

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>03/17/2020</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision and assistance for 1 resident (Resident 1), who required 2 person physical assist for toilet use, for a census of 116. This failure resulted in Resident 1 having an avoidable fall which included a skin tear to left hand and a bruise to left side of the face. Findings: Resident 1 was admitted to the facility early September 2019 with [DIAGNOSES REDACTED]. Review of Resident 1's Minimum Data Set (MDS- an assessment tool) dated 9/15/19 indicated, Toilet use- how resident uses the toilet room .transfers on/off toilet; cleanses self after elimination; and adjusts clothes .1. ADL (Activities of Daily Living) Self-Performance .Extensive assistance .Support .Two+persons physical assist . Review of the Occupational Therapy Treatment Note dated 9/16/19 indicated, .TOILETING: TRANSFER TO TOILET: MODA (moderate assist) TOILET HYGIENE MAXA (maximum assist)</p> <p>. Resident 1's Fall Risk assessment dated [DATE] indicated Resident 1 had a score of 65 and she was high risk for falling. Resident 1's Care Plan dated 9/8/19 indicated, (Resident 1) is High risk for falls r/t (related to) Vision problems; Recent [MEDICAL CONDITION]([MEDICAL CONDITION] or stroke) which affects left side, Hx (history) of fall at home. Further review of Resident 1's Care Plan dated 9/8/19 indicated, (Resident 1) has an ADL self-care performance deficit r/t (related to) Recent [MEDICAL CONDITION] affected left side. The interventions included, TOILET USE: (Resident 1) requires extensive assist by one staff for toileting. Review of Resident 1's Nursing Progress Notes dated 9/19/19 indicated, Roommates were calling for help, charge nurse went to room and found this res (Resident 1) in the bathroom lying prone with left hand under her head. Assessed head, no active bleeding besides a (sic) abrasion to the eyebrow .skin tear found on the left hand . Review of Resident 1's Interdisciplinary Team (IDT) Note dated 9/20/19 indicated, IDT met on 9/20/19, reviewed an incident that had occurred 9/19/19 when staff found resident on the BR (bathroom) floor. Per staff report, resident had attempted to reach for the paper towel while staff stepped out of the room for privacy, lost balance and fell . resident sustained [REDACTED].Encouraged to call and wait for assistance as needed. Reminded staff to stay with resident during toileting . An interview was conducted with the Certified Nursing Assistant 1 (CNA 1) on 9/20/19 at 4:20 p.m. The CNA 1 stated she was assigned to care for Resident 1 today. The CNA 1 further stated she takes Resident 1 to the bathroom and stays with the resident in the bathroom. In an interview with the Licensed Nurse (LN) on 9/20/19, the LN confirmed Resident 1 had a fall on 9/19/19. The LN stated Resident 1 fell inside the bathroom while she was trying to grab the toilet paper and the Certified Nursing Assistant 2 (CNA 2) was outside the bathroom door. The LN further stated the CNA 2 should not have left Resident 1 inside the bathroom. An interview was conducted with Resident 1 on 9/20/19 at 4:55 p.m. Resident 1 stated she was by herself in the bathroom when she had a fall. Resident 1 further stated, I did pull the string and yelled for help .they did not come right away so I fell . A telephone interview was conducted with CNA 2 on 9/24/19 at 12:51 p.m. The CNA 2 stated she assisted Resident 1 to the bathroom on 9/19/19 and Resident 1 told her to step out of the bathroom. The CNA 2 further stated, I told resident if she's done, she needs to tell me, then CNA 2 closed the bathroom door. A facility policy revised December 2007 and titled, Falls and Fall Risk, Managing indicated, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.</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.