

PRINTED 01/02/2018
FORM APPROVED
OMB NO 0938-0391

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

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 C 12/29/2017
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)
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 The Department was unable to substantiate a violation of the regulations for Complaint #CA00557411	F 000	"Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 Et seq."
F 328	TREATMENT/CARE FOR SPECIAL NEEDS SS=D 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: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments (5) Colostomy, ureterostomy, or ileostomy care The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services receive such care consistent with professional standards of practice, the	F 328	1. An order was completed by the Licensed Nurse (LN) same day that resident 1 was admitted on 10/10/17, for NPO nothing by mouth. The LN completed and submitted a dietary communication slip to the kitchen stating NPO for resident 1 on 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 2 nd LN. The LN shall submit a copy of the diet order along

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

TITLE

(X6) DATE

Paul Miller Administrator 1-12-2018

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 ASBURY PARK NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2267 FAIR OAKS BLVD, SACRAMENTO, CA 95825	
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F 328	Continued From page 1 comprehensive person-centered care plan, and the resident's goals and preferences. (g)(6) A resident who is fed by enteral means receives the appropriate treatment and services to ... prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, 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 physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. (i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. (j) Prostheses. 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: 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	with the dietary communication slip to the kitchen staff. The Dietary Supervisor or designee shall verify that the order and the dietary communication slip match. 3. 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 nd LN to include submitting a copy of the diet order with the communication slip to the kitchen staff. The Director of Staff Development (DSD) and/or designee shall inservice the certified nursing assistants by 1/19/18, to match the meal ticket to the meal tray provided by the dietary department before offering the meal tray to the resident. The certified nursing assistant shall notify the charge nurse immediately if the meal tray and the meal ticket do not match and deliver the meal tray back to the kitchen to provide the correct meal tray to the resident. The Dietary Supervisor or designee shall inservice dietary staff regarding reading and verifying that the diet order matches the communication slip by 1/19/18.

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NAME OF PROVIDER OR SUPPLIER ASSURY PARK NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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F 328	Continued From page 2 placed into the stomach to provide nutrition), was not given food by mouth per physician's order. This failure had the potential to cause serious complications related to inability to swallow and aspiration (foreign objects brought into the airway). Findings: According to the document titled Admission Record, Resident 1 was admitted to the facility in October of 2017 with diagnoses including dysphagia (difficulty or inability to swallow) and gastrostomy status (having a G- Tube). A review of the document Order Summary Report included a physician's order, dated 10/10/17, for, "NPO" (nothing by mouth). A review of the document Order Summary Report also included a physician's order, dated 10/12/17, for, "[Name Brand Enteral Formula] Bolus (a larger volume given at a time) feeding of 360 ml (milliliter- a unit of measure) via gravity..." A review of the care plan for Resident 1 indicated, "resident requires tube feeding (G- Tube)... [due to]... dysphagia..." In an interview with Licensed Nurse (LN) 1, on 11/1/17 at 3:10 p.m., he stated, "[I] did his admission." LN 1 confirmed Resident 1, "had a G-Tube", was "nonverbal", and family was present at bedside. LN 1 stated a "diet slip" was completed for Resident 1. When asked if Resident 1 was given food orally, LN 1 stated a CNA (Certified Nurses Assistant), "mistakenly" fed Resident 1 not realizing the resident was NPO. LN 1 further stated they, "cleaned the food		F 328 4. The Dietary Supervisor and/or LN designee shall monitor monthly for dietary orders matching meal tickets for 6 months. Trends identified shall be reviewed for any changes to the quality assurance committee quarterly for six months. 5. Plan of correction shall be completed by 1/19/2018.	

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NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2287 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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F 328	Continued From page 3 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 located. In a 12/28/17, 3:18 p.m. Interview with the Dietary 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."	F 328			