

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555673</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASBURY PARK NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0641  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure each resident receives an accurate assessment.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, for one of three sampled residents (Resident 1), the facility failed to ensure the Minimum Data Set (MDS - a resident assessment tool used to guide care) accurately reflected Resident 1's status, when: 1. Resident 1 had inconsistent reflections of her bowel and bladder continence status, and 2. Resident 1 was incorrectly coded as not being a risk for pressure ulcer injury. These failures had the potential to result in the risk of the resident not receiving appropriate care interventions due to inaccurate coding of the residents' assessments and care screenings for pressure ulcer risks and bowel and bladder continence. Findings: Resident 1 was admitted to the facility on [DATE] with many [DIAGNOSES REDACTED]. 1. Resident 1's clinical record was reviewed and contained a discharge MDS, dated [DATE], that indicated Resident 1 was frequently incontinent of bowel and bladder. A MDS, dated [DATE], indicated, Resident 1 was only occasionally incontinent. During a review of Resident 1's, Nursing Weekly Progress Note (NWP), dated 12/27/20 and 12/20/20, both the NWP's indicated that Resident 1 was, Continent-Complete Control for both bowel and bladder. The MDS for continence is coded in contradiction to Resident 1's nurse's assessments. 2. Resident 1's clinical record was reviewed and contained an admission MDS, dated [DATE], and a quarterly MDS, dated [DATE]. Both MDSs indicated Resident 1 was at risk for developing pressure ulcers. MDS assessments dated 10/11/19 and 12/11/19 indicated that Resident 1 was not at risk for pressure ulcers even though the patient had a significant decline in her health status. Review of Resident 1's Braden Scale (Pressure Ulcer Assessment), dated 10/9/19, indicated that Resident 1 scored a 16 which indicated she was a risk for pressure ulcer development. During an interview on 3/13/20 at 3 p.m., with the Director of Nursing (DON) and the MDS Coordinator (MDSC), the DON confirmed Resident 1's MDS, dated [DATE] and 12/11/19 were not coded correctly. The MDSC confirmed that the risk for pressure ulcers should have been coded as at risk. MDSC stated that he had pushed the wrong button and entered the incorrect code.		
F 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure services provided by the nursing facility meet professional standards of quality.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review for one of three sampled residents (Resident 1) the facility failed to follow their policy and procedure for oxygen administration when they administered oxygen without a physician order. This failure had the potential for the resident to receive an inappropriate and potentially dangerous dosage of oxygen. Findings: Resident 1 was admitted to the facility on [DATE] with many [DIAGNOSES REDACTED]. During a review of Resident 1's Nursing Weekly Progress Notes (NWP), dated 12/20/19 and 12/27/19, the NWP's indicated that the resident was on 3 liters of oxygen via nasal cannula. During a review of Resident 1's physician's orders [REDACTED].ncbi.nlm.nih.gov/pmc/articles/PMC 61/) dated July 1 2006, indicated, Administering oxygen for [MEDICAL CONDITIONS] is not without risk and it should be properly prescribed-in terms of flow rate and mode of delivery-like any other drug.		

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.