4 stated he had not heard Resident 25 verbalize feeling of impending doom on his shift. During an observation conducted on 1/10/25 at 12 p.m., Resident 25 was lying in bed on her right side and her eyes were closed. In an interview on 1/10/25 at 12 p.m., LN 12 stated Resident 25 was awake earlier and resident took her medications. The LN 12 further stated Resident 25 was active before and resident had been sleeping more lately. A concurrent interview and record review on 1/10/25 at 11:47 a.m. was conducted with the Director of Nursing (DON) and Nurse Consultant (NC). The NC stated it was brought to her attention yesterday (1/9/25) the behavior order for Lorazepam did not match the behavior being monitored for Resident 25. The NC further stated the Lorazepam order indicated for generalized anxiety disorder manifested by feeling of impending doom and the behavior monitoring was for inability to relax. In a telephone interview on 1/10/25 at 1:41 p.m., the Pharmacy Manager (PM) stated the behavior in the order should match the behavior monitoring order. The PM further stated the medication should be care planned, if behavior pops up they should document the non pharmacological interventions. In a follow-up interview and record review on 1/10/25 at 3:10 p.m., the NC stated her expectation was for the behavior in the order to match the behavior monitoring. When the NC was asked if there was documented evidence of licensed staff providing non pharmacological interventions when Resident 25 had behaviors, the NC stated activities had provided non pharmacological interventions to Resident 25. The NC further stated the non pharmacological interventions was not documented in the EMAR and it was scattered in Resident 25's clinical records. The facility was not able to provide documented evidence of non pharmacological interventions provided to Resident 25 when she had behaviors. (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy dated July 2022 and titled, Psychotropic Medication Use indicated, .Drugs in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements .Anti-anxiety medications .Consideration of the use of any psychotropic medication is based on comprehensive review of the resident. This includes evaluation of the resident's signs and symptoms .Non-pharmacological approaches are used (unless contraindicated) to minimize the need for medication . 43258 50517

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 01/10/2025
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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 43258 50517 50750 Based on observation, interview and record review, the facility failed to ensure medication error rate was not 5% or greater when the error rate was 12.5% based on four medication errors out of 32 opportunities observed during a medication pass for three of five residents (Resident 12, 104, and 110). These failure resulted in medications not given in accordance with the prescriber's orders or manufacturer's specifications and potential to affect the resident's clinical conditions. Findings: 1. During a medication pass observation on 1/7/25 at 8:42 a.m. with Licensed Nurse 2 (LN 2), LN 2 was observed preparing 11 medications, including diclofenac gel (used to relieve joint pain) 4 grams (g, a unit of measurement) for Resident 110. LN 2 used a dosing card to measure topical medication. LN 2 measured 2 g. A review of Resident 110's medical record indicated a physician's order dated 12/30/24, for diclofenac gel apply 4 g topically (applied to the skin) three times a day to affected joints for arthritic pain (swelling and tenderness of one or more joints). During a concurrent interview and record review on 1/7/25 at 11:36 a.m. with LN 2, Resident 110's physician's order was reviewed. LN 2 confirmed she measured 2 g on the card when the physician's order indicated to measure 4 g. During an interview on 1/8/25 at 10:46 a.m. with the Director of Nursing (DON), the DON stated that it was her expectation that nursing staff ensured physician's orders were being followed. A review of the facility's policy and procedure (P&P) titled, Administering Medications, dated April 2019, the P&P indicated, .Medications are administered in accordance with prescriber's orders . 2. During a medication pass observation on 1/7/25 at 9:03 a.m. with LN 2, LN 2 was observed preparing 11 medications, including insulin aspart (a medication to treat diabetes) prefilled pen and ClearLax (medication used to treat constipation) 17 g for Resident 104. LN 2 dialed the insulin aspart prefilled pen to 1 unit and did not prime (a process to remove air bubbles from the needle and ensure the pen is working properly) the insulin pen. LN 2 then measured the ClearLax by pouring the dry powder into the cap approximately halfway up the white inner cap. A review of Resident 104's medical record indicated the following physician's orders: - Insulin aspart: Inject subcutaneously (injection given under the skin) with meals per sliding scale, dated 11/4/2024. (continued on next page)

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 01/10/2025
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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- ClearLax: give 17 g by mouth one time a day mix in four to eight ounces of water, soda, coffee, or tea, dated 11/25/2024. During an interview on 1/7/25 at 11:40 a.m. with LN 2, LN 2 confirmed she measured ClearLax in the middle of the white cap. LN 2 stated she did not see the arrow inside the white inner cap that points to the top indicating 17 g and confirmed she had measured it incorrectly. During an interview on 1/7/25 at 11:42 a.m. with LN 2, LN 2 confirmed she forgot to prime the insulin pen. LN 2 stated it should have been primed to make sure the insulin pen was working properly and the air bubble was removed. A review of the manufacturer's labeling for ClearLax's dated 10/9/2009, indicated, .the bottle top is a measuring cap marked to contain 17 grams of powder when filled to the indicated line . fill to top of line in cup which is marked to indicate the correct dose . A review of the manufacturer's labeling for insulin aspart dated 3/2008, indicated, .Before each injection small amounts of air may collect in the cartridge . To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units . press the push-button all the way in . The dose selector returns to 0 . During an interview on 1/8/25 at 10:50 a.m. with the DON, the DON stated it was her expectation that nursing staff ensured correct measurement of medication and they asked for clarification if they were unfamiliar with a medication. During a review of the facility's P&P titled, Administering Medications, dated April 2019, the P&P indicated, . The individual administering the medication checks the label . to verify . right dosage . before giving the medication . During a review of the facility's P&P titled, Insulin Administration, dated September 2014, the P&P indicated, . nursing staff will have access to specific instructions (from the manufacturer if appropriate) on all forms of insulin delivery system(s) prior to their use . 3. During a medication pass observation on 1/7/25 at 9:24 a.m. with LN 3, LN 3 was observed preparing ten medications, including glipizide (a medication to treat diabetes) 5 milligrams (mg, a unit of measure) for Resident 12. LN 3 crushed all the tablets and emptied the capsules into the medicine cup and mixed with a spoonful of applesauce. During the same medication pass observation on 1/7/25 at 9:43 a.m. in Resident 12's room, Resident 12 took the medications mixed with applesauce. Resident 12 stated she did not eat breakfast. A review of Resident 12's medical record indicated a physician's order dated 9/8/2024, for glipizide 5 mg, give 1 tablet by mouth two times a day for diabetes. During an interview on 1/7/25 at 12:04 p.m. with LN 3, LN3 stated she was not sure of timing considerations for glipizide. She stated some orders would say with meals and some without. She stated the risk of taking glipizide without food would be the resident could bottom out, (meaning a dangerous drop in blood sugar levels that could lead to seizures, coma or death if left untreated). (continued on next page)

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 01/10/2025
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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the manufacturer's labeling for glipizide dated 12/2023, indicated, . glipizide should be given approximately 30 minutes before a meal .Hypoglycemia is more likely to occur when caloric intake is deficient . During an interview on 1/8/25 at 10:51 a.m. with the DON, DON stated staff were to administer glipizide 30 minutes before a meal. She stated administering glipizide without a meal could lead to hypoglycemia (a dangerous drop in blood sugar levels that could lead to seizures, coma or death if left untreated). During a review of the facility's P&P titled, Administering Medications, dated April 2019, the P&P indicated, Medications are administered in a safe and timely manner . Medication administration times are determined by resident need and benefit . Factors that are considered include: a. enhancing optimal therapeutic effect of the medication .

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 01/10/2025
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 43258 50517 50750 Based on observation, interview, and record review, the facility failed to ensure: -Medications were stored in accordance with manufacturer specifications; -Opened medications were dated with an open and discard date, to ensure they were not used beyond the discard date; -Expired and discontinued medications were disposed of in accordance with facility policy and procedure (P&P); -Medication carts were kept clean and orderly and single resident multidose medications were appropriately labeled with resident specific labels to ensure they were used for the right resident; -Controlled medications (those with high potential for abuse or addiction) were stored in accordance with facility P&P; and -Medication carts were kept securely locked when left unattended. - Resident 81's inhaler was observed at the resident's bedside. The deficient practices had the potential for residents to receive medications with unsafe or reduced potency from being used past their discard date or improper storage, incorrect medication, and diversion or misuse of medications from not being securely stored in medication carts. Findings: During an inspection of Medication Cart (Med Cart) 1A on 1/7/25 at 9:24 a.m. alongside Licensed Nurse 3 (LN 3), a bottle of acidophilus (a supplement to help promote the growth of good bacteria in the body) was observed with a manufacturer's label that indicated, Refrigerate after opening. During an interview on 1/7/25 at 12:01 p.m. with LN 3, LN 3 confirmed the label on the acidophilus bottle indicated to refrigerate after opening. She stated she was unaware it was to be refrigerated and had not done it before. During an interview on 1/8/25 at 10:47 a.m. with Director of Nursing (DON), DON stated it was her expectation that nursing staff asked for clarification from her, the pharmacist, or the doctor if they were unfamiliar with a medication. (continued on next page)

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 01/10/2025
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an inspection of Station 1 Medication Storage Room on 1/7/25 at 12:30 p.m. alongside LN 5, one bottle acetic acid 0.25% (used to rinse bladder to help prevent infection) irrigation solution was identified opened and used without an open or discard date on it. The manufacturer's labeling on the bottle indicated, Sterile . Single-dose container. LN 5 confirmed the labeling and stated she was unsure when the acetic acid solution was opened, and single-dose meant it should have been discarded 24 hours after opening. During the same inspection of Station 1 Medication Storage Room on 1/7/25 at 12:34 p.m. with LN 5, an opened box of aformoterol (used to control shortness of breath, coughing and chest tightness) 15 microgram (mcg, a unit of measurement) inhalation solution was identified on top of the syringes on a shelf. LN 5 stated it was a discontinued medication and it should have been disposed of in the drug disposal bin. During the same inspection of Station 1 Medication storage room on 1/7/25 at 12:36 p.m. with LN 5, two drug disposal bins were observed, one bin had bubble packs (a card that packages doses of medication within small, clear plastic bubbles) with pills inside and IV (intravenous, into or within a vein) bags with resident labels attached. The second bin had loose pills and nebulizer vials inside foil pouches. LN 5 stated when disposing medications licensed nurses were expected to remove medications from manufacturer's original packaging and patient labels were removed prior to disposing in the bin. During an inspection of Med Cart 1C on 1/7/25 at 1:57 p.m. alongside LN 6, the following was identified: -1 bottle labetalol (used to treat high blood pressure) 200 milligrams (mg, a unit of measurement), expired 9/18/24 -1 bottle phenobarbital (a controlled medication, used to control seizure) 97.2 mg: in non-controlled section of med cart; -2 clonidine patches (to treat high blood pressure), comingled with oral medications; -1 Combivent Respimat (inhaler, a medication to treat chronic obstructive pulmonary-lungs disease) 20/100 mcg, 1 Spiriva Respimat 2.5 mcg (a medication to treat asthma) and one fluticasone/salmeterol 250/50 mcg (a medication used to prevent wheezing and shortness of breath) inhaler: all without resident-specific labels. During the same inspection of Med Cart 1C with LN 6, LN 6 confirmed the labetalol was expired, and the phenobarbital should have been locked separately in the controlled drug drawer. LN 6 stated patches should not have been comingled with oral medications and the three inhalers should have had resident specific labels to ensure they were used for the correct resident. During a concurrent observation and interview on 1/7/25 at 4:23 p.m. with LN 4, an inspection of Med Cart 2B identified the following: -1 pouch ipratropium bromide (a medication for asthma) 0.5/3mg per 3 milliliters (ml, a unit of measurement), comingled with over-the-counter oral medications; (continued on next page)

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 01/10/2025
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-1 Spiriva Respimat 2.5 mcg, without resident specific label -1 vial EvenCare G3 test strips (used to test blood glucose levels), opened and undated. During the same inspection of Med Cart 2B with LN 4, LN 4 confirmed the test strips vial was opened and undated and that the manufacturer's labeling indicated to dispose after XX months. LN 4 stated nebulizer vials should not have been loose in the med cart without a resident specific label and not comingled with oral medications. LN 4 stated it was not their regular practice to put resident specific label on the inhalers. During an observation on 1/7/25 at 4:30 p.m. in hallway 2A, Med Cart 2A was observed unlocked and unattended in-between resident rooms facing out towards the resident hallway. During an interview on 1/7/25 at 4:31 p.m. with LN 7, LN 7 confirmed the Med Cart was unlocked and unattended and should have been locked when he walked away. He stated residents could have access to medications if it were left unlocked and unattended. During an inspection of Med Cart 2A on 1/7/25 at 4:40 p.m. alongside LN 7, the following was identified: -Clonidine patches 0.1 mg, comingled with oral medications; -1 bottle fluticasone 50 mcg nasal spray (to treat nasal symptoms caused by allergies), without resident specific label; -1 pouch budesonide inhalation (a medication for asthma) 0.5 mg/2 ml: opened and undated; -1 tube erythromycin 0.5% (used to treat eye infection) ophthalmic ointment, without specific label; -1 medicine cup unlabeled with 4 tablets stored in controlled medication drawer. During the same inspection of Med Cart 2A with LN 7, LN 7 confirmed the nasal spray and eye ointment should have had resident specific labels. LN 7 confirmed the manufacturer's labeling on the budesonide inhalation solution indicated, Once the foil envelope is opened, use the ampules within 2 weeks. He confirmed the envelope did not have an opened date but should have in order to know when it expired. LN 7 stated he would prefer patches not comingled with oral medications. During an interview on 1/8/25 at 10:52 a.m. with the DON, DON stated she was unsure if resident specific labels needed to go on the box or the actual medication itself for single resident multidose medications. She stated the nurses were expected to check the med carts on the weekends to check for loose pills and expired medications. DON confirmed it was unacceptable to have pills sitting in a med cup in the drawer. She stated the nurses were expected to discard expired medications and any dropped or refused doses. DON also stated medications with different routes of administration were to be stored in separate compartments in the med carts. When asked about her expectation for nursing staff in keeping med carts secured when unattended she stated nurses must always lock the cart. (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the same interview with the DON on 1/8/25 at 11:07 a.m. when asked about the process for disposal of non-controlled medications, DON stated medications were to be removed from manufacturer packaging before disposal, medications in bubble packs were punched out into the disposal bins, and resident labels were to be removed and placed in the shredder. During a review of the facility's P&P titled, Medication Storage in the Facility, dated 3/2018, the P&P indicated, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations . B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. C. Orally administered medications are kept separate from externally used medications . I. Schedule II and V controlled medications are stored separately from other medications in a separate area under double lock . K. Medications requiring refrigeration .are kept in a refrigerator with a thermometer to allow temperature monitoring . M. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal . N. Medication storage areas are kept clean . 12. Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available . 14. Discontinue drug containers shall be marked, or otherwise identified, to indicate the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose . During a review of the facility's P&P titled, IC-6 Medication Labels, dated 3/2018, the P&P indicated . resident's name, at least, must be maintained directly on the actual product container . 43247 A review of Resident 81's Admission Record indicated Resident 81 was admitted to the facility in September 2022 with multiple diagnoses including intracranial injury (injury to the brain caused by external force), hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke- disrupted blood flow to the brain causing brain tissue death), and chronic obstructive pulmonary disease (COPD- lung disease that blocks airflow and makes it difficult to breathe). A review of Resident 81's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 11/13/24, indicated Resident 81 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 11 out of 15 that indicated Resident 81 had moderate cognitive impairment. A review of Resident 81's Order Summary Report indicated order dated 11/2/24 .Albuterol Sulfate HFA Aerosol Solution .[medication to prevent and treat difficulty breathing and shortness of breath due to lung disease] 2 puff inhale orally every 6 hours as needed for COPD . A review of Resident 81's Care Plan, revised 11/19/24, The resident has COPD .Interventions .Give aerosol or bronchodilators as ordered . During an observation on 1/7/25 at 1:33 p.m. with Resident 81, observed albuterol inhaler in tissue box on overbed table. (continued on next page)

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 01/10/2025
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 1/7/24 at 1:53 p.m. with Licensed Nurse (LN) 11, observed Resident 81's albuterol inhaler at bedside. LN 11 stated that Resident 81 does not have an assessment or order to self administer the medication. LN 11 stated the medication should not be at bedside and not sure how it ended up there. LN 11 stated, Risk of overmedication. I should have removed it when I was in with the patient. Should have checked the area better. LN 11 further stated, Don't know how much he may have used. Should be kept in the med cart. During an interview on 1/8/25 at 8:36 a.m. with the Director of Nursing (DON), the DON stated, No medications should be at bedside. All medications should be taken at the time and not be left at bedside. The DON stated that Resident 81 did not have an order or assessment to self administer medications. During a concurrent observation and interview on 1/8/25 at 4:33 p.m. with Resident 81, observed same inhaler on night stand next to bed. Resident 81 stated he uses it himself and staff does not administer it. During a concurrent observation and interview on 1/8/25 at 4:40 p.m. with Certified Nursing Assistant (CNA) 6, CNA 6 confirmed inhaler on nightstand in Resident 81's room. CNA 6 stated medication should not be left at bedside. During a concurrent observation and interview on 1/8/25 at 4:51 p.m. and at 4:59 p.m. with LN 4, LN 4 confirmed Resident 81's albuterol inhaler was still at bedside. LN 4 stated it should be in the med cart. LN 4 stated Resident 81 does not have assessment to self administer medications and Resident 81 would not be able to do it by himself. LN 4 stated he spoke with the DON who indicated nurse on 1/7/25 did not pick up the medication and store it when notified. When asked what may happen to the resident if he uses it himself, LN 4 stated He may take too much and his heart rate may increase. A review of the facility's Policy and Procedure (P&P) titled Medication Storage in the Facility, dated 3/18, indicated .Medications and biologicals are stored safely, securely, and properly .The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .Storage of legend drugs [prescription drugs] at the bedside .Be limited to sublingual [under the tongue] or inhalation forms of emergency drugs . A review of the facility's P&P titled Bedside Medication Storage, dated 3/18, indicated .Bedside medication storage is permitted for residents who are able to self administer medications, upon the written order of the prescriber and when it is deemed appropriate in the judgment of the facility's interdisciplinary resident assessment team A written order for the bedside storage of medication is present in the resident's medical record .All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the charge nurse .

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)

F 0803

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.

40830

Based on observation, interview, and record review, the facility failed to ensure the planned menu or spreadsheet (a menu excel sheet that indicated what items and portions to be served for each prescribed diet) was followed for the therapeutic diets during the lunch meal distribution on 1/8/25 when:

1. 20 residents (Resident 16, 17,18, 26, 28, 41, 44, 47, 60, 62, 64, 71, 80, 82, 92, 98, 100, 101, 110, and 386) with CCHO (control carbohydrate) diets (diet uses for person with diabetes and maintain a stable sugar level throughout the day) with regular portion received margarine instead they should not receive margarine,

2. Two Residents (Resident 34 and 37) with CCHO, Renal (refer to the kidney) diet (diet that manage a person with diabetes and kidney disease) did not receive baked fish and/or wheat roll but they should have as indicated on the spreadsheet,

3. Nine Residents (Resident 15, 21, 25, 56, 74, 95, 96, 106, and 109) with puree diet (diet with texture that is soft and smooth and prepares in a food processor or blender for people who have difficulty chewing and/or swallowing) did not receive puree wheat roll but they should have as indicated on the spreadsheet, and

4. 128 of 128 residents consumed and received meals from the kitchen did not receive garnish with parsley for their meals.

These deficient practices had the potential to result in 128 of 128 residents receiving meals from the kitchen facility that did not meet their nutritional needs.

Findings:

During a concurrent observation and spreadsheet review on 1/8/25 beginning at 12:15 PM, it was noted as followed:

1. 20 residents (Resident 16, 17,18, 26, 28, 41, 44, 47, 60, 62, 64, 71, 80, 82, 92, 98, 100, 101, 110, and 386) with CCHO diet received margarine. A concurrent review of facility spreadsheet titled, Winter Menus, Week 2 Wednesday, indicated CCHO diet should not receive margarine.

2. Two residents with CCHO, Renal diet, Resident 34 did not receive a wheat roll and Resident 37 received oven crisp fish (with potato chip crunches on top) and no wheat roll. A concurrent review of facility spreadsheet titled, Winter Menus, Week 2 Wednesday, indicated CCHO, Renal diet should receive baked fish and a wheat roll.

3. Nine residents (Resident 15, 21, 25, 56, 74, 95, 96, 106, and 109) with puree diet did not receive puree wheat roll. A concurrent review of facility spreadsheet titled, Winter Menus, Week 2 Wednesday, indicated puree diet should receive puree wheat roll.

(continued on next page)

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 01/10/2025
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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. All meals for 128 residents prepared without parsley garnish. A concurrent review of facility spreadsheet titled, Winter Menus, Week 2 Wednesday, indicated all diets should receive parsley garnish. During an interview on 1/8/25 at 2:21 p.m. with Director of Dietary Services (DDS), DDS acknowledged the issues were found during lunch meal distribution. DSS stated that was her fault regarding the garnish because she did not order any parsley. She stated she would do the in-service with the staff and especially the cooks. She stated the staff should follow the menu/spreadsheet. During an interview on 1/9/25 at 1:45 p.m. with Registered Dietitian (RD), RD was aware the issues that were found during lunch meal distribution on 1/8/25. RD stated the staff should follow the menu/spreadsheet. A review of the facility policy and procedure (P&P) titled, Menu Planning, dated 2023, indicated, .menus are planned to meet nutritional needs of residents in accordance with established national guidelines .the facility's diet manual and diets are ordered by the physician should mirror the nutritional care provided by the facility .menus are written for regular and therapeutic diets in compliance with the diet manual . A review of document titled, Job Description, FNS (food and nutrition services) Director, dated 2023, indicated FNS Director (DDS) was to .ensures that approved menus and accompanying recipes are followed .

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 40830 Based on observation, interview, and record review, the facility failed to accommodate the special dietary requirement for two residents (Resident 106 and 108) during the lunch observation on 1/7/25. This deficient practice had the potential to result in meal dissatisfaction and decreasing meal intake that may lead to further compromising medical and nutrition status and/or weight loss of residents. Findings: A review of the Admission Record for Resident 106 indicated Resident 106 had other diagnoses including dysphagia (difficulty swallowing). During a dining observation on 1/7/25 at 12:18 p.m., Resident 106's meal ticket (a ticket including resident's diet, date, allergies, specific food and beverage items, dislikes, and likes) indicated Puree (food has been ground to a soft, smooth consistency) with nectar thick liquids (like heavy syrup consistency) and Resident 106's dislikes included broccoli. During a concurrent observation and interview on 1/7/25 at 12:27 p.m., Certified Nursing Assistant (CNA) 1 stated the puree green vegetable in Resident 106's plate was broccoli. During an interview on 1/7/25 at 12:30 p.m., Resident 106 stated he did not like broccoli. During a follow-up interview on 1/7/25 at 12:47 p.m., CNA 1 stated she offered the broccoli to Resident 106 and resident did not want it. During an interview on 1/10/25 at 11:55 a.m., Director of Nursing (DON) stated her expectation was for staff to review the meal ticket when assisting resident for meals. The DON further stated if a dislike was served, the staff should get an alternative for that food item. An observation of lunch dining and a concurrent interview in the resident's dining room was conducted on 1/7/25 at 12:13 p.m. with Resident 108. Resident 108's meal ticket showed resident 108 was on mechanical soft diet (a texture-modified diet that consists of foods are easy to chew and/or swallow) and Resident 108 liked [Brand name] gelato (Italian ice-cream). It was noted Resident 108 did not receive the gelato on his meal tray. A concurrent interview with Assistant Director of Staff Development (ADSD), ADSD confirmed that there was no gelato on Resident 108's meal and stated that Resident 108 should receive gelato on his meal tray as stated on the meal ticket. During an interview with Director of Dietary Services (DDS) on 1/8/25 at 2:21 p.m., DDS stated likes on the meal ticket which indicated resident's preferences. She further stated the preferences needed to be honored. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility policy and procedure titled, Food Preferences, dated 2023, indicated resident's food preferences should be followed and honored. For dislikes, facility would substitute all disliked foods to the appropriate food group.

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 01/10/2025
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40830 Based on observation, interview and record review, the facility failed to ensure food safety when: 1. The ice machine was not clean, 2. Various sizes kitchenware in the clean and ready-to-use storage areas: a. Were stacked and stored wet b. Had food particles 3. An air gap was not found on the food production sink, 4. Dietary Aide (DA) 1 did not verbalize the process of manual dishwashing correctly, 5. [NAME] (CK) 1 and CK 2 had beard and did not have beard restraint. These failures had the potential to result in food contamination which could cause illness in 128 out of 128 medically vulnerable residents who received and consumed food from the facility kitchen. Findings: 1. A concurrent observation and interview on 1/7/25 at 10:03 a.m. with Dietary Assistant Manager (DAM) and Director of Environmental Services (DES) regarding the ice machine was conducted. DAM stated the maintenance department was responsible for monthly cleaning and sanitizing for ice storage bin and the outside vendor was responsible for the deep cleaning (cleaning and sanitizing the machinery parts on the top section of the ice machine and ice storage bin on the bottom section of the machine with chemical solutions designed to remove lime scale and mineral deposits and to remove algae and slime, then sanitize with chemical agent) of the ice machine every three months. DES dissembled the top (machinery part) of the ice machine, it was noted there was significant dark brown and yellow substances on the bottom of the evaporator unit (a part where the water condenses and makes ice), and those substances were grainy and rough to touch. DES confirmed by touching the substances and stated it was calcium buildups. He stated he needed to call the outside vendor and put the machine out of order until it got cleaned. DES further stated the water filter was changed every three months. During the following up interview with DES on 1/8/25 at 10:50 a.m., DES stated he tried to look at the dark brown and yellow substances and tried to clean and scrub them. He further stated the ice machine was dirty. DES provided the last maintenance service invoice from the outside vendor, and it was performed on 12/9/24. A concurrent review of outside vendor invoice, it indicated the ice machine had maintenance, cleaning and sanitization performed, and water filter was renewed on 12/9/24. (continued on next page)

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 01/10/2025
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of facility policy and procedure (P&P) titled, Ice Machine Cleaning Procedures, dated 2023, indicated, .the internal components [of the ice machine] cleaned monthly or per manufacturer's recommendations . A review of the ice machine manual titled, [Manufacturer's brand] Ice machine Installation, Use & Care Manual, dated 5/2013, the manual indicated, .You are responsible for maintaining the ice machine in accordance with the instructions in this manual .Clean and sanitize the ice machine every six months for efficient operation. If the ice machine requires more frequent cleaning and sanitizing . According to 2022 Federal FDA (Food and Drug Administration) Food Code, on section 4-602.11 Equipment Food-Contact Surface and Utensils, it stated equipment like ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms (a living thing that is so small it must be viewed with a microscope, such as bacteria or algae). In addition, on Section 4-202.11 Food-Contact Surfaces, it stated, .The purpose of the requirements for multiuse food-contact surfaces is to ensure that such surfaces are capable of being easily cleaned and accessible for cleaning. Food-contact surfaces that do not meet these requirements provide a potential harbor for foodborne pathogenic organisms. Surfaces which have imperfections such as cracks, chips, or pits allow microorganisms to attach and form biofilms. Once established, these biofilms can release pathogens to food. Biofilms are highly resistant to cleaning and sanitizing efforts . and .Multiuse Food-Contact Surfaces shall be: 1. Smooth; 2. Free of breaks, open seams, cracks, chips, inclusions, pits . 2. During a concurrent observation and interview on 1/7/25 at 9:37 a.m. with DAM, DAM confirmed several and various types of kitchenware were stored away at the clean and ready-to-use storage areas stacked wet and with food particles as followed: -Nine of 1/2 sheet metal pans (stacked wet) -Five of metal mixing bowls (stacked wet) -14 of 1/3 sheet metal pans (stacked wet) -Five of full sheet metal pans (stacked wet) -Two of 1/2 sheet metal pans (with food particles) -Two of 1/2 sheet metal pans (with white and brown substances) DAM stated the white and brown substances inside the metal pans were food debris. She stated the dishes, pots and pans should be clean and completely air dried before stored away. She further stated the dietary aide was responsible to check if they were dried and clean before stored away. During a follow up interview on 1/9/25 at 1:45 p.m. Registered Dietitian (RD), RD stated the dishes, pans and pans should be completely air dried before stored away. She stated the rationale for the kitchenware to be air-dried was to prevent bacteria growth from the moisture. (continued on next page)

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 01/10/2025
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of facility P&P titled, Sanitation, dated 2023, indicated, .All utensils, counters, shelves, and equipment shall be kept clean . A review of facility P&P titled, Dishwashing, dated 2023, indicated, .Gross food particles shall be removed by careful scraping and pre-rinsing in running water .Dishes are to be air dried in racks before stacking and storing . According to 2022 Federal FDA Food Code, on section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, the document indicated, (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch (C) Non-food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris . 3. During an observation of the kitchen on 1/7/25 at 10:24 a.m., an air gap was not found for the fruit and vegetable prep sink. A concurrent interview with DES, he confirmed and agreed there was no visible break in the waste pipe under this sink. A review of facility P&P titled, Accident Prevention - Safety Precautions, dated 2023, indicated, .An air gap is the most reliable backflow prevention device. It is the physical separation of the potable and non-potable water supple systems by an air space. All steam tables, ice machines and bins, food preparation sinks .and other equipment that discharge liquid waste or condensate shall be drained through an air gap into an open floor sink .An air gap between the water supply inlet (drain pipe) and the flood level rim of the plumbing fixture (floor sink drain), equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch. According to 2022 Federal FDA Food Code, Section 5-202.13 stated, .an air gap between the water supply inlet and the flood level rim of the plumbing fixture .shall be at least twice the diameter of the water supply inlet and may not be less than 25 millimeters (1 inch). 4. During an initial kitchen tour, an interview with Dietary Aide (DA) 1 regarding manual dishwashing process on 1/7/25 at 9:53 a.m., DA 1 verbalized the process of wash and rinse procedure. When it came to the sanitizing procedure, she stated the dishes would immerse into the sanitizer solution for two seconds, and then air dried. A concurrent confirmation interview with DAM, DAM stated the sanitizer immersion time should be 60 seconds (one minute). During an interview with RD on 1/9/25 at 1:45 p.m., RD stated the dietary aides should know the procedure of the manual dishwashing well. She further stated it was the process of sanitation in case the dishwashing machine was not working. A review of facility P&P titled, 3-Compartment Procedure for Manual Dishwashing, dated 2023, indicated, . immerse all washed items for one minute . in the sanitizer compartment sink. 5. During an observation and concurrent interview with Director of Dietary Services (DDS) on 1/8/25 at 4:30 a.m., DDS acknowledged and confirmed [NAME] (CK) 1 and CK 2 did not have beard restraints on for their beard, instead they used the medical mask to cover the beard during the meal distribution service on 12:15 p. m. She stated they did not have beard net and thought they used the masks to replace the beard net. (continued on next page)

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 01/10/2025
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of facility P&P titled, Dress Code, dated 2023, indicated, .beards and mustaches (any facial hair) must wear beard restraint . According to 2022 Federal FDA Food Code, Section 2-402.11, it indicated, Food employees shall wear hair restraints such as hat, hair coverings or nets, beard restraints .that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils and linens .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 40830 Based on observation, interview and record review, the facility failed to provide a clean environment for the residents and visitors when one of two garbage dumpsters, located outside the facility, was not closed securely with the dumpster lids. This failure had the potential for an unsafe environment for the residents and visitors due to possible pest infestation and spread diseases in the facility. Findings: During an observation and concurrent interview on 1/7/25 at 8:58 a.m. with Dietary Assistant Manager (DAM), observed one out of two outside garbage bins was covered with lids but not securely completely covered. The lids lacked integrity to securely cover the bin and left gaps on both sides. DAM confirmed and agreed the lids could not securely cover the bin. She stated it was not acceptable. During an interview with Registered Dietitian (RD) on 1/9/25 at 1:45 p.m., RD stated the dumpster garbage bins should be covered tightly with the lids. She added the bins should cover without any opening or gaps to prevent issues from the pests and rodents. A review of facility policy and procedure titled, Miscellaneous Areas, dated 2023, indicated, .1. All food waste must be placed in sealed leak proof, non absorbent, tightly closed containers .the trash collection area is a potential feeding ground for vermin and rodents and must be kept clean . According to the 2022 Federal Food and Drug Administration (FDA) Food Code, Section 5-501.15 Outside Receptacle, (A) Receptacles and waste handling units for refuse .used with materials containing food residue and used outside the food establishment shall be designed and constructed to have tight-fitting lids, doors, or covers .

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)

F 0840

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 48445

Based on interview and record review, the facility failed to ensure services furnished by outside resources had written agreements when three out of 31 sampled residents' (Resident 15, Resident 36, and Resident 51) dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed) services were provided without existing agreements with dialysis clinics.

This failure had the potential to result in the lack of responsibility and accountability in the dialysis services received by Resident 15, Resident 36, and Resident 51.

Findings:

1a. During a review of Resident 36's admission record, the record indicated Resident 36 was admitted in October 2024 with diagnoses that included end-stage renal disease (ESRD, irreversible kidney failure) and dependence on renal dialysis. Resident 36's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 36 had intact cognition.

During a review of Resident 36's care plan, initiated on 10/25/24, the care plan indicated, The resident needs dialysis hemodialysis r/t [related to] ESRD .DIALYSIS: [Dialysis company name and address] .SCHEDULE DAYS: M W F [Mondays, Wednesdays, Fridays] .

During a review of Resident 36's physician order, dated 12/5/24, the order indicated, Dialysis Mon Wed Fri check in time 9am Chair time 9:15am-12:30pm .Ready for pick up at 12:45pm [Dialysis company name and address] .

During an interview on 1/8/25 at 11:15 a.m. with the Administrator (ADM) and Director of Transportation Services (DTS), the ADM stated each dialysis clinic should have an agreement. The DTS provided an agreement, but the agreement did not indicate the name of the dialysis clinic and when it was signed. The DTS stated the agreement was from six years ago from previous administrator.

During an interview on 1/9/25 at 11:13 a.m. with the ADM, the ADM stated, I don't have contract to produce . It's hard for us to receive contracts from dialysis clinics .I don't know if it's center to center .Legal will be sending it over from [dialysis company] .

During an interview on 1/10/25 at 8:41 a.m. with the DTS, the DTS stated, They do have one on file they sent to legal, we are expecting 2 or 3 days to receive them.

During an interview on 1/10/25 at 2:42 p.m. with the ADM, the ADM stated dialysis contracts were not available at this time.

On 1/10/25 at 3:45 p.m., the facility was unable to provide requested Dialysis contracts for Resident 36's dialysis clinic at this time.

(continued on next page)

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 01/10/2025
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)
F 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled End-Stage Renal Disease, Care of a Resident with, revised 9/2010, the P&P indicated, Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care .4. Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including: a. how the care plan will be developed and implemented; b. how information will be exchanged between the facilities . During a review of the facility's P&P titled Referral Agreement, revised 10/2008, the P&P indicated, The facility shall maintain written agreements with agencies providing services to our residents .1. To facilitate referrals, the facility has entered into referral agreements with agencies that will provide services to residents .When appropriate, the agreements will be reviewed and approved by other departments or disciplines (e.g. the medical director should review agreements to provide medical .as well as specialized services such as dialysis or psychiatric services). 2. The social services staff and the administrator will maintain copies of referral agreements . 43247 1b. A review of Resident 15's Admission Record indicated Resident 15 was initially admitted to the facility in August 2022 with multiple diagnoses including end stage renal disease (loss of kidney function, kidneys cannot remove waste from the body with dependence on dialysis (treatment that removes waste and excess fluid from the body), chronic respiratory failure (lungs cannot get enough oxygen into the blood or eliminate carbon dioxide), and heart failure (heart does not pump blood as well as it should). A review of Resident 15's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 11/1/24, indicated Resident 15 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 5 out of 15 that indicated Resident 15 was severely cognitively impaired. A review of Resident 15's Order Summary Report indicated order dated 1/8/25 .Dialysis appointment T/Th/Sat [Tuesday and Thursday and Saturday], chair time 9:00am-1:30pm [length of treatment]. Location [address of dialysis clinic] .Gurney transportation .Pick up time at 8:00am . A review of Resident 15's Care Plan, dated 1/8/25 .This resident needs Hemodialysis r/t [related to] ESRD [End Stage Renal Disease] .Interventions .Encourage resident to go for scheduled dialysis appointments . During an interview on 1/8/25 at 5:13 p.m. with Resident 15, Resident 15 stated he goes to dialysis three times a week and has not had any issues with dialysis. (continued on next page)

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/9/25 at 8:00 a.m. with the DTS, the DTS stated she coordinates transportation to dialysis clinics. The DTS stated Resident 15 has been going to the same dialysis clinic since admit that he was going to prior to admit. The DTS stated she has been working on obtaining a contract (Nursing Home Transfer Agreement) with Resident 15's dialysis clinic, but currently the facility does not have a contract with Resident 15's dialysis clinic. The DTS stated she has made three attempts to obtain a contract before 1/8/25. The DTS stated she contacted Resident 15's dialysis clinic on 11/20/24 and was notified the dialysis clinic administrator would be notified and the contract would be faxed to the facility if located. The DTS stated she contacted the dialysis clinic on 12/5/24 and was told that the dialysis clinic does not provide individual clinic contracts any longer. The DTS stated she contacted the dialysis clinic on 12/13/24 and was told that there was not a contract on file and one would need to be drafted. The DTS stated she again contacted the dialysis clinic on 1/8/24 and was told that they do not have a contract yet. During an interview on 1/9/25 at 11:06 a.m. with the Administrator (ADM), the ADM stated the facility does not have a contract with Resident 15's dialysis clinic. The ADM stated the previous ADM indicated the facility had a contract, but she has been unable to locate it. The ADM stated it has been difficult to obtain a contract with Resident 15's dialysis clinic and is waiting for it to be sent over today. During an interview on 1/10/25 at 2:42 p.m. and subsequent interview on 1/10/25 at 3:45 p.m. with the ADM, the ADM stated she had not received contract from Resident 15's dialysis clinic. During an interview on 1/10/25 at 4:05 p.m. with the DTS, the DTS stated had not received a contract from Resident 15's dialysis clinic. The DTS stated when she spoke with the dialysis clinic, the request was still with the dialysis clinic legal team. 36681 1c. A review of the Admission Record indicated Resident 51 was initially admitted [DATE] with diagnoses including end stage renal disease and dependence on renal dialysis. Further review of Resident 51's clinical record indicated a physician order for Dialysis in the morning every Monday, Wednesday, Friday at [name and location of dialysis center]. In an interview on 1/10/25 at 2:42 p.m., the ADM stated the facility was still waiting for the contract from this location.

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48445 Based on observation, interview, and record review, the facility failed to follow and maintain an effective infection prevention and control program for a census of 132 when: 1. Resident 36's nasal cannula (a medical device with two prongs that is connected to an oxygen source used to deliver supplemental oxygen directly into the nostrils) was observed on the floor when not in use; 2. Resident 46's nasal cannula was observed on the floor when not in use; 3. Dust particles were observed on the vents above the clean linen area and dust particles and moisture were observed at the back of the washers in the laundry room; 4. Resident 71's nebulizer (machine that transforms liquid medication into an inhalable mist that allows it to reach the lungs directly) tubing and mask was not stored properly, not labeled with date changed, and oxygen concentrator (machine that converts surrounding air into oxygen) humidifier bottle (used to humidify supplemental oxygen) was not labeled with date changed; and, 5. Resident 3's nasal cannula was observed on the floor when not in use. These failures resulted in an increased risk for cross-contamination (movement or transfer of harmful bacteria from one person, object, or place to another), and potential exposure of Resident 36, Resident 3, Resident 46, and Resident 71 to germs. Findings: 1. During a review of Resident 36's admission record, the record indicated Resident 36 was admitted in October 2024 with diagnoses that included pulmonary hypertension (a type of high blood pressure that affects the arteries in the lungs and in the heart), anemia (a condition where the body does not have enough healthy red blood cells), and chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing). Resident 36's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 36 had intact cognition. During a review of Resident 36's physician order, dated 12/3/24, the order indicated, ADMINISTER OXYGEN AT 2LPM (liters per minute, a unit of measurement) VIA NC [nasal canula] FOR SOB [shortness of breath] as needed for SOB. During an observation on 1/7/25 at 10:15 a.m. in Resident 36's room, Resident 36 was not in the room and nasal cannula was observed on the floor and connected to oxygen concentrator. During a concurrent observation and interview on 1/7/25 at 4:06 p.m. with Resident 36 in her room, Resident 36 stated she went to dialysis and stated, I use oxygen a lot lately. Resident 36's nasal cannula was observed on the floor. (continued on next page)

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 01/10/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 1/8/25 at 8:25 a.m. in Resident 36's room, Resident 36 was not in the room and had gone to dialysis. Nasal cannula was observed on the floor connected to oxygen concentrator. During a concurrent observation and interview on 1/8/24 at 8:32 a.m. with Licensed Nurse 10 (LN 10) in Resident 36's room, LN 10 stated, Cannulas are usually put in a black bag with name and room number .to keep it off the ground, just to have it contained in something. LN 10 confirmed Resident 36's nasal cannula was on the floor and stated, I just didn't trust if its clean enough and will change it. 2. During a review of Resident 46's admission record, the record indicated Resident 46 was admitted in June 2021 with diagnoses that included respiratory failure (a condition where there is not enough oxygen in the body), COPD, heart failure, and dependence on supplemental oxygen. Resident 46's MDS indicated Resident 46 had intact cognition. During a review of Resident 46's physician order, dated 12/22/24, the order indicated, OXYGEN D/T [due to] COPD at 2L [liters, a unit of measurement] PER MIN [minute] VIA NASAL CANNULA CONTINUOUS . During an observation on 1/7/25 at 10:16 a.m. in Resident 46's room, Resident 46 was not in the room and nasal cannula was observed on the floor connected to oxygen concentrator. During a concurrent observation and interview on 1/8/25 at 8:26 a.m. with Resident 46 in his room, Resident 46 was observed alert and calm, lying in bed, on oxygen at 3 lpm via nasal cannula. Resident 46 stated he always had oxygen. During an interview on 1/9/25 at 4:07 p.m. with the Infection Preventionist (IP), the IP stated, Expectation is tubing changed weekly, we have bags that should be attached to the concentrator or nebulizer, [staff] should be putting in the cannula or mask in the bag so it's not touching the ground .There is a possibility of infection. During a review of the facility's policy and procedure (P&P) titled Departmental (Respiratory Therapy) - Prevention of Infection, revised 11/2011, the P&P indicated, Infection Control Considerations Related to Oxygen Administration .8. Keep the oxygen cannulae and tubing used PRN in a plastic bag when not in use . 3. During a concurrent observation and interview on 1/9/25 at 11:33 a.m. with the Director of Environmental Services (DES) in the laundry room, laundry staff were observed folding linens on the clean linen area. Dust particles were observed on two vents above the clean linen table. The DES confirmed the observation and stated, That one is missed .The dust will get to the clean linens. During a concurrent observation and interview on 1/9/25 at 11:49 a.m. with the DES and Laundry Staff (LS) in the laundry room, the floor at the back of the washer was observed wet, pipes were observed with dust particles, one pipe was observed corroded and with greenish color. The DES and LS confirmed the observation and the DES stated, We called the company but no confirmation on when will be repaired .We think the company have to replace the pipe .There should not be leakage . (continued on next page)

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 01/10/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 1/9/25 at 11:56 a.m. with the IP in the laundry room, housekeeping staff were observed cleaning the vents above the clean linen area, dust particles were observed falling on the table. The IP confirmed the observation and stated, [It can] contaminate [the linens] if there's dust on the vent, potentially allergies. The IP also confirmed the dust particles on the pipes on the back of the washers and the moisture on the ground and stated Looks like there's moisture and lint on the ground .It probably shouldn't be like that .Expectation is it shouldn't be like that. During a review of the facility's P&P titled Maintenance Service, revised 12/2009, the P&P indicated, 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times .2. Functions of maintenance personnel include, but are not limited to: .d. maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order .7. Maintenance personnel shall follow infection control precautions in the performance of their daily work assignments . During a review of the facility's P&P titled Departmental (Environmental Services) - Laundry and Linen, revised 1/2014, the P&P indicated, The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen .7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination . 43247 4. A review of Resident 71's Admission Record indicated Resident 71 was admitted to the facility in November 2024 with multiple diagnoses including cellulitis (skin infection) of right lower limb, chronic obstructive pulmonary disease (lung disease that blocks airflow and makes it difficult to breathe), pressure ulcer (injury to skin and underlying tissues due to prolonged pressure) of right buttock, and diabetes (too much sugar in the blood). A review of Resident 71's Minimum Data Set (MDS- federally mandated assessment tool), Cognitive Patterns, dated 12/2/24, indicated Resident 71 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 12 out of 15 that indicated Resident 71 was moderately cognitively impaired. A review of Resident 71's Order Summary Report indicated order dated 12/3/24 Change Humidifier Bottle and 02 [oxygen] tubing Q [every] Sunday NOC [night shift] and PRN [as needed] . A review of Resident 71's Order Summary Report indicated order dated 12/24/24 Ipratropium-AlbuterolSolution [medication to treat and prevent SOB, difficulty breathing and wheezing] .3 ml [milliliters] inhale orally every 6 hours as needed for SOB [shortness of breath] or Wheezing via nebulizer . A review of Resident 71's Order Summary Report indicated order dated 12/29/24 Administer Oxygen at 2LPM via n/c [nasal cannula] or face mask as needed for SOB, Chest Pain, 02Sat [level of oxygen in the blood, normal level is between 95 % and 100 %] less than 90% . A review of Resident 71's Care Plan, 12/9/24, .The resident has risk for shortness of breath (SOB) r/t [related to] smoker .Interventions .Give 02 as indicated .Medication as ordered . (continued on next page)

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 01/10/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 1/7/25 at 8:56 a.m. with Resident 71, observed nebulizer mask and tubing laying, not stored in protective bag, in top dresser drawer. The nebulizer tubing and mask were not labeled with date changed. Observed oxygen concentrator tubing and humidifier. The humidifier bottle was not labeled with date changed. During a concurrent observation and interview on 1/7/25 at 10:30 a.m. with the IP in Resident 71's room, the IP confirmed Resident 71's nebulizer mask and tubing was laying in the drawer, not stored properly, and not labeled with date changed. The IP also confirmed that the oxygen concentrator humidifier was not labeled with date changed. The IP stated the nebulizer mask and tubing should be stored in a bag and dated, not laying in the drawer. The IP stated, It puts resident at risk for infection. The IP stated the nebulizer mask and tubing should be changed once a week and the oxygen concentrator bottle should be changed once a week. During an interview on 1/8/25 at 8:36 a.m. and subsequent interview on 1/10/25 at 8:37 a.m. with the Director of Nursing (DON), the DON stated that Resident 71's nebulizer mask and tubing should not be stored uncovered in the drawer and should be stored in protective bag. The DON stated the nebulizer mask and tubing should be changed weekly and labeled with date changed. The DON stated the oxygen concentrator humidifier bottle should be changed weekly or as needed and labeled with the date changed. The DON stated there does not need to be an order for nebulizer mask and tubing to be changed, the staff need to follow the policy to change and label with date weekly. A review of the facility's Policy and Procedure (P&P) titled Infection Prevention and Control Program, dated 12/23, indicated .An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections .Policies and procedures reflect the current infection prevention and control standards of practice .Prevention of Infection .educating staff and ensuring that they adhere to proper techniques and procedures . A review of the facility's P&P titled Departmental {Respiratory Therapy)- Prevention of Infection, revised 11/11, indicated .The purpose of this procedure is to guide prevention of infection associated with respiratory tasks and equipment .Infection Control Considerations Related to Oxygen Administration .Change the oxygen cannulae and tubing every seven (7) days, or as needed .Infection Control Considerations related to Medication Nebulizers/ Continuous Aerosol .Store the circuit in plastic bag, marked with date and resident's name, between uses .Discard the administration set up every seven (7) days . 36681 5. A review of the Admission Record indicated Resident 3 was initially admitted [DATE] with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms). A Brief Interview of Mental Status (BIMS- an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) indicated Resident 3 was cognitively intact with a score of 15 out of 15. A review of Resident 3's physician order dated 8/30/24 indicated, Use oxygen while sleeping at night . (continued on next page)

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 01/10/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A concurrent observation and interview was conducted on 1/9/25 at 9:10 a.m., inside Resident 3's room. The oxygen tubing was on the floor and the end of the tube was not visible. Resident 3 stated he had been using the oxygen at night. In a concurrent observation and interview on 1/9/25 at 9:20 a.m., the Certified Nursing Assistant 3 (CNA 3) confirmed Resident 3's oxygen tubing was on the floor and the nasal cannula was at the back of the oxygen concentrator. The CNA 3 further stated the oxygen tubing should have been inside the bag. In an interview on 1/10/25 at 11:43 a.m., the DON stated her expectation was for the oxygen tubing to be placed in a storage bag when it was not in use.

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 01/10/2025
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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50351 Based on observation, interview, and record review, the facility failure to ensure a call light (a device used by a resident to signal the need for help) were accessible for 2 of 31 sampled residents (Resident 22 and Resident 82), when Resident 22 and Resident 82 were not physically able to use the call light provided when it was out of reach. These failures had the potential to result in unmet resident needs and delayed staff response. Findings: 1a. A review of Resident 22's admission record, indicated Resident 22 was admitted with multiple diagnoses including generalized muscle weakness. A review of Resident 22's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 12/17/24, indicated Resident 22 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 11 out of 15 indicated moderate cognitive impairment and resident 22's mobility was for Substantial/maximal assistance (staff does more than half of the effort for any mobility needs). During a review of Resident 22's care plan dated 3/8/24 indicated, . Ensure call light is within reach when in room. Monitor q[every] 2hrs and prn[as needed]. During a concurrent observation and interview on 1/7/25 at 5:04 p.m. with Certified Nursing Assistant 5 (CNA 5), the CNA 5 confirmed observation of Resident 22's call light located on the floor, left side of the resident bed and out of resident's reach. 1b. A review of Resident 82's admission record, indicated Resident 82 was admitted 2024 with multiple diagnoses including generalized muscle weakness. A review of Resident 82's MDS, dated [DATE], indicated Resident 82 had a BIMs score of 15 out of 15 indicating Resident 82 was cognitively intact and Resident 82's mobility indicated was dependent on staff for mobility needs. During a review of Resident 82's care plan dated 11/16/24, the interventions included for call light to be in reach. During a concurrent observation and interview on 1/7/25 at 5:02 p.m., Resident 82's call light was observed pinned in between the bed rail and the bed frame, and it was out of reach for the resident. Resident 82 stated, I need help being repositioned, I can't reach my call light and call for help. During a concurrent observation and interview on 1/7/25 at 5:05 p.m. with CNA 5, CNA 5 confirmed call light was pinned in between the bed rail and out of reach for Resident 82. CNA 5 stated .that would be trouble for residents to call for help from staff, it is a risk for their safety. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/10/2025 at 9:55 a.m. with the Director of Nursing (DON), the DON was presented with the photos taken for Resident 22 and Resident 82's call lights. The DON confirmed the call lights for both residents were out of reach. The DON stated, her expectation was for call lights to be to be placed within easy reach. The DON further stated, .staff are to go into resident rooms and make call lights available for resident use. During a review of facility's policy titled, Call light System, Resident, dated September 2022, the policy indicated, . Each resident is provided with a means to call staff directly for assistance from his/her bed .

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 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Park Nursing & Rehabilitation Center	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 48445 Based on observation, interview, and record review, the facility failed to ensure the building and equipment were maintained in a functional and operable manner when pipes in the laundry room were dirty, corroded, and leaking. This failure had the potential to result in the facility not providing safe and sanitary handling of laundry items used by residents for a census of 132. Findings: During a concurrent observation and interview on 1/9/25 at 11:49 a.m. with Laundry Staff (LS) and the Director of Environmental Services (DES) in the laundry room, the floor at the back of the washer was observed wet, pipes were observed with dust particles, one pipe was observed corroded and with greenish color. LS and the DES confirmed the observation. The DES stated the leakage was coming from the corroded pipe and stated, We called the company but no confirmation on when will be repaired, we think the company have to replace the pipe, there should not be leakage. During a concurrent observation and interview on 1/9/25 at 11:56 a.m. with the Infection Preventionist (IP), the IP confirmed the observations and stated, Looks like there's moisture and lint on the ground . Expectation is it shouldn't be like that. During a review of the facility's policy and procedure (P&P) titled Maintenance Service, revised 12/2009, the P&P indicated, Maintenance service shall be provided to all areas of the building, grounds, and equipment . 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times .2. Functions of maintenance personnel include, but are not limited to: . b. maintaining the building in good repair and free from hazards .d. maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order .