STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555889	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain Manor Senior Residence	6101 Fair Oaks Boulevard Carmichael, CA 95608

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. Based on observation, interview, and record review, the facility failed to meet professional standards for one of three sampled residents (Resident 1) when Resident 1's metoprolol (blood pressure medication) was not administered according to physician orders.This failure had the potential to result in dizziness, fainting, and/or a fall for Resident 1. Findings:During a review of Resident 1's admission Record (AR), undated, the AR indicated Resident 1 was re-admitted to the facility in February 2026 with hypovolemic shock (an emergency condition in which severe blood or other fluid loss makes the heart unable to pump enough blood to the body) and muscle weakness. During a review of Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 2/6/26, the MDS indicated Resident 1 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 13 out of 15 which indicated Resident 1's cognitive function was intact.During a review of Resident 1's hospital physician orders (HPO), dated 2/18/26, the HPO indicated, Start taking: metoprolol .100 mg [milligrams] .tablet .twice daily.During a review of Resident 1's medication administration record (MAR), dated 2/18/26, the MAR indicated, Metoprolol .100 MG [milligrams] .Give 200 mg .two times a day. The MAR further indicated Resident 1 had received one dose of 200 mg of metoprolol on 2/19/26 at 8 a.m. During an interview on 3/10/26 at 11:56 a.m. with Nurse Practitioner (NP) 1, NP 1 stated Resident 1 was supposed to receive 100 mg of metoprolol two times a day, not 200 mg of metoprolol two times a day. NP 1 further stated an incorrect dose of metoprolol could further exacerbate Resident 1's low blood pressure and lead to dizziness or a fall. During an interview on 3/10/26 at 1:28 p.m. with Licensed Nurse (LN) 1, LN 1 confirmed she had given Resident 1 a dose of 200 mg of metoprolol on 2/19/26 at 8 a.m. During an interview on 3/10/26 at 1:57 p.m. with LN 2, LN 2 stated she made a medication error when she transcribed Resident 1's HPO into Resident 1's electronic medical record on 2/18/26. LN 2 further stated she unintentionally entered 200 mg of metoprolol be given twice daily instead of 100 mg of metoprolol. During an interview on 3/11/26 at 9:18 a.m. with Director of Nursing (DON), DON confirmed LN 2 made a medication error when LN 2 transcribed Resident 1's HPO for metoprolol, dated 2/18/26, into Resident 1's electronic medical record incorrectly. DON further stated nursing staff should enter physician orders as written per the original order. During a review of the facility's policy and procedure (P&P) titled, Charting and Documentation, dated July 2017, indicated, Documentation in the medical record will be .complete .and accurate.During a review of the facility's P&P titled, Administering Medications, dated April 2019, indicated, Medications are administered in accordance with prescriber orders.

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