

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055493	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER MID-TOWN OAKS POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 2600 L STREET SACRAMENTO, CA 95816	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure safety was provided for one of three residents (Resident 1) when Resident 1 went out of the facility unnoticed and unsupervised. This failure increased Resident 1's risk for accident and injury. Findings: Resident 1's clinical record indicated he had [DIAGNOSES REDACTED]. Resident 1's mental and functional status assessment, dated 9/30/19, indicated his memory was intact and his walk in-corridor ability required supervision. His elopement risk care plan, dated 10/2/19, indicated, Monitor resident's whereabouts frequently. His elopement risk assessment, dated 12/31/19, indicated Resident 1 had a history of [REDACTED]. The Receptionist indicated she did not notice Resident 1 pass by the front door or go out of the building. During a telephone interview on 3/16/20 at 2:55 p.m., Resident 1 indicated he left the facility by the front door, crossed the street, rode the transport bus, was out of the facility for 26 hours and stayed overnight at the transport bus station. During a telephone interview on 3/16/20 at 3:22 p.m., Certified Nurse Assistant (CNA) indicated on 3/5/20 at 4 p.m., Resident 1 was not in his room. CNA indicated she assumed Resident 1 was out in the smoking patio or walking up and down in the facility hallway. CNA indicated she should have visually checked Resident 1's whereabouts but she did not. During a telephone interview on 3/17/20 at 1:15 p.m., Licensed Nurse (LN) indicated, on 3/5/20 at 4:30 p.m., she assumed Resident 1 was in the smoking patio when he was not in his room during medication pass. LN indicated she should have visually checked Resident 1 in the smoking patio, but she did not. On 3/5/20 at 6:30 p.m., LN indicated CNA reported Resident 1 was nowhere to be found in the building. During a telephone interview on 3/20/20 at 9:57 a.m., the Director of Nursing (DON) indicated, on 3/5/20, there was no documented evidence Resident 1 signed the log-out binder prior to getting out of the facility. The DON indicated she expected the CNAs to check their residents to ensure their safety. The DON acknowledged the nurses or the receptionist should be aware of any resident who passed by the front door. A review of the facility's revised policy and procedure titled, Safety and Supervision of Residents, dated 1/11, indicated, Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Resident supervision is a core component of the systems approach to safety.</p>		
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.