

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Sacramento		STREET ADDRESS, CITY, STATE, ZIP CODE 1411 Expo Parkway North Sacramento, CA 95815	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>42255</p> <p>Based on observation and interview, the facility failed to ensure medications were secure for a census of 38, when a medication cart was found unlocked and unattended with multiple people walking by.</p> <p>The facility failed to assure that medications were secure and inaccessible to unauthorized staff and residents.</p> <p>Findings:</p> <p>During an observation on 6/7/24 at 11:05 a.m., in the first hall, the medication cart was up against the wall between two resident rooms unattended and unlocked with multiple people walking by.</p> <p>During a concurrent observation and interview on 6/7/24 at 11:25 a.m., with the Assistant Director of Nursing (ADON), the ADON confirmed the medication cart with prescription medications was unlocked and stated, It needs to be locked. They should have locked the cart before leaving so no one could get into it.</p> <p>During an interview on 6/7/24 at 1:10 p.m., with Director of Nursing (DON), the DON stated, I would expect all medication carts with prescribed medications to be locked when unattended for safety.</p> <p>During a review of the facility policy titled, Medication-Storage dated 9/28/2022, the policy indicated, Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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