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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. BUILDING _____ B. WING _____	C 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS HEALTHCARE CENTER	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 an abbreviated survey for the investigation of complaint #CA00907673. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 32096 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. The Department substantiated complaint #CA00907673 and a violatin of regulations was written under tag #F-580.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580		

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

Administrator 7-31-24

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 580	Continued From page 1 §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1's) rights were exercised timely when the facility discontinued an antipsychotic medication (used for treating psychosis or disconnection from reality) for Resident 1 without notifying the resident's representative (RR).	F 580		

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F 580	Continued From page 2 This failure resulted in Resident 1's family members being frustrated and baffled by the resident's change in behaviors. Findings: Review of Resident 1's medical record, "Admission Record ", indicated Resident 1 was a long term resident in the facility with diagnoses that included memory problem with agitation, anxiety disorder and legal blindness. In the Admission Record, three family members were listed as the emergency contacts, one of them being the RR for Resident 1. In a telephone interview on 7/15/24 at 1:36 p.m., Resident 1's family member stated that the facility discontinued Seroquel, an antipsychotic medication, that had "worked well" for the resident without notifying the RR or any of the resident's family members. He stated the resident changed in behaviors in the absence of Seroquel administration: screaming to the extent of losing her voice and refused to listen to him when he visited the resident. The family member stated he was frustrated and did not understand why the resident changed in behaviors until the facility contacted him when they reinstated Seroquel back to the resident in June. The family member stated Seroquel had "worked well" for the resident and indicated the discontinuation of the medication caused the resident's screaming behavior. He voiced that had the facility notified the discontinuation of Seroquel, the family would not have consented because the medication had been working fine for the resident.	F 580		

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F 580	Continued From page 3 Review of Resident 1's medical record, "Physician Order History ", indicated Seroquel was discontinued on 4/23/25 and reinstated 6/25/24, with the target behavior for yelling and screaming out loud. There was no documented evidence in the medical record that Resident 1's RR and/or family member was notified when Seroquel administration was stopped. In an interview on 7/16/24 at 10:18 a.m. in the hallway, Licensed Nurse (LN 1) stated Resident 1 had behaviors of yelling and screaming and stated the resident did not stop screaming until she got tired. LN 1 stated Resident 1 was "really screaming" and staff were unable to stop the resident when she started to scream. LN 1 indicated Resident 1 had a medication for the behavior and stated when the resident took the medication, the resident was "fine". Review of the facility's revised 2/2021 policy and procedure, "Change in a Resident's Condition or Status ", stipulated, "Our facility promptly notifies the resident...and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care...resident rights, etc.)." In a concurrent interview and record review on 7/16/24 at 1:36 p.m., in the foyer of the facility, the Director of Nursing (DON) stated it was the facility policy to notify RR when there was change in resident's care. The DON explained this included resident's change in medications either discontinuation or reinstatement of the medication. The DON stated Resident 1's RR should have been notified when Seroquel was discontinued.	F 580		

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F 580	Continued From page 4 In a telephone interview on 7/16/24 at 3:27 p.m., Resident 1's RR expressed the same concerns as the family member who reported over the phone on 7/14/24 regarding the resident's behaviors and medications and stated she was not aware that Seroquel had been discontinued because the facility did not notify her.	F 580		

"This plan of correction is prepared in response to the deficiencies identified in the CMS Form 2567. It is intended to address the concerns raised by the survey findings and to outline the corrective actions taken or planned to ensure compliance with regulatory requirements. This document serves as a formal acknowledgement of the deficiencies cited and our commitment to rectify them promptly and effectively. However, it does not constitute an admission of fault or liability on the part of Fair Oak Healthcare Center. It is provided for informational purposes only and should not be construed as a waiver of any rights or remedies available to Fair Oaks Healthcare Center under applicable laws and regulations."

F580 Notify of Changes:

How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.
A licensed nurse had notified the RN Nurse Practitioner on 4/22/2024 at 10:10 hours and ordered to monitor the site. The licensed Nurse assumed that since the resident called and spoke with her son while the Licensed Nurse was witnessing the phone conversation, there was no need for him (Licensed Nurse) to speak with the son (RP).
The DON provided immediate re-education to the Licensed Nurse the importance of notifying the RP/ or family member with the change of condition. Date completed 04/26/2024

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.
All residents have the potential to be affected by the same deficient practice. The clinical team are reviewing and updating the list for the responsible party for immediate notification, if needed.

Date of completion: 07/09/2024

What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.
The Director of Nursing conducted re-education Inservice to the Licensed Nurses on the Policy and Procedure " Change in a Resident's Condition or Status".

Date of completion: 06/28/2024

How the facility plans to monitor its performance to make sure that solutions are sustained.
Medical record staff will conduct a regular audit for change of condition 5x a week for 4 weeks to assess compliance and identify areas of improvement , then randomly as determined by QA committee. Findings will be brought to QA committee monthly and quarterly.

The director of Nurses and /or her Designee will be responsible for monitoring compliance.

Date of completion:07/09/2024