

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2023
NAME OF PROVIDER OR SUPPLIER MCKINLEY PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3700 H STREET SACRAMENTO, CA 95816		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint #CA00819245. Representing the Department: Health Facilities Evaluator Nurse, 40214 HFEN, 46906 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	poc rec'd 2/9/23 approved 2/10/23 BIC = 2/9/23 per ADJ		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure treatments were administered for one resident (Resident 1) of four sampled residents according to physician orders. This failure reduced the facilities potential to administer treatments for residents 1 as ordered. Findings: A review of the face sheet for Resident 1 indicated the resident was admitted to the facility in late 2022 with multiple diagnosis including heart failure (heart does not pump blood adequately), chronic kidney disease stage 4	F 658			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

RP 1000

(X8) DATE

2/9/2023

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.

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F 658	<p>Continued From page 1</p> <p>(kidneys are moderately or severely damaged and are not working well enough to filter waste from the blood), anemia (lack of red blood cells), dizziness, and giddiness. A review of the Minimum Data Set (MDS, a comprehensive assessment tool) dated 12/13/22 indicated the resident has very mild memory problems.</p> <p>During a concurrent observation and interview on 1/20/23, at 12:16 p.m., Resident 1 was observed lying in bed with no compression socks and no abdominal binder. Resident 1 stated the nurses do not follow physician orders all the time.</p> <p>During a record review of Resident 1's physician orders, dated 1/11/23, the orders indicated, "Every shift for hypotension [low blood pressure] abdominal binder ...every shift for hypotension compression socks..."</p> <p>During a record review of Resident 1's Treatment Administration Record (TAR), dated 1/1/23 to 1/31/23, physician orders pertaining to the abdominal binder and the compression socks indicated there were no treatments administered on 1/13/23, 1/4/23, 1/15/23, 1/17/23, and 1/19/23.</p> <p>During an interview on 1/20/2023, at 2:38 p.m., the Licensed Nurse 1 (LN 1) confirmed treatments were not done. LN 1 stated the expectation was all orders should be carried out as the physician had written them.</p> <p>During a telephone interview on 1/23/23, at 1:21 p.m., LN 2 stated he was the charge nurse on 1/14/23. LN 2 confirmed the treatments were not completed. LN 2 stated the treatments still</p>	F 658			

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F 658	<p>Continued From page 2</p> <p>needed to be completed for Resident 1. LN 2 acknowledged the orders should be completed as written.</p> <p>During an interview on 1/20/2023, at 2:42 p.m., the Director of Nursing (DON) confirmed the orders were not completed. The DON stated the expectation is for the nurses to carry out the orders as the physician orders are written. The DON stated if no treatment nurse is available then the expectation is for the charge nurse to complete the treatment orders.</p> <p>During an interview on 1/20/23, at 2:45 p.m., the DON stated physician orders should be carried out in a timely manner.</p> <p>A review of the facility's policy and procedures titled, "Medication and Treatment Orders," revised July 2016, indicated, "Orders for ...treatment ...shall be administered ... upon the written order of a person duly licensed ..."</p> <p>A review of the facility's policy and procedures titled, "Administering Medications," revised April 2019, indicated, "...administered in a safe and timely manner ... as prescribed..."</p>	F 658			

CA 030000093

The filing of this plan of correction does not constitute an admission that the deficiencies allegedly did, in fact, exist. This plan of correction is filed as evidence of the facility's efforts to comply with the requirements of participation and to continue to provide quality resident care.

F 658

1. How corrective action will be accomplished for those residents affected:

* Resident 1 does not currently reside in the facility. She was transferred to the hospital on 1/23/2023.

2. Identify other residents having the potential to be affected and what corrective action will be taken:

*All residents can potentially be affected by this deficient practice. Reviewed residents with treatment order done and completed on 2/8/2023. No further findings noted.

3. Measures put in place to ensure deficient practice does not recur:

* Designated AM shift nurse supervisor to do treatment in the absence of the treatment nurse.

*In service conducted with Licensed Nurses to ensure resident's treatment is done as ordered. Document reason why treatment is not.

4. How facility plans on monitoring its performance:

*Director of Nursing and/or designee will randomly check treatment administration record for compliance.

*Medical Records will audit treatment administration records in a weekly basis for compliance for 1 month and any findings will be reported during QA for any further monitoring needed.

5. Include dates when corrective action will be completed:

*March 31, 2023