

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER McKinley Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 H 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a comfortable environment for 14 of 14 sampled residents, when the temperature in the residents' rooms were above 81 degrees Fahrenheit (F). This failure had the potential for the residents to have an uncomfortable room temperature and possible heat exhaustion. During a tour of the facility on 8/15/25 at 4:50 p.m. accompanied by the Administrator (ADM), the following resident's room temperatures were obtained with the facility's infrared (IR) temperature gun (an instrument that measures the temperature by detecting the IR radiation emitted by an object) which indicated the temperatures of the following rooms: room [ROOM NUMBER] - 84 degrees F; room [ROOM NUMBER] - 83 degrees F; room [ROOM NUMBER] - 83 degrees F; and room [ROOM NUMBER] - 82 degrees F. During an interview with the ADM on 8/15/25 at 5 p.m., the ADM indicated the ideal temperature ranges in the facility should be between 71 degrees to 81 degrees Fahrenheit. The ADM stated the rooms were primarily affected when the air conditioning unit failed to function and the temperature was too hot and could affect the residents health. During a review of Resident 1's Face Sheet (FS), the FS indicated Resident 1 was admitted to the facility with diagnoses which included heart failure (a condition when the heart cannot pump enough blood to meet the body's needs) and chronic obstructive pulmonary disease (COPD - a progressive lung disease that makes it hard to breathe). During an interview on 8/15/25 at 5:45 p.m. in Resident 1's room, Resident 1 indicated his room was hot, and stated, There is a large fan blowing air from the hallway, but it is still hot. During a review of Resident 2's FS, the FS indicated Resident 2 was admitted to the facility with diagnoses which included end stage renal disease (ESRD - the final stage of kidney disease where the kidneys have lost most or all of their ability to function). During an interview on 8/15/25 at 5:50 p.m. in Resident 2's room, Resident 2 stated his room was hot, but he has the use of a fan on top of his nightstand to cool off. Resident 2 stated he heard a large fan outside by the door of his room, which was trying to cool off his room, but his room still remained hot. Resident stated, I believe the air conditioner in this section of the building stopped working, and for a few days now, hence my room is hot. During a review of Resident 12's FS, the FS indicated Resident 12 was admitted with diagnoses which included respiratory failure and hypercapnia (a high level of carbon dioxide in the blood). During an interview on 8/15/25 at 6:30 p.m. in Resident 12's room, Resident 12 stated the room temperature was hot earlier, and stated, It seemed the room air conditioner (swamp cooler) was not working too well as the room was hot. During a review of facility's policy and procedure titled, Homelike Environment, revised 2/2021, the P&P indicated, .Residents are provided with a safe, clean, comfortable and homelike environment .h. comfortable and safe temperatures (71 degrees - 81 degrees Fahrenheit) .</p>

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.

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