DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED 01/02/2018

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		555673	B. WING		C 12/29/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY STATE ZIP COE 2267 FAIR OAKS BLVD.	DE	
ASBURY	PARK NURSING & F	REHABILITATION CENTER	Ì	SACRAMENTO, CA 95825		
(X4) ID PREFIX TAG	rEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of two (2) complaints #CA00557416 and #CA00557411 Representing the Department of Public Health: HFEN, 35598 The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility		F 000	"Preparation and/or executi Plan of Correction does not	on of this	
				constitute admission or agre by the provider of the truth facts alleged or the conclus set forth on the Statement of	of the	
				Deficiencies. This Plan of is prepared and/or executed	solely	
				because it is required by the provisions of Health and Sa Code Section 1280 and 42 (Et seq."	afety	
		vas unable to substantiate a pulations for Complaint		2.554.		
	TREATMENT/CARE FOR SPECIAL NEEDS CFR(s): 483.25(b)(2)(f)(g)(5)(h)(i)(j) (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:		F 32	8 1. An order was completed Licensed Nurse (LN) same resident 1 was admitted on	day that	
				for NPO nothing by mouth completed and submitted a communication slip to the	a. The LN a dietary	
	(i) Provide foot ca	ire and treatment, in accordance	e	stating NPO for resident 1	on	

(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments

with professional standards of practice, including

to prevent complications from the resident's

medical condition(s) and

(f) Colostomy, ureterostomy, or ileostomy care The facility must ensure that residents who require objectomy, ureterostomy, or iteostomy services, receive such care consistent with professional standards of practice, the

- 10/10/17.
 - 2. An audit was conducted by the Dietary Supervisor or designee for dietary orders by 1/12/18, verifying that dietary orders match the meal tickets. All residents were updated. Upon resident admission the LN shall clarify and complete dietary orders for each resident. The orders shall be signed off by a 2nd LN. The LN shall submit a copy of the diet order along

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

(XG) 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 nornes, the findings stated above are disclosable 90 days. to lowing the date of survey whether or not a pran of correction is provided. For nursing nomes, 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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ABBURY PARK NURSING & REHABILITATION GENTER. ABBURY PARK NURSING & REHABILITATION GENTER. EXAMPLED FROWIDER OR SUPPLIER ABBURY PARK NURSING & REHABILITATION GENTER. EXAMPLED SUMMARY STATEMENT OF DEFICIENCIES (EACH) DEFICIENCY WITH EXPECTATION AND ADDRESS. GRY, STATE, ZP CODE. 225 FARK DARS BLVD. SACRAMENTO, CA 98825 DVD. SACRAMENTO, CA 98825 DVD. SACRAMENTO, CA 98825 DVD. SACRAMENTO, CA 98825 DVD. SACRAMENTO, CA 98826 DVD. SACRAMENTO, CA	CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
ASBURY PARK NURSING & REHABILITATION GENTER ASBURY PARK NURSING & REHABILITATION GENTER SUMMARY STATEMENT OF DESIGNATION (PARK NURSING & REHABILITATION GENTER) F 328 Continued From page 1 comprehensive person-centered dare plan, and the resident with professional standards of practice and in accordance with physician orders, the comprehensive person-centered dare plan, and the prosthetic existing page and preferences. (i) Raspiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident and as a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident squals and preferences, and 453.66 of this subpart. (ii) Prostitieses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care plan, the resident with professional standards of practice, the comprehensive person-centered care p	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					
ASBURY PARK NURSING & REMABILITATION CENTER ASBURY PARK NURSING & REMABILITATION CENTER PASETIX REACH DEPTIFYING INFORMATION PARENT OF CORPECTION SHOULD BE COMPRISED TO THE APPROPRIATE COMPRETIVE AND CORRECTIVE AND CORRECTIVE AND CORRECTIVE AND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPRETION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPRETION SHOULD BE CROSS-REFERENCED SHOULD BE CROSS-RE		!	555873	e. Wing	philanels and the control of a control of the contr	1
ASBURY PARK NOISING & REPAIR LIATION CENTER (RA) ID SUMMARY STATEMENT OF DEPICEMENES FROM CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PREPARATION) FROM CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PERCICACION PROPERTY PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PLAN OF CONTRECTION (RACH DEPICIONACY WIJST SEP PLAN OF CONTRECTION PROPRIO CONTRECTION WITH the dietary communication slip to the leiter order and the dietary Communication slip to the leiter order and the dietary Supervisor or designees shall verify that the order and the dietary Supervisor or designees shall verify that the order and the dietary COMMUNICATION WITH the dietary communication slip to the leiter order and the dietary Supervisor or designees shall verify that the order and the dietary COMMUNICATION WITH the dietary communication slip to the leiter order and the dietary Supervisor or designees shall verify that the order and the dietary COMMUNICATION WITH the dietary communication slip to the leiter order and the dietary COMMUNICATION SUPERVISOR OF THE MERCY COMMUNICATION WITH the dietary communication slip to the leiter and the dietary COMMUNICATION The Director of Nursing or designee shall inservice licensed nurses by 1/19/18, regarding clarifying and completing dietary orders upon resident admission; signed by a 2 rd LN to include submitting a copy of the diet order with the communication slip to the kitchen	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z P CODE	
F 328 Continued From page 1 comprehensive person-centered care plan, and the resident's goals and preferences. (p)(6) A resident who is fed by enterial means receives the acpropriate treatment and services to prevent complications of enteral feeding including but not limited to aspiration preumonial, diarrnea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. (h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with professional standards of practice, the comprehensive and tracholas suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident who nased respiratory care, including tracheostomy care and tracholas suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced by: F 328	ASBURY	PARK NURSING & R	EHABILITATION CENTER			3
the resident who last each preferences. (g)(6) A resident who is fed by enterial means receives the appropriate treatment and services to prevent complications of enteral feeding including but not limited to aspiration pneumonial, diarrhea, vomiting, dehydration, metabolic abnormelities, and nasal-pharyngeai ulcers. (h) Parenteral Fluids. Parentaral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. (l) Respiratory care, including trecheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including trachacostomy care and tracheal suctioning, is provided acub care, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident goals and preferences, and 453.65 of this subpart. (i) Prostituees. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced by:	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL.	PREP	PROVIDER'S PLAN OF CORRECT IX (EACH CORRECTIVE ACTION SHOWN GROSS-REFERENCED TO THE APPR	ULD BE COMPLETION
Based on interview and record review, the facility failed to ensure Resident 1, who was fed by a gastroenteral tube (G-Tube- a tube surgically	F 328	comprehensive per the resident's goals (g)(6) A resident where receives the approton prevent compinctualing but not lindiarrhea, vomitting, abnormalities, and (h) Parenteral Plukadministered consistandards of practiphysician orders, to person-centered organis and preferent (li) Respiratory can and tracheal suctioning, is provented including tracheos suctioning, is provented and preferences, comprehensive persidents goals at this subpart. (i) Prostheses. The resident who has and assistance, costandards of practice and preferences, prosthetic device, This REQUIREM by: Based on intervisional standards of practice device, and preferences, prosthetic device, This REQUIREM by:	son-centered care plan, and and preferences. In the fed by enteral means priste treatment and services dications of enteral feeding inted to asptration pneumonia, dehydration, metabolic nasal-pharyngeal ulcers. Its. Parenteral fluids must be intent with professional ce and in accordance with the comprehensive are plan, and the resident's nees. Including tracheostomy care on needs respiratory care, tomy care and tracheal ided such care, consistent with fields of practice, the escon-centered care plan, the net facility must ensure that a prosthesis is provided care on sistent with professional tice, the comprehensive care plan, the residents' goals to wear and be able to use the ENT is not met as evidenced ew and record review, the facility tesident 1, who was fed by a		with the dietary communication the kitchen staff. The Dietary Supervisor or designate shall very communication slip match. 3. The Director of Nursing or shall inservice licensed nurses 1/19/18, regarding clarifying completing dietary orders upon resident admission; signed by to include submitting a copy order with the communication the kitchen staff. The Director Development (DSD) and/or dishall inservice the certified massistants by 1/19/18, to match an assistant by 1/19/18, to match the meal tray properties the meal tray provided the charge nurse immediate the meal tray and the meal tray and the meal tray and the meal tray to the meal tray and the meal tray supervisor or design inservice dietary staff regard reading and verifying that the	designee s by and of the diet of staff designee ursing the the crovided fore resident. of shall ediately if eket do eal tray e the ent, The nee shall ding e diet

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDERIGUPPLIERICLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(KS) DATE SURVEY COMPLETED	
•				**************************************			
		565673	B. WING		12/2	29/2017	
NAME OF F	ROVIDER OR SUPPLIE	R	Į	TREET ADDRESS, CITY, STATE, ZIP CODE			
ASSURV	PARK NURSING &	REHABILITATION CENTER	j j	257 FAIR OAKS BLVD.			
Manageri	170 ti (tattpilla b			AGRAMENTO, CA 95825			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL (LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	uld a c	(X6) COMPLETION DATE	
F 328	not given food by This failure had t complications rel	page 2 omach to provide nutrition), was - mouth per physician's order, ha potential to cause serious sted to inability to swallow and n objects brought into the		4. The Dietary Supervisor and designee shall monitor month dietary orders matching meal for 6 months. Trends identified reviewed for any changes to the state of	ly for tickets d shall be		
	alrway).	Hoppod propare the the	•	assurance committee quarterly months.			
	Findings:		,			1	
	Record, Residen October of 2017 dysphagia (diffic	document titled Admission It I was admitted to the facility in with diagnoses including uity or inability to swallow) and us (having a G- Tube).		5. Plan of correction shall be completed by 1/19/2018.		:	
		ocument Order Summary Report cian's order, dated 10/10/17, for, by mouth).					
	also included a p for, "[Name Bran larger volume gi	locument Order Summary Report physicien's order, dated 10/12/17, id Enteral Formula] Bolus (a ven at a time) feeding of 360 ml f measure) via gravity"				4	
		care plan for Resident 1 indicated as tube feeding (G- Tube) [due "	• •			₹ •	
	t1/1/17 at 3:10 admission." LN G-Tube", was "r present at beds	vith Licensed Nurse (LN) 1, on p.m., he stated, "[[] did his 1 confirmed Resident 1, "had a nonverbal", and family was ide. LN 1 stated a "diet slip" was tesident 1, When eaked if					
Principal de La Maria de La Ma	Resident 1 was CNA (Certified I fed Resdient 1 :	given food orally, LN 1 stated a Nurses Assistant), "mistakenly" not realizing the resident was	-			•	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A., BUILDING _ 655673 a. WING 12/29/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2287 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX 10 (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LEG IDENTIFYING INFORMATION) TAG TAĞ **DEFICIENCY**) F 328 : Continued From page 3 F 3281 out of [Resident 1's] mouth." LN 1 stated the diet order was cancelled with the kitchen. In an interview with the Assistant Director of Nursing (ADON) on 11/1/17 at 4:30 p.m., she stated upon admission a, "pink slip" is given to the kitchen as a notification of the ordered diet. The ADON also stated kitchen is notified of a resident who is NPO. A policy or procedure for dietary orders and processing was requested but according to the ADON, no policy was incated, in a 12/28/17, 3:16 p.m. Interview with the Distary Services Manager (DSM), she stated a the process for a newly admitted resident to receive a meal tray is by getting, "the diet order from nursing [staff]." The DSM added, a "communication form" is obtained from the nurses, called a "pink slip."

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