



TOMAS J. ARAGON, M.D., Dr P.H.  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

August 24, 2023

Douglas Hawkins, Administrator  
Asbury Park Nursing & Rehabilitation Center  
2257 Fair Oaks Blvd.  
Sacramento, CA 95825

**RE: ENFORCEMENT CYCLE START August 17, 2023**

Dear Administrator,

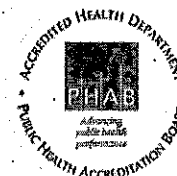
Your plan of correction from an abbreviated survey completed on 08/10/2023 for complaint #CA00852380 has been accepted and you have corrected all deficiencies noted during the survey effective 08/17/2023.

If you have any questions concerning this letter, please contact Diane Bradley, Health Facilities Evaluator Supervisor, at (916) 263-5800.

Sincerely,

Emily Lim, Program Technician II

For Daniel Schut  
Acting District Manager



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

PRINTED: 08/24/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555673		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C 08/24/2023	
NAME OF PROVIDER OR SUPPLIER  ASBURY PARK NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825			
(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}	<p>INITIAL COMMENTS</p> <p>An off-site revisit survey was conducted on 08/24/2023 for all previous deficiencies cited on 08/10/2023. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed 08/17/2023.</p>			{F 000}			

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

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER  <b>ASBURY PARK NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2257 FAIR OAKS BLVD.</b> <b>SACRAMENTO, CA 95825</b>	
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00852380.  Representing the Department of Public Health:  Health Facilities Evaluator Nurse, 36681  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	Preparation and/or execution of this response and Plan of Correction (POC) do not constitute an admission or agreement by the provider of truth or accuracy of the alleged facts or conclusions set forth in the Statement of Deficiencies. This POC is prepared and/or executed solely for the provisions of Federal and State required regulations. This POC is not an admission of non compliance with cited regulation(s)	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide services to maintain grooming and personal hygiene for one of three residents (Resident 1), when Resident 1 did not receive a shower during her stay at the facility, for a census of 132.  This failure resulted to Resident 1 developing a hair knot.  Findings:  A review of the clinical record indicated Resident 1 was admitted with diagnoses including a displaced intertrochanteric fracture of right femur (a type of break in the hip and bone moved out of	F 677	ADL Care Provided for Dependent Residents  Resident was immediately cared for related to the alleged hair knot.  Reviewing other residents in the facility, no other residents were affected by the alleged discrepancy.  Director of Staff Development conducted in-service related to shower sheets, grooming, and activities of daily living.  Facility assigned staff member to review shower sheets daily in order to validate showers/bed baths are offered and shower sheets are complete.  DSD and staff member will report any incidents to the Director of Nursing. DSD will share any updates during the facility quarterly QA meeting.	8/17/23  on-going

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F 677	<p>Continued From page 1 position) and pathologic fracture (a break caused by underlying disease) of the right ankle.</p> <p>Further review of Resident 1's clinical record indicated the following:</p> <ul style="list-style-type: none"> <li>- Resident 1 had 35 days of facility stay. She stayed 17 days on the initial admission from 6/14-7/2/23 and 18 days on readmission from 7/9-7/27/23. Resident was in the acute care hospital from 7/2-7/9/23;</li> <li>- a Minimum Data Set (MDS, assessment tool) dated 6/20/23, indicated Resident 1 was cognitively intact; it was very important for Resident 1 to choose between a tub bath, shower, bed bath or sponge bath; Resident 1 required limited assistance with one person assist with personal hygiene which included combing hair; and Resident 1 was totally dependent on staff for bathing;</li> <li>-a care plan initiated 7/12/23 indicated Resident 1 was at risk for altered Activities of Daily Living (ADL's) related to impaired mobility and the intervention included shower /bathing schedule at least twice per week;</li> <li>-there was no care plan for refusal of shower and the knot on Resident 1's hair;</li> <li>-the Certified Nursing Assistants (CNAs) documentation of shower, tub bath, or bed bath from 6/14-7/28 indicated Resident 1 did not receive a shower, only bed/towel bath from 6/14-7/28/23. There were 3 documented refusals on 7/16 (refused 2x), on 7/25 (refused 1x), and on 7/28/23 (refused 1x).</li> </ul>	F 677			

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F 677	<p>Continued From page 2</p> <p>-there were three shower sheets provided by the facility. The shower sheet dated 7/24/23, indicated Resident 1 refused shower and bed bath. The shower sheets dated 6/28 and 7/17/23, indicated Resident 1 had a bed bath.</p> <p>A concurrent observation and interview was conducted with Resident 1 on 7/28/23, starting at 10:42 a.m. Resident 1 was lying in bed with a pillow underneath her head and an external fixator (a stabilizing frame with metal pins to hold the broken bone in proper alignment) on the right lower extremity. Resident 1 stated she never had a shower since she was admitted, she was getting bed baths occasionally prior to her hospital stay and, since her readmission, she never received a bed bath. Resident further stated she might have declined once or twice due to pain. Resident 1 turned her head on the side, and she pointed to a knot on her hair. Resident stated she asked the CNAs to remove the knot, and nobody helped her.</p> <p>In an interview on 7/28/23 starting at 11:19 a.m., the Licensed Nurse (LN) stated Resident 1 was scheduled for a shower every Monday and Thursday and the resident was supposed to have a shower yesterday. The LN further stated she was not aware of the knot in Resident 1's hair.</p> <p>In a concurrent interview and record review on 7/28/23 at 1:06 p.m., the Director of Staff Development (DSD) confirmed Resident 1 had three shower sheets dated 6/28, 7/17, and 7/24/23. The DSD stated her expectation was for the CNA to offer a shower as scheduled, if a resident refused a shower then CNA can give a bed bath or a sponge bath.</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>An interview on 7/28/23 at 2:41 p.m. was conducted with the Director of Nursing (DON). The DON stated her expectation was for the CNA to offer showers or bed baths as scheduled. If a resident refused showers, bed baths should be offered and documented on the shower sheet. The DON further stated, the shower sheet should be completed for every scheduled shower whether the resident had the shower or not. The DON stated if a resident was admitted with a knot on the hair, it should be documented in the clinical records and for staff to offer to comb it out or for resident to have a haircut and all resident refusals should be documented and care planned.</p> <p>Review of a facility's policy titled, "Bath, Shower" revised 3/23, indicated, "The purposes of this procedure are to promote cleanliness, provide comfort to the resident...Notify the supervising nurse if the resident refuses the shower..."</p> <p>Review of a facility's policy titled, "Activities of Daily Living (ADLs), Supporting", revised 3/18, indicated, "...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain...grooming and personal...hygiene."</p>	F 677			